**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| ΑI            | or the                                | 2023 calendar year, or tax year beginning $UL 1, 2023$ and ending                                     | gJ                                    | UN 30, 202                    | 24            |                             |  |  |
|---------------|---------------------------------------|---|---------------------------------------|-------------------------------|---------------|-----------------------------|--|--|
| B             | Check if applicable                   | C Name of organization  |                                       | D Employer ider               | ntific        | ation number                |  |  |
| Г             | Addres                                | VMI ALUMNI AGENCIES BOARD, INC.   |                                       |                               |               |                             |  |  |
| Ė             | Name<br>change                        |   |                                       | 54-142                        | 909           | 93                          |  |  |
|               | Initial<br>return<br>Final<br>return/ | Number and street (or P.0. box if mail is not delivered to street address)  PO BOX 932                | E Telephone number (540) 464-7383     |                               |               |                             |  |  |
|               | termin-<br>ated                       | City or town, state or province, country, and ZIP or foreign postal code                              | <b>G</b> Gross receipts \$ 5,457,565. |                               |               |                             |  |  |
|               | Amend return                          |   |                                       | H(a) Is this a grou           | ıp re         | turn                        |  |  |
|               | Application                           | F name and address of principal officer: CK1331 3. EDD1011  |                                       | for subordina                 | ates?         | ? Yes X No                  |  |  |
|               | pendin                                | SAME AS C ABOVE   |                                       | <b>H(b)</b> Are all subordina |               |                             |  |  |
| Τ.            | Гах-ехе                               | mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or   | 527                                   |                               |               | list. See instructions      |  |  |
| J١            | <b>Vebsit</b>                         | e: WWW.VMIALUMNI.ORG  |                                       | H(c) Group exem               | ptior         | n number                    |  |  |
| K             | orm of                                | organization; X Corporation Trust Association Other L   | Year o                                | of formation: 197             | 8 м           | State of legal domicile: VA |  |  |
| Pa            |                                       | Summary   |                                       |                               |               |                             |  |  |
|               | 1 1                                   | Briefly describe the organization's mission or most significant activities: ${	t TO 	t PROV}$         | IDE                                   | SUPPORT I                     | OR            | THE                         |  |  |
| Governance    | :                                     | <u> VIRGINIA MILITARY INSTITUTE (VMI), A STATE-S</u>  | UPP                                   | ORTED SCH                     | 001           | L.                          |  |  |
| rna           | 2 (                                   | Check this box if the organization discontinued its operations or disposed of                         | more '                                | than 25% of its net           | asș           | ets.                        |  |  |
| ove.          | 3                                     | Number of voting members of the governing body (Part VI, line 1a)                                     |                                       |                               | 3             | 7_                          |  |  |
| Ğ             | 4                                     | Number of independent voting members of the governing body (Part VI, line 1b)                         |                                       |                               | 4             | 7                           |  |  |
| S S           | 5                                     | Fotal number of individuals employed in calendar year 2023 (Part V, line 2a)                          |                                       |                               | 5             | 24                          |  |  |
| Λį            | 6                                     | Total number of volunteers (estimate if necessary)  |                                       |                               | 6             | 0                           |  |  |
| Activities &  | 7 a -                                 | Fotal unrelated business revenue from Part VIII, column (C), line 12                                  |                                       |                               | 7a            | 279,365.                    |  |  |
| _             | b                                     | Net unrelated business taxable income from Form 990-T, Part I, line 11                                |                                       |                               | 7b            | 0.                          |  |  |
|               |                                       |   |                                       | Prior Year                    |               | Current Year                |  |  |
| O             | 8 (                                   | Contributions and grants (Part VIII, line 1h)   |                                       | 209,92                        |               | 4,809.                      |  |  |
| nue           | 9 1                                   | Program service revenue (Part VIII, line 2g)  |                                       |                               | 0.            | 0.                          |  |  |
| Revenue       | 10                                    | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)  |                                       | 1,784,72                      | 2.            | 1,741,552.<br>3,711,204.    |  |  |
| <u> </u>      | 11 (                                  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                              |                                       |                               |               |                             |  |  |
|               | 12                                    | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                    |                                       | 5,519,62                      |               | 5,457,565.                  |  |  |
|               | 13 (                                  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                      |                                       | 12,155,77                     | $\overline{}$ | 1,760,529.                  |  |  |
|               | 14                                    | Benefits paid to or for members (Part IX, column (A), line 4)   |                                       |                               | 0.            | 0.                          |  |  |
| S             | 15                                    | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                     |                                       | 2,305,59                      | $\overline{}$ | 2,667,916.                  |  |  |
| Expenses      | 16a I                                 | Professional fundraising fees (Part IX, column (A), line 11e)   |                                       |                               | 0.            | 0.                          |  |  |
| xpe           | b b                                   | Fotal fundraising expenses (Part IX, column (D), line 25)   |                                       |                               |               |                             |  |  |
| Ш             | '' '                                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                                       | 2,416,71                      |               |                             |  |  |
|               | 18                                    | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                             |                                       | 16,878,08                     | 0.            | 6,124,475.                  |  |  |
| _             |                                       | Revenue less expenses. Subtract line 18 from line 12  |                                       | 11,358,459                    |               | -666,910.                   |  |  |
| Net Assets or |                                       |   |                                       | ginning of Current Ye         | $\overline{}$ | End of Year                 |  |  |
| Sset          | 20                                    | Total assets (Part X, line 16)  |                                       | 94,289,34                     |               | 103,560,005.                |  |  |
| H A           | 21                                    | Total liabilities (Part X, line 26)   |                                       | 63,916,489                    |               | 67,124,287.                 |  |  |
| Ž.            | 22<br>art II                          | Net assets or fund balances. Subtract line 21 from line 20  |                                       | 30,372,85                     | ۷٠            | 36,435,718.                 |  |  |
|               |                                       |   |                                       |                               |               | Imaginal and hallof 14 is   |  |  |
|               |                                       | ties of perjury, I declare that I have examined this return, including accompanying schedules and st  |                                       |                               | or my         | knowledge and belief, it is |  |  |
| true          | , correct                             | , and complete. Declaration of preparer (other than officer) is based on all information of which pre | parer                                 | nas any knowledge.            |               |                             |  |  |
| C:            | }                                     | Signature of officer  |                                       | I<br>Date                     |               |                             |  |  |
| Sig           | - 1                                   | CRISSY S. ELLIOTT, CHIEF FINANCIAL OFFICER  |                                       | Buto                          |               |                             |  |  |
| Her           | e                                     | Type or print name and title  |                                       |                               |               |                             |  |  |
|               |                                       | Print/Type preparer's name Preparer's signature   | ΤD                                    | Date Check                    | · _           | PTIN                        |  |  |
| Paid          | ,                                     |   |                                       |                               |               |                             |  |  |
|               | parer                                 | LAKRISHA J. CASTLEBERRY LAKRISHA J. CASTLEE<br>Firm's name FORVIS MAZARS, LLP                         | , <u>,,</u>                           | Firm's EIN                    |               | 4-0160260                   |  |  |
|               | Only                                  | Firm's address 901 EAST CARY STREET, SUITE 1000   |                                       | FIIIII S EIN                  | - + +         | <u> </u>                    |  |  |
| 536           | Jilly                                 | RICHMOND, VA 23219  |                                       | Dhone no                      | (8)           | 04) 282-7636                |  |  |
| Mar           | , tha ID                              | ·   |                                       | i Filolie IIO.                | , 0 (         |                             |  |  |
| ivid          | ушен                                  | S discuss this return with the preparer shown above? See instructions                                 |                                       |                               |               | X Yes No                    |  |  |

| Par | t III Statement of Program Service Accomplishments   |
|-----|--|
|     | Check if Schedule O contains a response or note to any line in this Part III   |
| 1   | Briefly describe the organization's mission:   |
|     | THE PURPOSE OF VMI ALUMNI AGENCIES BOARD IS TO SUPPORT VIRGINIA  |
|     | MILITARY INSTITUTE (VMI), A STATE-SUPPORTED SCHOOL, BY COORDINATING  |
|     | DEVELOPMENT AND FUNDRAISING EFFORTS CONDUCTED ON BEHALF OF THE   |
|     | INSTITUTE, PLANNING, ORGANIZING, AND CONDUCTING THE VMI CAMPAIGN.  |
|     |  |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|     | prior Form 990 or 990-EZ?  |
|     | If "Yes," describe these new services on Schedule O.   |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                 |
|     | If "Yes," describe these changes on Schedule O.  |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|     | revenue, if any, for each program service reported.  |
| 4a  | (Code:) (Expenses \$ 2,677,189. including grants of \$ 1,760,529. ) (Revenue \$ 0.   |
|     | ALL PROGRAM SERVICES WERE FOR THE SUPPORT OF VMI   |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
| 4b  | (Code:) (Expenses \$ including grants of \$) (Revenue \$   |
| TIJ | (Code:) (Expenses \$   |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
| 4-  |  |
| 4c  | (Code:) (Expenses \$   |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     | Otherway and the (Develle on Other I.e.)   |
| 4d  | Other program services (Describe on Schedule O.)   |
|     | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e  | Total program service expenses 2,677,189.  |
|     | Form <b>990</b> (2023  |

# Form 990 (2023) VMI ALUMNI AGENCIES BOARD, INC. Part IV Checklist of Required Schedules

|     |   |          | Yes      | No   |
|-----|---|----------|----------|--|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                               |          |          |  |
|     | If "Yes," complete Schedule A   | 1        | X        |  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                   | 2        |          | X  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |          |          |  |
|     | public office? If "Yes," complete Schedule C, Part I  | 3        |          | X  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |          |          |  |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4        |          | Х  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or      |          |          |  |
|     | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5        |          | Х  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to         | Ť        |          |  |
| Ŭ   | 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,                         | ٣        |          | <del></del>                                      |
| '   |   | 7        |          | X  |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                              | <b>-</b> |          |  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete      |          |          | <b> </b> ₩                                       |
|     | Schedule D, Part III  | 8        |          | <u> </u>   |
| 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?         |          |          | l  |
|     | 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       | <u> </u> | $oxed{oxed}$                                     |
| 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      | X        |  |
| 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        |  |
| c   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total       |          |          |  |
| ·   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c      |          | x  |
| ч   | 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     |          |          | <del></del>                                      |
| u   |   | 11d      | Х        |  |
| _   | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11e      | X        | <u> </u>   |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X             | 1 Ie     |          | <del>                                     </del> |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses           |          | v        |  |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X            | 11f      | <u> </u> | -  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete               |          |          | 3,7  |
|     | Schedule D, Parts XI and XII  | 12a      |          | <u> </u>   |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                         |          |          |  |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional             | 12b      | <u> </u> | <del> </del>                                     |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                 | 13       |          | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                       | 14a      |          | <u> </u>   |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,           |          |          |  |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000        |          |          |  |
|     | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b      | Х        |  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any         |          |          |  |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15       |          | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to          |          |          |  |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16       |          | Х  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,           |          |          |  |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17       |          | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines      |          |          | <del></del> -                                    |
|     |   | 18       |          | X  |
| 10  | 1c and 8a? If "Yes," complete Schedule G, Part II   | 10       |          | <del> </del>                                     |
| 19  |   | 40       |          | x  |
| 00  | complete Schedule G, Part III   | 19       |          | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                       | 20a      |          | ├^   |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                      | 20b      |          | _  |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                       |          | 77       |  |
|     | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II                                 | 21       | Х        |  |

|      | 1990 (2023) VMI ALUMNI AGENCIES BOARD, INC. 54-142   | 9093     | Р           | age <b>4</b> |
|------|--|----------|-------------|--------------|
| Pa   | rt IV Checklist of Required Schedules (continued)  |          | T.,         | Γ            |
| 00   | Did the consciention was at many than \$5,000 of another another assistance to autism demonstration in dividuals   |          | Yes         | No           |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  | 22       |             | x            |
| 23   | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | 22       |             | 1            |
| 20   | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete   |          |             |              |
|      | Schedule J   | 23       | х           |              |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  | 20       |             |              |
| 214  | 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      | Х           |              |
| h    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |          | <del></del> | Х            |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   | .        |             | <u> </u>     |
| Ū    | any tax-exempt bonds?  | 24c      |             | x            |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |          |             | X            |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |          |             | $\vdash$     |
|      | 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   |          |             | $\vdash$     |
| _    | 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            |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |          |             |              |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |          |             |              |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26       |             | x            |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |          |             |              |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |          |             |              |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27       |             | X            |
| 28   | Was the organization a party to a business transaction with one of the following parties? (See the 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            |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b      |             | Х            |
|      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If   |          |             |              |
|      | "Yes," complete Schedule L, Part IV  | 28c      |             | X            |
| 29   | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  | . 29     |             | X            |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |          |             |              |
|      | contributions? If "Yes," complete Schedule M   | 30       |             | X            |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | . 31     |             | X            |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |          |             |              |
|      | Schedule N, Part II  | 32       |             | X            |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |          |             |              |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33       |             | X            |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |          |             |              |
|      | Part V, line 1   | 34       | Х           | <u> </u>     |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a      |             | X            |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |          |             |              |
|      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b      |             | Ь—           |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |          |             |              |
|      | If "Yes," complete Schedule R, Part V, line 2  | 36       |             | <u> </u>     |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |          |             |              |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | . 37     |             | <u> </u>     |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   |          |             |              |
| D.   | Note: All Form 990 filers are required to complete Schedule O  | 38       | X           |              |
| Pa   | rt 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   | <u></u>  |             | Щ.           |
|      |  | ^        | Yes         | No           |
|      | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a  |          |             |              |
|      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  | <u> </u> |             |              |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |          |             |              |

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

023) VMI ALUMNI AGENCIES BOARD, INC.

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

|        |  |     | 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 24   |     |     |          |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | Х   |          |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | За  | X   |          |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b  | X   |          |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |     |     |          |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a  |     | X        |
| b      | If "Yes," enter the name of the foreign country  |     |     |          |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |     |          |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | X        |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | X        |
| С      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |          |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |     |     | ,,       |
| _      | any contributions that were not tax deductible as charitable contributions?  | 6a  |     | X        |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   | ۱   |     |          |
| _      | were not tax deductible?   | 6b  |     |          |
| 7      | Organizations that may receive deductible contributions under section 170(c).  | 7-  |     | Х        |
| a      | 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  |     |          |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     | <u> </u> |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |     |     | x        |
|        | to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d  | 7c  |     |          |
| d      |  | 7e  |     | х        |
| e<br>f |  | 7f  |     | X        |
| g      | If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |     |          |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |     |          |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |     |     |          |
|        | sponsoring organization have excess business holdings at any time during the year?   | 8   |     |          |
| 9      | Sponsoring organizations maintaining donor advised funds.  |     |     |          |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |          |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |          |
| 10     | Section 501(c)(7) organizations. Enter:  |     |     |          |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   |     |     |          |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |     |          |
| 11     | Section 501(c)(12) organizations. Enter:   |     |     |          |
|        | 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 |     |          |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | -   |     |          |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |          |
| 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.  |     |     |          |
| D      | 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  Enter the amount of reserves on hand  13b  13c   | 1   |     |          |
|        | Did the apprinting president and apprint feet independent and apprint the terror and   | 14a |     | Х        |
|        | If IIV and I have it filed a Form 700 to see at the constant of the second of the seco | 14b |     |          |
| 15     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   | 170 |     |          |
|        | excess parachute payment(s) during the year?   | 15  |     | x        |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.   | .5  |     |          |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16  |     | х        |
|        | If "Yes," complete Form 4720, Schedule O.  |     |     |          |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities  |     |     |          |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | 17  |     |          |
|        | If "Yes," complete Form 6069.  |     |     |          |
|        |  |     |     |          |

VMI ALUMNI AGENCIES BOARD, 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request \_\_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2023)

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

THE ORGANIZATION - (540) 464-7383

PO BOX 932, LEXINGTON, VA

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

| Check this box if neither the organization n | or any related      | orga                           | niza  |  |              | nper                         | sat    | ed any current officer, d       | irector, or trustee.             |                       |
|--|---------------------|--------------------------------|---|--|--------------|------------------------------|--------|---------------------------------|----------------------------------|-----------------------|
| (A)  | (B)                 | (C)                            |   |  | _            |                              | (D)    | (E)                             | (F)                              |                       |
| Name and title                               | Average             | (do                            | Position<br>(do not check more                                |  |              |                              | one    | Reportable                      | Reportable                       | Estimated             |
|  | hours per           | box                            | box, unless person is both an officer and a director/trustee) |  |              | is bot                       | n an   | compensation                    | compensation                     | amount of             |
|  | week                | -                              |   |  |              | 1                            | 100)   | from                            | from related                     | other                 |
|  | (list any hours for | lirecto                        |   |  |              | L                            |        | the                             | organizations<br>(W-2/1099-MISC/ | compensation from the |
|  | related             | e or 0                         | trustee   |  |              | satec                        |        | organization<br>(W-2/1099-MISC/ | 1099-NEC)                        | organization          |
|  | organizations       | truste                         | al trus   |  | yee          | mper                         |        | 1099-NEC)                       | 10001120)                        | and related           |
|  | below               | Individual trustee or director | Institutional   | e e  | Key employee | Highest compensated employee | e.     | ,                               |                                  | organizations         |
|  | line)               | Indiv                          | Instii  | Officer  | Key          | High                         | Former |                                 |                                  |                       |
| (1) DAVID L. PRASNICKI                       | 40.00               |                                |   |  |              |                              |        |                                 |                                  |                       |
| CHIEF EXECUTIVE OFFICER                      | 6.00                |                                |   | X  | igspace      |                              |        | 278,012.                        | 0.                               | 15,400.               |
| (2) CRISSY S. ELLIOTT                        | 40.00               | 1                              |   |  |              |                              |        |                                 |                                  |                       |
| CHIEF FINANCIAL OFFICER                      | 6.00                |                                |   | X  | Ь.           |                              |        | 178,639.                        | 0.                               | 34,045.               |
| (3) AMY F. GOETZ                             | 40.00               |                                |   |  |              |                              |        |                                 | _                                |                       |
| CHIEF COMMUNICATIONS OFFIC                   | 6.00                |                                |   | Х  | ╙            | _                            |        | 122,134.                        | 0.                               | 9,801.                |
| (4) KEVIN A. RYAN                            | 40.00               | -                              |   |  |              |                              |        | 00 415                          |                                  | 6 212                 |
| FINANCIAL CONTROLLER                         | 6.00                |                                |   | Х  | ₩            | -                            |        | 90,417.                         | 0.                               | 6,313.                |
| (5) MR. DANIEL P. THORNTON                   | 5.00                | <b>.</b> ,                     |   |  |              |                              |        |                                 |                                  | _                     |
| CHAIRMAN                                     | 4.00                | Х                              |   | ├  | ⊢            | -                            |        | 0.                              | 0.                               | 0.                    |
| (6) MR. HUGH M. FAIN, III<br>BOARD MEMBER    | 5.00                | х                              |   |  |              |                              |        | 0.                              | 0.                               | 0.                    |
| (7) MR. MATTHEW R. HEMENEZ                   | 5.00                | ^                              |   | ┢  | ╁            | -                            |        | 0.                              | 0.                               | 0.                    |
| BOARD MEMBER                                 | 2.00                | Х                              |   |  |              |                              |        | 0.                              | 0.                               | 0.                    |
| (8) MR. ANTHONY U. MOORE                     | 5.00                |                                |   | ┢  |              |                              |        | •                               |                                  | •                     |
| BOARD MEMBER                                 | 2.00                | х                              |   |  |              |                              |        | 0.                              | 0.                               | 0.                    |
| (9) MR. ERNESTO V. SAMPSON, JR.              | 5.00                |                                |   |  |              |                              |        |                                 |                                  |                       |
| BOARD MEMBER                                 | 4.00                | Х                              |   |  |              |                              |        | 0.                              | 0.                               | 0.                    |
| (10) MR. WILLIAM L. TALIAFERRO, JR.          | 5.00                |                                |   |  |              |                              |        |                                 |                                  |                       |
| BOARD MEMBER                                 | 2.00                | Х                              |   |  | L            |                              |        | 0.                              | 0.                               | 0.                    |
| (11) MR. ANDRE W. THORNTON                   | 5.00                |                                |   |  |              |                              |        |                                 |                                  |                       |
| BOARD MEMBER                                 | 2.00                | Х                              |   | $ldsymbol{ld}}}}}}$ | igspace      |                              |        | 0.                              | 0.                               | 0.                    |
|  |                     | -                              |   |  |              |                              |        |                                 |                                  |                       |
|  |                     |                                |   | ┞  | ـــــ        | -                            |        |                                 |                                  |                       |
|  |                     | -                              |   |  |              |                              |        |                                 |                                  |                       |
|  |                     |                                |   | ₩  | ₩            | -                            |        |                                 |                                  |                       |
|  |                     | }                              |   |  |              |                              |        |                                 |                                  |                       |
|  |                     |                                | $\vdash$  | $\vdash$   | $\vdash$     | +                            | -      |                                 |                                  |                       |
|  |                     | 1                              |   |  |              |                              |        |                                 |                                  |                       |
| -  |                     |                                |   | $\vdash$   | $\vdash$     | +                            |        |                                 |                                  |                       |
|  |                     | 1                              |   |  |              |                              |        |                                 |                                  |                       |
|  |                     |                                |   |  |              |                              |        |                                 |                                  |                       |
|  |                     |                                |   | L  | L            |                              |        |                                 |                                  |                       |
|  |                     |                                |   |  |              |                              |        |                                 |                                  | 000                   |

Form 990 (2023)

| Part VII Section A. Officers, Directors, Trust                                     | tees. Kev Emp  | olove                          | ees.  | and     | Hic          | ahes                         | t Co   | ompensated Employee                                 | S (continued)                                 | <u> </u>   |
|--|--|--------------------------------|---|---------|--------------|------------------------------|--------|---|---|--|
| (A)  | (B)  | - 3                            |   | (0      | C)           |                              |        | (D)   | (E)   | (F)  |
| Name and title   | Average<br>hours per<br>week   | box,<br>offic                  | Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |         |              | than c<br>s both             | an     | Reportable<br>compensation<br>from                  | Reportable compensation from related          | Estimated<br>amount of<br>other  |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee   | Officer | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC) | compensation<br>from the<br>organization<br>and related<br>organizations |
|  |  |                                |   |         |              |                              |        |   |   |  |
|  |  |                                |   |         |              |                              |        |   |   |  |
|  |  |                                |   |         |              |                              |        |   |   |  |
|  |  |                                |   |         |              |                              |        |   |   |  |
|  |  |                                |   |         |              |                              |        |   |   |  |
|  |  |                                |   |         |              |                              |        |   |   |  |
|  |  |                                |   |         |              |                              |        |   |   |  |
|  |  |                                |   |         |              |                              |        |   |   |  |
|  |  |                                |   |         |              |                              |        |   |   |  |
| 1b Subtotal  |  |                                |   |         |              |                              |        | 669,202.  | 0.  | 65,559.  |
| c Total from continuation sheets to Part VII                                       |  |                                |   |         |              |                              |        | 0.  | 0.  | 0.   |
| d Total (add lines 1b and 1c)  |  |                                |   |         |              |                              |        | 669,202.  | 0.  | 65,559.  |
| 2 Total number of individuals (including but no compensation from the organization | ot limited to the  | ose                            | iiste   | a ac    | ove          | ) wn                         | o re   | ceived more than \$100,                             | uuu ot reportable                             | 3  |
| - Componition from the organization  |  |                                |   |         |              |                              |        |   |   | Yes No   |

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| the organization: Heport compensation for the edichad year chaing with or with       |                         |              |
|--|-------------------------|--------------|
| (A)  | (B)                     | (C)          |
| Name and business address  | Description of services | Compensation |
| MCGUIREWOODS CONSULTING  |                         |              |
| 901 EAST CARY ST, RICHMOND, VA 23219   | CONSULTING SERVICES     | 237,886.     |
| NORTHERN TRUST   | INVESTMENT              |              |
| 50 SOUTH LASALLE STREET, CHICAGO, IL 60603   | MANANGEMENT             | 207,102.     |
| FLORA PETTIT PC  |                         |              |
| PO BOX 1287, HARRISONBURG, VA 22803  | LEGAL SERVICES          | 170,968.     |
| FORVIS   |                         |              |
| PO BOX 602828, CHARLOTTE, NC 28260   | ACCOUNTING SERVICES     | 112,810.     |
|  |                         |              |
|  |                         |              |
| 2 Total number of independent contractors (including but not limited to those lister |                         |              |

Form 990 (2023)

\$100,000 of compensation from the organization

Form 990 (2023) VMI ALU
Part VIII Statement of Revenue

|  |    |          | Check if Schedule O contains a                | response o   | or note to any lin                    | e in this Part VIII |                   |                  |                                    |
|--|----|----------|---|--------------|---------------------------------------|---------------------|-------------------|------------------|------------------------------------|
|  |    |          |   |              | · · · · · · · · · · · · · · · · · · · | (A)                 | (B)               | (C)              | (D)                                |
|  |    |          |   |              |                                       | Total revenue       | Related or exempt | Unrelated        | Revenue excluded<br>from tax under |
|  |    |          |   |              |                                       |                     | function revenue  | business revenue | sections 512 - 514                 |
| တ္ထ  | 1  | _        | Federated campaigns                           | 1a           |                                       |                     |                   |                  |                                    |
| Contributions, Gifts, Grants and Other Similar Amounts |    |          | Membership dues                               | 1b           |                                       |                     |                   |                  |                                    |
| جَ ق   |    |          | Fundraising events                            | 1c           |                                       |                     |                   |                  |                                    |
| ffs,   |    |          | Related organizations                         | 1d           |                                       |                     |                   |                  |                                    |
| ية ق   |    |          |   |              |                                       |                     |                   |                  |                                    |
| Sir  |    |          | Government grants (contributions)             | 1e           |                                       |                     |                   |                  |                                    |
| utic<br>er   |    | T        | All other contributions, gifts, grants, and   | 1 1          | 4 800                                 |                     |                   |                  |                                    |
| έş   |    |          | similar amounts not included above            | 1f           | 4,809.                                |                     |                   |                  |                                    |
|  |    | _        | Noncash contributions included in lines 1a-1f | 1g  \$       |                                       | 4,809.              |                   |                  |                                    |
| O a  |    | n        | Total. Add lines 1a-1f                        |              | Business Code                         | 4,005.              |                   |                  |                                    |
|  |    |          |   |              | Business Code                         |                     |                   |                  |                                    |
| <u>ic</u>  | 2  |          |   |              |                                       |                     |                   |                  |                                    |
| Program Service<br>Revenue                             |    | b        |   |              |                                       |                     |                   |                  |                                    |
|  |    | С        |   |              |                                       |                     |                   |                  |                                    |
| e S  |    | d        |   |              |                                       |                     |                   |                  |                                    |
| og<br>F  |    | е        |   |              |                                       |                     |                   |                  |                                    |
| <u>-</u>   |    |          | All other program service revenue .           |              |                                       |                     |                   |                  |                                    |
|  |    | g        | Total. Add lines 2a-2f                        |              |                                       |                     |                   |                  |                                    |
|  | 3  |          | Investment income (including divide           | ends, intere | st, and                               |                     |                   |                  |                                    |
|  |    |          | other similar amounts)                        |              |                                       | 1,741,552.          |                   | 279,365.         | 1462187.                           |
|  | 4  |          | Income from investment of tax-exer            | npt bond p   | roceeds                               |                     |                   |                  |                                    |
|  | 5  |          | Royalties                                     |              |                                       |                     |                   |                  |                                    |
|  |    |          |   | (i) Real     | (ii) Personal                         |                     |                   |                  |                                    |
|  | 6  | а        | Gross rents 6a                                |              |                                       |                     |                   |                  |                                    |
|  |    |          | Less: rental expenses 6b                      |              |                                       |                     |                   |                  |                                    |
|  |    | С        | Rental income or (loss) 6c                    |              |                                       |                     |                   |                  |                                    |
|  |    | d        | Net rental income or (loss)                   |              |                                       |                     |                   |                  |                                    |
|  |    |          |   | Securities   | (ii) Other                            |                     |                   |                  |                                    |
|  |    |          | assets other than inventory 7a                |              |                                       |                     |                   |                  |                                    |
|  |    | b        | Less: cost or other basis                     |              |                                       |                     |                   |                  |                                    |
| ē  |    |          | and sales expenses                            |              |                                       |                     |                   |                  |                                    |
| her Revenue  |    | С        | Gain or (loss) 7c                             |              |                                       |                     |                   |                  |                                    |
| Je v   |    |          | Net gain or (loss)                            |              |                                       |                     |                   |                  |                                    |
| ē  |    |          | Gross income from fundraising events (        |              |                                       |                     |                   |                  |                                    |
| ₽  | Ū  | _        | including \$                                  | ·            |                                       |                     |                   |                  |                                    |
|  |    |          | contributions reported on line 1c). S         | - 1          |                                       |                     |                   |                  |                                    |
|  |    |          | Part IV, line 18                              | I .          |                                       |                     |                   |                  |                                    |
|  |    | h        | Less: direct expenses                         |              |                                       |                     |                   |                  |                                    |
|  |    |          | Net income or (loss) from fundraisin          |              |                                       |                     |                   |                  |                                    |
|  |    |          | Gross income from gaming activitie            |              |                                       |                     |                   |                  |                                    |
|  | •  | -        | Part IV, line 19                              |              |                                       |                     |                   |                  |                                    |
|  |    | h        | Less: direct expenses                         |              |                                       |                     |                   |                  |                                    |
|  |    |          | Net income or (loss) from gaming a            |              |                                       |                     |                   |                  |                                    |
|  |    |          | Gross sales of inventory, less return         |              |                                       |                     |                   |                  |                                    |
|  | 10 | а        |   | I .          |                                       |                     |                   |                  |                                    |
|  |    | <b>L</b> | and allowances                                |              |                                       |                     |                   |                  |                                    |
|  |    |          | Less: cost of goods sold                      |              |                                       |                     |                   |                  |                                    |
|  |    | C        | Net income or (loss) from sales of in         | iveritory    | Business Code                         |                     |                   |                  |                                    |
| sn   | 44 | _        | ADMINISTRATIVE FEES                           |              | 900099                                | 3,711,204.          |                   |                  | 3711204.                           |
| e e  | 11 |          |   |              | 500055                                | 5,711,204.          |                   |                  | 3/11204.                           |
| Miscellaneous<br>Revenue                               |    | b        |   |              |                                       |                     |                   |                  |                                    |
| sce<br>Be  |    | C        | All others reserve                            |              |                                       |                     |                   |                  |                                    |
| Ξ̈́  |    |          | All other revenue                             |              |                                       | 3 711 204           |                   |                  |                                    |
|  |    | e        | Total. Add lines 11a-11d                      |              |                                       | 3,711,204.          |                   | 270 265          | E172201                            |
|  | 12 |          | <b>Total revenue.</b> See instructions        |              |                                       | 5,457,565.          | 0.                | 279,365.         | 5173391.                           |

| $\overline{}$ | 504(1/0) 1504(1/0)   |                               |                          |                                 |                         |
|---------------|--|-------------------------------|--------------------------|---------------------------------|-------------------------|
| Secti         | on 501(c)(3) and 501(c)(4) organizations must comp   |                               |                          | nplete column (A).              |                         |
|               | Check if Schedule O contains a respon  | se or note to any line in (A) | (B)                      | (C)                             | (D)                     |
|               | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                         | Total expenses                | Program service expenses | Management and general expenses | Fundraising<br>expenses |
| 1             | Grants and other assistance to domestic organizations  |                               | схропосо                 | general expenses                | скрепосо                |
| •             | and domestic governments. See Part IV, line 21   | 1,760,529.                    | 1,760,529.               |                                 |                         |
| 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  | 817,532.                      | 204,383.                 | 327,013.                        | 286,136.                |
| 6             | Compensation not included above to disqualified  |                               |                          |                                 |                         |
|               | persons (as defined under section 4958(f)(1)) and  |                               |                          |                                 |                         |
|               | persons described in section 4958(c)(3)(B)   |                               |                          |                                 |                         |
| 7             | Other salaries and wages   | 1,208,146.                    | 302,037.                 | 483,258.                        | 422,851.                |
| 8             | Pension plan accruals and contributions (include   |                               |                          |                                 |                         |
|               | section 401(k) and 403(b) employer contributions)  | 219,935.                      | 54,984.<br>66,315.       | 87,974.                         | 76,977.<br>92,841.      |
| 9             | Other employee benefits  | 265,260.                      | 66,315.                  | 106,104.                        | 92,841.                 |
| 10            | Payroll taxes  | 157,043.                      | 39,261.                  | 62,817.                         | 54,965.                 |
| 11            | Fees for services (nonemployees):  |                               |                          |                                 |                         |
| а             | Management   |                               |                          |                                 |                         |
| b             | Legal  | 65,217.                       | 13,043.                  | 19,565.                         | 32,609.                 |
| С             | Accounting   | 100,325.                      |                          | 100,325.                        |                         |
| d             | Lobbying   |                               |                          |                                 |                         |
| е             | Professional fundraising services. See Part IV, line 17  | 000 100                       |                          | 005 100                         |                         |
| f             | Investment management fees   | 207,102.                      |                          | 207,102.                        |                         |
| g             | Other. (If line 11g amount exceeds 10% of line 25,   | 105 670                       |                          | 40.000                          | C2 402                  |
|               | column (A), amount, list line 11g expenses on Sch 0.)  | 105,670.                      |                          | 42,268.                         | 63,402.                 |
| 12            | Advertising and promotion  | 1,018,116.                    | 169,263.                 | 316,571.                        | 532,282.                |
| 13            | Office expenses  | 1,010,110.                    | 109,203.                 | 310,3/1.                        | 334,202.                |
| 14            | Information technology   |                               |                          |                                 |                         |
| 15            | Royalties  |                               |                          |                                 |                         |
| 16            | Occupancy  | 27,872.                       |                          | 5,574.                          | 22,298.                 |
| 17            | Travel Payments of travel or entertainment expenses  | 21,012.                       |                          | 3,374.                          | 22,250.                 |
| 18            | for any federal, state, or local public officials  |                               |                          |                                 |                         |
| 19            | Conferences, conventions, and meetings   | 5,158.                        |                          | 2,579.                          | 2,579.                  |
| 20            |  | 3,130.                        |                          | 2,3,5                           | 2,3,3,                  |
| 21            | Payments to affiliates   |                               |                          |                                 |                         |
| 22            | Depreciation, depletion, and amortization  | 7,137.                        |                          | 7,137.                          |                         |
| 23            | Insurance  | 61,584.                       | 30,792.                  | 30,792.                         |                         |
| 24            | Other expenses. Itemize expenses not covered   |                               |                          |                                 |                         |
|               | above. (List miscellaneous expenses on line 24e. If  |                               |                          |                                 |                         |
|               | line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) |                               |                          |                                 |                         |
| а             | MISCELLANEOUS  | 47,068.                       | 21,180.                  | 25,888.                         |                         |
| b             | REAL ESTATE TAXES  | 25,316.                       | 12,658.                  | 12,658.                         |                         |
| С             | UTILITIES  | 10,739.                       | 2,148.                   | 1,611.                          | 6,980.                  |
| d             | MEMBERSHIPS  | 10,002.                       |                          | 5,001.                          | 5,001.                  |
| е             | All other expenses   | 4,724.                        | 596.                     | 2,043.                          | 2,085.                  |
| 25            | Total functional expenses. Add lines 1 through 24e   | 6,124,475.                    | 2,677,189.               | 1,846,280.                      | 1,601,006.              |
| 26            | Joint costs. Complete this line only if the organization   |                               |                          |                                 |                         |
|               | reported in column (B) joint costs from a combined   |                               |                          |                                 |                         |
|               | educational campaign and fundraising solicitation.   |                               |                          |                                 |                         |
|               | Check here if following SOP 98-2 (ASC 958-720)   |                               |                          |                                 |                         |

Form **990** (2023)

| Par                         | rt X | Balance Sheet   |             |                       |   |             |                           |
|-----------------------------|------|---|-------------|-----------------------|---|-------------|---------------------------|
|                             |      | Check if Schedule O contains a response or no                     | te to ar    | y line in this Part X |   |             |                           |
|                             |      |   |             |                       | <b>(A)</b><br>Beginning of year         |             | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing                                       |             |                       |   | 1           |                           |
|                             | 2    | Savings and temporary cash investments                            |             |                       |   | 2           |                           |
|                             | 3    | Pledges and grants receivable, net                                | 4,601.      | 3                     | 3,757.                                  |             |                           |
|                             | 4    | Accounts receivable, net  | 5,043.      | 4                     | 0.                                      |             |                           |
|                             | 5    | Loans and other receivables from any current of                   |             |                       |   |             |                           |
|                             |      | trustee, key employee, creator or founder, subs                   | stantial    | contributor, or 35%   |   |             |                           |
|                             |      | controlled entity or family member of any of the                  |             | 5                     |   |             |                           |
|                             | 6    | Loans and other receivables from other disqua                     | lified pe   | rsons (as defined     |   |             |                           |
|                             |      | under section 4958(f)(1)), and persons describe                   |             |                       |   | 6           |                           |
| ţ                           | 7    | Notes and loans receivable, net                                   |             |                       |   | 7           |                           |
| Assets                      | 8    | Inventories for sale or use                                       |             |                       |   | 8           |                           |
| ⋖                           | 9    | Prepaid expenses and deferred charges                             |             |                       |   | 9           |                           |
|                             | 10a  | Land, buildings, and equipment: cost or other                     |             | 50 100                |   |             |                           |
|                             |      | basis. Complete Part VI of Schedule D                             |             | 50,192.               | 00 010                                  |             | 16 100                    |
|                             | b    | Less: accumulated depreciation                                    |             | <u> </u>              | 23,319.                                 |             | 16,182.                   |
|                             | 11   | Investments - publicly traded securities                          |             |                       |   | 11          | FF 400 F4F                |
|                             | 12   | Investments - other securities. See Part IV, line                 |             | 69,901,186.           | 12                                      | 75,480,517. |                           |
|                             | 13   | Investments - program-related. See Part IV, line                  |             |                       |   | 13          |                           |
|                             | 14   | Intangible assets   | 04 255 100  | 14                    | 00 050 540                              |             |                           |
|                             | 15   | Other assets. See Part IV, line 11                                |             | 1                     | 24,355,192.                             | 15          | 28,059,549.               |
|                             | 16   | Total assets. Add lines 1 through 15 (must eq                     |             |                       | 94,289,341.                             | 16          | 103,560,005.              |
|                             | 17   | Accounts payable and accrued expenses                             | 24,998,964. | 17                    | 28,215,864.                             |             |                           |
|                             | 18   | Grants payable  |             | 18                    |   |             |                           |
|                             | 19   | Deferred revenue  |             |                       | 26 241 607                              | 19          | 26 220 206                |
|                             | 20   | Tax-exempt bond liabilities                                       |             | 1                     | 36,341,607.                             | 20          | 36,329,306.               |
|                             | 21   | Escrow or custodial account liability. Complete                   |             |                       |   | 21          |                           |
| es                          | 22   | Loans and other payables to any current or for                    |             |                       |   |             |                           |
| Liabilities                 |      | trustee, key employee, creator or founder, subs                   |             |                       |   |             |                           |
| Liak                        |      | controlled entity or family member of any of the                  | -           |                       |   | 22          |                           |
| _                           | 23   | Secured mortgages and notes payable to unre                       |             |                       | 2,325,036.                              | 23          | 2,325,036.                |
|                             | 24   | Unsecured notes and loans payable to unrelate                     |             |                       | 2,323,030.                              | 24          | 2,323,030.                |
|                             | 25   | Other liabilities (including federal income tax, p                | -           |                       |   |             |                           |
|                             |      | parties, and other liabilities not included on line of Schedule D |             | · .                   | 250,882.                                | 25          | 254,081.                  |
|                             | 26   | of Schedule D   |             |                       | 63,916,489.                             | 26          | 67,124,287.               |
|                             | 20   | Organizations that follow FASB ASC 958, ch                        |             |                       | 03,310,403.                             | 20          | 07,124,207                |
| Se                          |      | and complete lines 27, 28, 32, and 33.                            | con no      | ·                     |   |             |                           |
| ğ                           | 27   | Net assets without donor restrictions                             |             |                       | 17,748,556.                             | 27          | 17,748,556.               |
| 3ala                        | 28   | Net assets with donor restrictions                                |             |                       | 12,624,296.                             | 28          | 18,687,162.               |
| <u>ا</u>                    |      | Organizations that do not follow FASB ASC                         |             |                       | , |             |                           |
| Ψ                           |      | and complete lines 29 through 33.                                 | <b>,</b>    |                       |   |             |                           |
| ō                           | 29   | Capital stock or trust principal, or current funds                | S           |                       |   | 29          |                           |
| sets                        | 30   | Paid-in or capital surplus, or land, building, or e               |             |                       |   | 30          |                           |
| Ass                         | 31   | Retained earnings, endowment, accumulated i                       |             |                       |   | 31          |                           |
| Net Assets or Fund Balances | 32   | Total net assets or fund balances                                 |             |                       | 30,372,852.                             | 32          | 36,435,718.               |
| _                           | 33   | Total liabilities and net assets/fund balances                    |             |                       | 94,289,341.                             | 33          | 103,560,005.              |

|    | 1350 (2020) 1112 112012112 11321101225 201212 / 11101   |         |     | <del></del> | 1 4        | <u>gc</u>  |
|----|---|---------|-----|-------------|------------|------------|
| Pa | rt XI Reconciliation of Net Assets  |         |     |             |            |            |
|    | Check if Schedule O contains a response or note to any line in this Part XI   |         |     |             |            | X          |
|    |   |         |     |             |            |            |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |     |             |            | <u>65.</u> |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       |     |             |            | 75.        |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       |     |             |            | 10.        |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4       |     |             |            | 52.        |
| 5  | Net unrealized gains (losses) on investments  | 5       | 6   | <u>,76</u>  | <u>1,1</u> | 13.        |
| 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       |     | -3          | <u>1,3</u> | 37.        |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |         |     |             |            |            |
|    | column (B))   | 10      | 36  | <u>,43</u>  | 5,7        | 18.        |
| 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 on Schedule        | Ο.      |     |             |            |            |
| 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          | <u> </u>   |            |
|    | 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    |         |     |             |            |            |
|    | 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 Sche    | edule C | ).  |             |            |            |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |         |     |             |            |            |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |         |     | 3a          |            | X          |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud  | lit |             |            |            |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              | <u></u> |     | 3b          |            |            |

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

**Employer identification number** 

VMI ALUMNI AGENCIES BOARD, 54-1429093 INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 4 Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) VIRGINIA MILITARY 54-6001803 2 1,760,529 INSTITUTE Х 7 54-0505966 VMI FOUNDATION X 0. VMI ALUMNI 7 ASSOCIATION 54-0515753 Х 0. VMI KEYDET CLUB 7 54-1300039 X 0. 760 0. Total

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

(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.)

| Se  | ction A. Public Support   |                   |                      |   |                     |                                 |               |
|-----|---|-------------------|----------------------|---|---------------------|---------------------------------|---------------|
| Cal | endar year (or fiscal year beginning in)                            | (a) 2019          | <b>(b)</b> 2020      | (c) 2021                                | (d) 2022            | (e) 2023                        | (f) Total     |
| 1   | Gifts, grants, contributions, and                                   |                   |                      |   |                     |                                 |               |
|     | membership fees received. (Do not                                   |                   |                      |   |                     |                                 |               |
|     | include any "unusual grants.")                                      |                   |                      |   |                     |                                 |               |
| 2   | Tax revenues levied for the organ-                                  |                   |                      |   |                     |                                 |               |
|     | ization's benefit and either paid to                                |                   |                      |   |                     |                                 |               |
|     | or expended on its behalf   |                   |                      |   |                     |                                 |               |
| 3   | The value of services or facilities                                 |                   |                      |   |                     |                                 |               |
|     | furnished by a governmental unit to                                 |                   |                      |   |                     |                                 |               |
|     | the organization without charge                                     |                   |                      |   |                     |                                 |               |
| 4   | Total. Add lines 1 through 3  |                   |                      |   |                     |                                 |               |
| 5   | The portion of total contributions                                  |                   |                      |   |                     |                                 |               |
| _   | by each person (other than a  |                   |                      |   |                     |                                 |               |
|     | governmental unit or publicly                                       |                   |                      |   |                     |                                 |               |
|     | supported organization) included                                    |                   |                      |   |                     |                                 |               |
|     | on line 1 that exceeds 2% of the                                    |                   |                      |   |                     |                                 |               |
|     | amount shown on line 11,  |                   |                      |   |                     |                                 |               |
|     | column (f)  |                   |                      |   |                     |                                 |               |
| 6   | Public support. Subtract line 5 from line 4.                        |                   |                      |   |                     |                                 |               |
|     | ction B. Total Support  |                   |                      |   |                     |                                 |               |
|     | endar year (or fiscal year beginning in)                            | (a) 2019          | <b>(b)</b> 2020      | (c) 2021                                | (d) 2022            | (e) 2023                        | (f) Total     |
|     | Amounts from line 4   | (a) 2010          | (2) 2020             | (6) 2021                                | (4) 2522            | (0) 2020                        | (i) rotar     |
| 8   | Gross income from interest,   |                   |                      |   |                     |                                 |               |
| Ŭ   | dividends, payments received on                                     |                   |                      |   |                     |                                 |               |
|     | securities loans, rents, royalties,                                 |                   |                      |   |                     |                                 |               |
|     | and income from similar sources                                     |                   |                      |   |                     |                                 |               |
| 0   |   |                   |                      |   |                     |                                 |               |
| 9   | Net income from unrelated business                                  |                   |                      |   |                     |                                 |               |
|     | activities, whether or not the                                      |                   |                      |   |                     |                                 |               |
| 40  | business is regularly carried on                                    |                   |                      |   |                     |                                 |               |
| 10  | Other income. Do not include gain                                   |                   |                      |   |                     |                                 |               |
|     | or loss from the sale of capital                                    |                   |                      |   |                     |                                 |               |
|     | assets (Explain in Part VI.)  |                   |                      |   |                     |                                 |               |
| 11  |   |                   | . ,                  |   |                     | 40                              |               |
|     | Gross receipts from related activities,                             | •                 |                      |   |                     | 12                              |               |
| 13  | First 5 years. If the Form 990 is for the                           | •                 |                      | •                                       | •                   | . , . ,                         |               |
| Se  | organization, check this box and stop ction C. Computation of Publi |                   |                      |   |                     |                                 |               |
|     | Public support percentage for 2023 (I                               |                   |                      | column (f))                             |                     | 14                              |               |
|     | Public support percentage from 2022                                 |                   |                      |   |                     | 15                              | <u>%</u><br>% |
|     | a 33 1/3% support test - 2023. If the o                             |                   |                      |   |                     |                                 |               |
| 100 |   | -                 |                      |   |                     |                                 |               |
|     | stop here. The organization qualifies                               |                   | -                    |   |                     | cormore shock th                |               |
| '   | 33 1/3% support test - 2022. If the c                               |                   |                      |   |                     |                                 |               |
| 47. | and <b>stop here.</b> The organization qual                         |                   |                      |   |                     |                                 |               |
| 1/6 | a 10% -facts-and-circumstances test                                 |                   | -                    |   |                     |                                 |               |
|     | and if the organization meets the fact                              |                   |                      |   |                     | _                               |               |
|     | meets the facts-and-circumstances te                                | -                 | •                    | * | -                   |                                 |               |
| ı   | o 10% -facts-and-circumstances test                                 |                   | -                    |   |                     |                                 | 10% or        |
|     | more, and if the organization meets the                             |                   |                      |   |                     |                                 |               |
| ٠.  | organization meets the facts-and-circu                              |                   |                      |   |                     |                                 |               |
| 18  | Private foundation. If the organization                             | n did not check a | n box on line 13, 16 | 5a, 16b, 17a, or 17b                    | o, check this box a | and see instructions Schedule A |               |

332022 12-21-23

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec  | ction A. Public Support  |                             |                       |                                       |                     |                      |           |
|------|--|-----------------------------|-----------------------|---------------------------------------|---------------------|----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2019                    | <b>(b)</b> 2020       | (c) 2021                              | (d) 2022            | (e) 2023             | (f) Total |
| 1    | Gifts, grants, contributions, and  |                             |                       |                                       |                     |                      |           |
|      | membership fees received. (Do not  | ļ                           |                       |                                       |                     |                      |           |
|      | include any "unusual grants.")   |                             |                       |                                       |                     |                      |           |
| 2    | Gross receipts from admissions,  |                             |                       |                                       |                     |                      |           |
|      | merchandise sold or services per-  |                             |                       |                                       |                     |                      |           |
|      | formed, or facilities furnished in any activity that is related to the               | ļ                           |                       |                                       |                     |                      |           |
|      | organization's tax-exempt purpose  |                             |                       |                                       |                     |                      |           |
| 3    | Gross receipts from activities that  |                             |                       |                                       |                     |                      |           |
|      | are not an unrelated trade or bus-   |                             |                       |                                       |                     |                      |           |
|      | iness under section 513  |                             |                       |                                       |                     |                      |           |
| 4    | Tax revenues levied for the organ-   |                             |                       |                                       |                     |                      |           |
|      | ization's benefit and either paid to   |                             |                       |                                       |                     |                      |           |
|      | or expended on its behalf  |                             |                       |                                       |                     |                      |           |
| 5    | The value of services or facilities  |                             |                       |                                       |                     |                      |           |
|      | furnished by a governmental unit to  |                             |                       |                                       |                     |                      |           |
|      | the organization without charge  |                             |                       |                                       |                     |                      |           |
| 6    | Total. Add lines 1 through 5   |                             |                       |                                       |                     |                      |           |
| 78   | Amounts included on lines 1, 2, and  |                             |                       |                                       |                     |                      |           |
|      | 3 received from disqualified persons   |                             |                       |                                       |                     |                      |           |
| k    | Amounts included on lines 2 and 3 received from other than disqualified persons that |                             |                       |                                       |                     |                      |           |
|      | exceed the greater of \$5,000 or 1% of the   |                             |                       |                                       |                     |                      |           |
|      | amount on line 13 for the year   |                             |                       |                                       |                     |                      |           |
|      | Add lines 7a and 7b  |                             |                       |                                       |                     |                      |           |
| 8    | Public support. (Subtract line 7c from line 6.)                                      |                             |                       |                                       |                     |                      |           |
|      | ction B. Total Support   |                             |                       |                                       |                     |                      |           |
|      | ndar year (or fiscal year beginning in)  | (a) 2019                    | <b>(b)</b> 2020       | (c) 2021                              | (d) 2022            | (e) 2023             | (f) Total |
|      | Amounts from line 6 Gross income from interest,                                      |                             |                       |                                       |                     |                      |           |
| IUa  | dividends, payments received on  |                             |                       |                                       |                     |                      |           |
|      | securities loans, rents, royalties,  |                             |                       |                                       |                     |                      |           |
|      | and income from similar sources Unrelated business taxable income                    |                             |                       |                                       |                     |                      |           |
|      | (less section 511 taxes) from businesses   |                             |                       |                                       |                     |                      |           |
|      | acquired ofter June 20, 1075   |                             |                       |                                       |                     |                      |           |
| ,    | Add lines 10a and 10b  |                             |                       |                                       |                     |                      |           |
|      | Net income from unrelated business   |                             |                       |                                       |                     |                      |           |
|      | activities not included on line 10b,   |                             |                       |                                       |                     |                      |           |
|      | whether or not the business is regularly carried on                                  |                             |                       |                                       |                     |                      |           |
| 12   | Other income. Do not include gain  |                             |                       |                                       |                     |                      |           |
|      | or loss from the sale of capital   |                             |                       |                                       |                     |                      |           |
| 13   | assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)         |                             |                       |                                       |                     |                      |           |
|      | First 5 years. If the Form 990 is for the  | ne organization's fir       | rst. second. third. 1 | ourth, or fifth tax                   | vear as a section 5 | 01(c)(3) organizatio | on.       |
|      | check this box and stop here   |                             |                       | · · · · · · · · · · · · · · · · · · · |                     |                      |           |
| Se   | ction C. Computation of Publi  | c Support Per               | centage               |                                       |                     |                      |           |
| 15   | Public support percentage for 2023 (I  | ine 8, column (f), d        | ivided by line 13, o  | column (f))                           |                     | 15                   | %         |
|      | Public support percentage from 2022  |                             |                       |                                       |                     | 16                   | %         |
| Se   | ction D. Computation of Inves  | tment Income                | Percentage            |                                       |                     |                      |           |
| 17   | Investment income percentage for 20  | <b>)23</b> (line 10c, colur | nn (f), divided by li | ne 13, column (f))                    |                     | 17                   | %         |
|      | Investment income percentage from  |                             |                       |                                       |                     | 18                   | %         |
| 19a  | 33 1/3% support tests - 2023. If the   | organization did n          | ot check the box o    | on line 14, and line                  | 15 is more than 3   | 3 1/3%, and line 1   | 7 is not  |
|      | more than 33 1/3%, check this box ar   | nd <b>stop here.</b> The    | organization qualit   | fies as a publicly s                  | upported organiza   | tion                 |           |
| b    | 33 1/3% support tests - 2022. If the   | organization did n          | ot check a box on     | line 14 or line 19a                   | , and line 16 is mo | ore than 33 1/3%, a  | nd        |
|      | line 18 is not more than 33 1/3%, che  |                             |                       |                                       |                     |                      |           |
| 20   | Private foundation. If the organization  | n did not check a           | box on line 14, 19a   | a, or 19b, check th                   | is box and see ins  | tructions            |           |

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|                 | Yes    | No   |
|-----------------|--------|------|
|                 |        |      |
|                 |        |      |
| 1               | Х      |      |
|                 |        |      |
|                 |        |      |
| 2               |        | Х    |
|                 |        |      |
| За              |        | Х    |
|                 |        |      |
|                 |        |      |
| 3b              |        |      |
|                 |        |      |
| 3с              |        |      |
| - 55            |        |      |
| 4a              |        | Х    |
| <del>-1</del> a |        | 21   |
|                 |        |      |
| Ala             |        |      |
| 4b              |        |      |
|                 |        |      |
|                 |        |      |
|                 |        |      |
| 4c              |        |      |
|                 |        |      |
|                 |        |      |
|                 |        |      |
|                 |        |      |
| 5a              |        | _X_  |
|                 |        |      |
| 5b              |        |      |
| 5c              |        |      |
|                 |        |      |
|                 |        |      |
|                 |        |      |
|                 |        |      |
| 6               |        | Х    |
|                 |        |      |
|                 |        |      |
| 7               |        | Х    |
| ,               |        |      |
| 8               |        | Х    |
|                 |        |      |
|                 |        |      |
| 0-              |        | Х    |
| 9a              |        | 77   |
| 01              |        | Х    |
| 9b              |        |      |
|                 |        | v    |
| 9c              |        | X    |
|                 |        |      |
|                 |        |      |
| 10a             |        | X    |
|                 |        |      |
| 10b             |        |      |
| ile A (Forn     | n 990) | 2023 |

| Par    | In IV Supporting Organizations (continued)   |               |     |     |
|--------|--|---------------|-----|-----|
|        |  |               | Yes | No  |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  |               |     |     |
| а      | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   |               |     |     |
|        | 11c below, the governing body of a supported organization?   | 11a           |     | Х   |
| b      | A family member of a person described on line 11a above?   | 11b           |     | Х   |
| С      | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |               |     |     |
|        | detail in Part VI.   | 11c           |     | Х   |
| Sect   | ction B. Type I Supporting Organizations   |               |     |     |
|        |  |               | Yes | No  |
| 1      | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or   |               |     |     |
|        | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers   | ,             |     |     |
|        | 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 arganization describe how the powers to appoint and/or remain efficiency dispersed are at the powers of the powers to appoint and/or remain efficiency dispersed are at the powers of the powers to appoint and/or remain efficiency dispersed are at the powers of the powers to appoint and/or remain efficiency dispersed are at the powers of |               |     |     |
|        | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1             | Х   |     |
|        | Did the organization operate for the benefit of any supported organization other than the supported  |               |     |     |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |               |     |     |
|        | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |               |     |     |
|        | supervised, or controlled the supporting organization.   | 2             |     | х   |
| Sect   | ction C. Type II Supporting Organizations  |               |     |     |
|        | , · · · · · · · · · · · · · · · · ·  |               | Yes | No  |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |               |     |     |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |               |     |     |
|        | or management of the supporting organization was vested in the same persons that controlled or managed   |               |     |     |
|        | the supported organization(s).   | 1             |     |     |
| Sect   | ction 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   |               | 100 | 110 |
|        | 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             |     |     |
|        | 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             |     |     |
|        | By reason of the relationship described on line 2, above, did the organization's supported organizations have a  |               |     |     |
|        | significant voice in the organization's investment policies and in directing the use of the organization's   |               |     |     |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |               |     |     |
|        | supported organizations played in this regard.   | 3             |     |     |
| Sect   | supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations  |               |     |     |
|        | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)  | ons)          |     |     |
| '<br>a |  | ,.            |     |     |
| b      |  |               |     |     |
| c      |  | a instruction | ne) |     |
| 2      | Activities Test. Answer lines 2a and 2b below.   | e manachon    | Yes | No  |
|        |  |               | 100 | 110 |
|        | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |               |     |     |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes,   |               |     |     |
|        | how the organization was responsive to those supported organizations, and how the organization determined  |               |     |     |
|        | that these activities constituted substantially all of its activities.   | 2a            |     |     |
|        | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,  |               |     |     |
|        | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |               |     |     |
|        | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in   |               |     |     |
|        | these activities but for the organization's involvement.   | 2b            |     |     |
|        | Parent of Supported Organizations. Answer lines 3a and 3b below.   |               |     |     |
|        | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |               |     |     |
|        | trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>   | За            |     |     |
|        | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | Ja            |     |     |
|        | of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b            |     |     |
|        | ,  |               |     |     |

|      | dule A (Form 990) 2023 VMI ALUMNI AGENCIES BOA                                 |            |                                     | 54-1429093 Page 6              |
|------|--|------------|-------------------------------------|--------------------------------|
| Pai  | 71 7 7 7 7 7 11  |            |                                     |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifyin | g trust or | ו Nov. 20, 1970 ( <i>explain in</i> | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations must   | t complet  | e Sections A through E.             |                                |
| Sect | ion A - Adjusted Net Income  |            | (A) Prior Year                      | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1          |                                     |                                |
| 2    | Recoveries of prior-year distributions   | 2          |                                     |                                |
| _3   | Other gross income (see instructions)  | 3          |                                     |                                |
| 4    | Add lines 1 through 3.   | 4          |                                     |                                |
| 5    | Depreciation and depletion   | 5          |                                     |                                |
| 6    | Portion of operating expenses paid or incurred for production or               |            |                                     |                                |
|      | collection of gross income or for management, conservation, or                 |            |                                     |                                |
|      | maintenance of property held for production of income (see instructions)       | 6          |                                     |                                |
| 7    | Other expenses (see instructions)  | 7          |                                     |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                   | 8          |                                     |                                |
| Sect | ion B - Minimum Asset Amount   |            | (A) Prior Year                      | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                  |            |                                     |                                |
|      | instructions for short tax year or assets held for part of year):              |            |                                     |                                |
| а    | Average monthly value of securities  | 1a         |                                     |                                |
| b    | Average monthly cash balances  | 1b         |                                     |                                |
| С    | Fair market value of other non-exempt-use assets                               | 1c         |                                     |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d         |                                     |                                |
| е    | Discount claimed for blockage or other factors                                 |            |                                     |                                |
|      | (explain in detail in Part VI):  |            |                                     |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                   | 2          |                                     |                                |
| 3    | Subtract line 2 from line 1d.  | 3          |                                     |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 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 0.035.  | 6          |                                     |                                |
| 7    | Recoveries of prior-year distributions   | 7          |                                     |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                    | 8          |                                     |                                |
| Sect | ion C - Distributable Amount   |            |                                     | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)          | 1          |                                     |                                |
| 2    | Enter 0.85 of line 1.  | 2          |                                     |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)         | 3          |                                     |                                |
| 4    | Enter greater of line 2 or line 3.   | 4          |                                     |                                |
| 5    | Income tax imposed in prior year   | 5          |                                     |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to           |            |                                     |                                |

Schedule A (Form 990) 2023

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

instructions).

emergency temporary reduction (see instructions).

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |   |                               |                                       |    |   |  |  |  |  |  |  |
|--|---|-------------------------------|---------------------------------------|----|---|--|--|--|--|--|--|
| Secti  | Section D - Distributions Current Year                          |                               |                                       |    |   |  |  |  |  |  |  |
| 1  | Amounts paid to supported organizations to accomplish exer      | 1                             |                                       |    |   |  |  |  |  |  |  |
| 2  | Amounts paid to perform activity that directly furthers exemp   |                               |                                       |    |   |  |  |  |  |  |  |
|  | organizations, in excess of income from activity                | 2                             |                                       |    |   |  |  |  |  |  |  |
| 3  | Administrative expenses paid to accomplish exempt purpose       | 3                             |                                       |    |   |  |  |  |  |  |  |
| 4  | Amounts paid to acquire exempt-use assets                       |                               |                                       | 4  |   |  |  |  |  |  |  |
| 5  | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     |                                       | 5  |   |  |  |  |  |  |  |
| 6  | Other distributions (describe in Part VI). See instructions.    |                               |                                       | 6  |   |  |  |  |  |  |  |
| _ 7  | Total annual distributions. Add lines 1 through 6.              |                               |                                       | 7  |   |  |  |  |  |  |  |
| 8  | Distributions to attentive supported organizations to which the | ne organization is responsive |                                       |    |   |  |  |  |  |  |  |
|  | (provide details in Part VI). See instructions.                 |                               |                                       | 8  |   |  |  |  |  |  |  |
| 9  | Distributable amount for 2023 from Section C, line 6            |                               |                                       | 9  |   |  |  |  |  |  |  |
| 10   | Line 8 amount divided by line 9 amount                          |                               |                                       | 10 |   |  |  |  |  |  |  |
| Secti  | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions   | (ii)<br>Underdistributior<br>Pre-2023 | ns | (iii)<br>Distributable<br>Amount for 2023 |  |  |  |  |  |  |
| 1  | Distributable amount for 2023 from Section C, line 6            |                               |                                       |    |   |  |  |  |  |  |  |
| 2  | Underdistributions, if any, for years prior to 2023 (reason-    |                               |                                       |    |   |  |  |  |  |  |  |
|  | able cause required - explain in Part VI). See instructions.    |                               |                                       |    |   |  |  |  |  |  |  |
| 3  | Excess distributions carryover, if any, to 2023                 |                               |                                       |    |   |  |  |  |  |  |  |
| а  | From 2018   |                               |                                       |    |   |  |  |  |  |  |  |
| b  | From 2019   |                               |                                       |    |   |  |  |  |  |  |  |
| С  | From 2020   |                               |                                       |    |   |  |  |  |  |  |  |
| d  | From 2021   |                               |                                       |    |   |  |  |  |  |  |  |
| е  | From 2022   |                               |                                       |    |   |  |  |  |  |  |  |
| f  | Total of lines 3a through 3e                                    |                               |                                       |    |   |  |  |  |  |  |  |
| g  | Applied to underdistributions of prior years                    |                               |                                       |    |   |  |  |  |  |  |  |
| <u>h</u>   | Applied to 2023 distributable amount                            |                               |                                       |    |   |  |  |  |  |  |  |
| i_   | Carryover from 2018 not applied (see instructions)              |                               |                                       |    |   |  |  |  |  |  |  |
| <u>_i</u>  | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                       |    |   |  |  |  |  |  |  |
| 4  | Distributions for 2023 from Section D,                          |                               |                                       |    |   |  |  |  |  |  |  |
|  | line 7: \$  |                               |                                       |    |   |  |  |  |  |  |  |
| a  | Applied to underdistributions of prior years                    |                               |                                       |    |   |  |  |  |  |  |  |
| b  | Applied to 2023 distributable amount                            |                               |                                       |    |   |  |  |  |  |  |  |
| c  | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                                       |    |   |  |  |  |  |  |  |
| 5  | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h        |                               |                                       |    |   |  |  |  |  |  |  |
|  | and 4b from line 1. For result greater than zero, explain in    |                               |                                       |    |   |  |  |  |  |  |  |
|  | Part VI. See instructions.                                      |                               |                                       |    |   |  |  |  |  |  |  |
| 7  | Excess distributions carryover to 2024. Add lines 3j and 4c.    |                               |                                       |    |   |  |  |  |  |  |  |
| 8  | Breakdown of line 7:  |                               |                                       |    |   |  |  |  |  |  |  |
|  | Excess from 2019  |                               |                                       |    |   |  |  |  |  |  |  |
|  | Excess from 2020  |                               |                                       |    |   |  |  |  |  |  |  |
|  | Excess from 2021  |                               |                                       |    |   |  |  |  |  |  |  |
|  | Excess from 2022  |                               |                                       |    |   |  |  |  |  |  |  |
|  | Excess from 2023  |                               |                                       |    |   |  |  |  |  |  |  |
|  | LAUG33 IIUIII 2023  |                               |                                       |    |   |  |  |  |  |  |  |

Schedule A (Form 990) 2023

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

VMI ALUMNI AGENCIES BOARD, INC.

**Employer identification number** 54-1429093

| Par    |   |   | unds or Ad      | counts. Complete if the         |
|--------|---|---|-----------------|---------------------------------|
|        | organization answered "Yes" on Form 990, Part IV, lin                                   | (a) Donor advised funds                 |                 | (b) Funds and other accounts    |
| 4      | Total number at and of year   | (a) Bonor advised failes                |                 | (b) Funds and other accounts    |
| 1<br>2 | Total number at end of year   |   |                 |                                 |
| 3      | Aggregate value of grants from (during year)  |   |                 |                                 |
| 4      | Aggregate value at end of year  |   |                 |                                 |
| 5      | Did the organization inform all donors and donor advisors in v                          | Leviting that the assets held in donor  | r advised fund  |                                 |
| 3      | are the organization's property, subject to the organization's                          | _                                       |                 |                                 |
| 6      | Did the organization inform all grantees, donors, and donor a                           |   |                 |                                 |
| U      | for charitable purposes and not for the benefit of the donor o                          |   |                 |                                 |
|        |   |   | •               |                                 |
| Par    |   |   |                 |                                 |
| 1      | Purpose(s) of conservation easements held by the organization                           |   | ,               |                                 |
| •      | Preservation of land for public use (for example, recrea                                |   | tion of a histo | orically important land area    |
|        | Protection of natural habitat   | · —                                     |                 | ified historic structure        |
|        | Preservation of open space  |   |                 |                                 |
| 2      | Complete lines 2a through 2d if the organization held a qualif                          | fied conservation contribution in the   | form of a co    | nservation easement on the last |
|        | day of the tax year.  |   |                 | Held at the End of the Tax Year |
| а      | Total number of conservation easements  |   |                 | 2a                              |
|        |   |   |                 | 2b                              |
| С      | Number of conservation easements on a certified historic stru                           | and the first of all and the O.         |                 | 2c                              |
| d      | Number of conservation easements included on line 2c acqu                               | ired after July 25, 2006, and not       |                 |                                 |
|        | on a historic structure listed in the National Register                                 |   |                 | 2d                              |
| 3      | Number of conservation easements modified, transferred, rel                             |   |                 | ization during the tax          |
|        | year  |   |                 |                                 |
| 4      | Number of states where property subject to conservation eas                             | sement is located                       |                 |                                 |
| 5      | Does the organization have a written policy regarding the per                           | iodic monitoring, inspection, handli    | ng of           |                                 |
|        | violations, and enforcement of the conservation easements it                            |   |                 |                                 |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting,                            | handling of violations, and enforcin    | g conservation  | on easements during the year    |
| _      | <del></del>   |   |                 |                                 |
| 7      | Amount of expenses incurred in monitoring, inspecting, hand                             | iling of violations, and enforcing cor  | nservation ea   | sements during the year         |
|        | Does each concernation accomment reported on line 2d above                              | action the veguinements of costion      | 170/b\/4\/D\/;  | 1                               |
| 8      | Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? |   |                 |                                 |
| 9      | In Part XIII, describe how the organization reports conservation                        | on accoments in its revenue and ex      |                 |                                 |
| 9      | balance sheet, and include, if applicable, the text of the footr                        |   | •               |                                 |
|        | organization's accounting for conservation easements.                                   | iote to the organization's infancial s  | tatements th    | at describes trie               |
| Par    | t III Organizations Maintaining Collections of  | Art, Historical Treasures,              | or Other S      | imilar Assets.                  |
|        | Complete if the organization answered "Yes" on Form                                     |   |                 |                                 |
|        | If the organization elected, as permitted under FASB ASC 95                             |   | ment and bala   | ance sheet works                |
|        | of art, historical treasures, or other similar assets held for put                      | ·                                       |                 |                                 |
|        | service, provide in Part XIII the text of the footnote to its finar                     | · · · · · · · · · · · · · · · · · · ·   |                 |                                 |
| b      | If the organization elected, as permitted under FASB ASC 95                             |   |                 | e sheet works of                |
|        | art, historical treasures, or other similar assets held for public                      |   |                 |                                 |
|        | provide the following amounts relating to these items.                                  | , |                 | •                               |
|        | (i) Revenue included on Form 990, Part VIII, line 1                                     |   |                 | \$                              |
|        |   |   |                 |                                 |
| 2      | If the organization received or held works of art, historical treation                  |   |                 |                                 |
|        | the following amounts required to be reported under FASB A                              |   | J /             |                                 |
| а      | Revenue included on Form 990, Part VIII, line 1   |   |                 | \$                              |
|        | Assets included in Form 990, Part X   |   |                 |                                 |
| LHA    | For Paperwork Reduction Act Notice, see the Instructions                                | s for Form 990.                         |                 | Schedule D (Form 990) 2023      |

332051 09-28-23

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

basis (investment) basis (other) depreciation

1a Land
b Buildings
c Leasehold improvements

5.0, 1.0, 2, 3.4, 0.1.0, 1.6, 1.9.2

(b) Cost or other

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

(a) Cost or other

 d Equipment
 50,192.
 34,010.
 16,182.

 e Other
 Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))
 16,182.

Schedule D (Form 990) 2023

(d) Book value

Description of property

(c) Accumulated

| Schedule D (Form 990) 2023 VMI ALUMNI                                | AGENCIES BOARD               | ). TNC.                | 54-                 | -1429093          | Page 3       |
|--|------------------------------|------------------------|---------------------|-------------------|--------------|
| Part VII Investments - Other Securities                              | IIODINOTED DOING             | , 11101                |                     | 1123033           | r age •      |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line 1 | 1b. See Form 990, Par  | t X, line 12.       |                   |              |
| (a) Description of security or category (including name of security) | (b) Book value               | (c) Method of valua    |                     | -of-year market v | alue         |
| (1) Financial derivatives  | ,                            | . ,                    |                     |                   |              |
| (2) Closely held equity interests                                    |                              |                        |                     |                   |              |
| (3) Other  |                              |                        |                     |                   |              |
| (A) SECURITIES-POOLED FUND   | 74,273,269.                  | END-OF-YEA             | R MARKET            | VALUE             |              |
| (B) OTHER INVESTMENTS  | 1,207,248.                   | END-OF-YEA             |                     |                   |              |
| (C)  |                              |                        |                     |                   |              |
| (D)  |                              |                        |                     |                   |              |
| (E)  |                              |                        |                     |                   |              |
| (F)  |                              |                        |                     |                   |              |
| (G)  |                              |                        |                     |                   |              |
| (H)  |                              |                        |                     |                   |              |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))     | 75,480,517.                  |                        |                     |                   |              |
| Part VIII Investments - Program Related.                             |                              |                        |                     |                   |              |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line 1 | 1c. See Form 990, Parl | : X, line 13.       |                   |              |
| (a) Description of investment  | (b) Book value               | (c) Method of valua    | ation: Cost or end  | -of-year market v | alue         |
| (1)  |                              |                        |                     |                   |              |
| (2)  |                              |                        |                     |                   |              |
| (3)  |                              |                        |                     |                   |              |
| (4)  |                              |                        |                     |                   |              |
| (5)  |                              |                        |                     |                   |              |
| (6)  |                              |                        |                     |                   |              |
| (7)  |                              |                        |                     |                   |              |
| (8)  |                              |                        |                     |                   |              |
| (9)  |                              |                        |                     |                   |              |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))     |                              |                        |                     |                   |              |
| Part IX Other Assets   |                              |                        |                     |                   |              |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line 1 | 1d. See Form 990, Par  | t X, line 15.       |                   |              |
| (a)  | Description                  |                        |                     | (b) Book va       | lue          |
| (1) LIFE INSURANCE CASH SURRE  | NDER VALUE                   |                        |                     | 1,283,            |              |
| (2) DUE FROM RELATED PARTIES   |                              |                        |                     | 26,776,           | ,244.        |
| (3)  |                              |                        |                     |                   |              |
| (4)  |                              |                        |                     |                   |              |
| (5)  |                              |                        |                     |                   |              |
| (6)  |                              |                        |                     |                   |              |
| (7)  |                              |                        |                     |                   |              |
| (8)  |                              |                        |                     |                   |              |
| (9)  |                              |                        |                     |                   |              |
| Total. (Column (b) must equal Form 990, Part X, line 15, co          | <i>l. (B))</i>               |                        |                     | 28,059            | <u>,549.</u> |
| Part X Other Liabilities   |                              |                        |                     |                   |              |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line 1 | 1e or 11f. See Form 99 | 0, Part X, line 25. |                   |              |
| 1. (a) Description of liability                                      |                              |                        |                     | (b) Book va       | lue          |
| (1) Federal income taxes   |                              |                        |                     |                   |              |
| (2) TRUST & ANNUITY OBLIGATION                                       | NS                           |                        |                     | 254,              | ,081.        |
| (3)  |                              |                        |                     |                   |              |
| (4)  |                              |                        |                     |                   |              |
| (5)  |                              |                        |                     |                   |              |
| (6)  |                              |                        |                     |                   |              |

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

254,081.

(7) (8) (9)

|       |         | Reconciliation of Revenue per Audited Financial Statement  | s With Revenue per Ret             | turn                     |
|-------|---------|--|------------------------------------|--------------------------|
|       |         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  | ·                                  |                          |
| 1     | Total r | and all the second and the second an |                                    | 1                        |
| 2     |         | nts included on line 1 but not on Form 990, Part VIII, line 12:  |                                    |                          |
| а     | Net ur  | nrealized gains (losses) on investments  | 2a                                 |                          |
| b     |         | ed services and use of facilities  | 2b                                 |                          |
| С     |         | reries of prior year grants  | 2c                                 |                          |
| d     |         | (Describe in Part XIII.)   | 2d                                 |                          |
| е     | Add lii | nes <b>2a</b> through <b>2d</b>  |                                    | 2e                       |
| 3     | Subtra  | act line <b>2e</b> from line <b>1</b>  |                                    | 3                        |
| 4     | Amou    | nts included on Form 990, Part VIII, line 12, but not on line 1:   |                                    |                          |
| а     |         | ment expenses not included on Form 990, Part VIII, line 7b   | 4a                                 |                          |
| b     | Other   | (Describe in Part XIII.)   | 4b                                 |                          |
| С     | Add lii | nes <b>4a</b> and <b>4b</b>  |                                    | 4c                       |
| 5     | Total r | revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)  |                                    | 5                        |
| Par   | t XII   | Reconciliation of Expenses per Audited Financial Statemen  | ts With Expenses per R             | leturn                   |
|       |         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |                                    |                          |
| 1     | Total e | expenses and losses per audited financial statements   |                                    | 1                        |
| 2     | Amou    | nts included on line 1 but not on Form 990, Part IX, line 25:  |                                    |                          |
| а     | Donat   | ed services and use of facilities  | 2a                                 |                          |
| b     | Prior y | vear adjustments   | 2b                                 |                          |
| С     |         | losses   | 2c                                 |                          |
| d     | Other   | (Describe in Part XIII.)   | 2d                                 |                          |
| е     | Add lii | nes <b>2a</b> through <b>2d</b>  |                                    | 2e                       |
| 3     | Subtra  | act line <b>2e</b> from line <b>1</b>  |                                    | 3                        |
| 4     | Amou    | nts included on Form 990, Part IX, line 25, but not on line 1:   |                                    |                          |
| а     | Invest  | ment expenses not included on Form 990, Part VIII, line 7b   | 4a                                 |                          |
| b     | Other   | (Describe in Part XIII.)   | 4b                                 |                          |
| С     | Add lii | nes <b>4a</b> and <b>4b</b>  |                                    | 4c                       |
| 5     | Total e | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   |                                    | 5                        |
| Par   | t XIII  | Supplemental Information   |                                    |                          |
| Provi | de the  | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV  | , lines 1b and 2b; Part V, line 4; | Part X, line 2; Part XI, |
| lines | 2d and  | 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition   | onal information.                  |                          |
|       |         |  |                                    |                          |
|       |         |  |                                    |                          |
| PAF   | RT V    | , LINE 4:  |                                    |                          |
|       |         |  | GUDDODE BUD 111D                   | OT31T3                   |
| THE   | TIV.    | TENDED USE OF THE ENDOWMENT FUNDS IS TO  | SUPPORT THE VIRO                   | GINIA                    |
| MT T  | тта.    | DV TNOMINIME /IMI\ A CMAME CIIDDODMED CO   | ITIOOT                             |                          |
| МТТ   | IT TA   | RY INSTITUTE (VMI), A STATE-SUPPORTED SC   | HOOL.                              |                          |
|       |         |  |                                    |                          |
|       |         |  |                                    |                          |
| DZE   | т х     | , LINE 2:  |                                    |                          |
| LVL   | 11 X    | , DINE Z.  |                                    |                          |
| тип   | י ר     | GANIZATION IS EXEMPT FROM FEDERAL AND ST   | יאיד דאור אד ייאני                 | 2                        |
| 1111  | OK      | GANIZATION IS EXEMPT FROM PEDERAL AND SI   | AIE INCOME IAAE,                   | D AD A                   |
| NTO N | IDRO    | FIT ORGANIZATION UNDER SECTION 501(C)(3)   | OF THE INTERNA                     | I. REVENIIE              |
| LVOI  | II IO   | TIT ORGANIZATION UNDER DECITOR SUI(C)(S)   | OF THE INTERNAL                    | D KEVENOE                |
| COT   | E A     | ND THE TAX STATUTES OF THE COMMONWEALTH  | OF VIRGINIA. TI                    | N ADDTTTON               |
| COL   | , L A   | 112 1111 1111 SITITOTED OF THE CONTORWEADIN  | OT ATMOTHTM. II                    | ., 1100111011,           |
| тнъ   | OR      | GANIZATION HAS BEEN CLASSIFIED AS AN ORG   | ANIZATION THAT                     | IS NOT A                 |
|       | . 010   | CIE, I III III DI CIII CIII III III III III  | ,                                  | _~ 1101 11               |
| PRT   | VAT     | E FOUNDATION UNDER SECTION 509(A) OF THE   | INTERNAL REVEN                     | UE CODE.                 |
|       |         |  |                                    | ·                        |

| Schedule D | (Form 990) 2023                    | VMI    | ALUMNI      | AGENCIES | BOARD, | INC. | 54-1429093 | Page 5 |
|------------|------------------------------------|--------|-------------|----------|--------|------|------------|--------|
| Part XIII  | (Form 990) 2023 Supplemental Infor | mation | (continued) |          |        |      |            |        |
|            | <u> </u>                           |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
| -          |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |
|            |                                    |        |             |          |        |      |            |        |

#### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** VMI ALUMNI AGENCIES BOARD 54-1429093 INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA. ARUBA, BAHAMAS, INVESTMENTS 2,072,231. 0 0 2,072,231. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... c Totals (add lines 3a 2,072,231. and 3b)

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

Schedule F (Form 990) 2023

| recipient who re           | recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. |  |   |                          |                                 |                                  |                                       |   |  |  |
|----------------------------|--|--|---|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable)   |  | (d) Purpose of grant  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |  |  |
|                            |  |  |   |                          |                                 |                                  |                                       |   |  |  |
|                            |  |  |   |                          |                                 |                                  |                                       |   |  |  |
|                            |  |  |   |                          |                                 |                                  |                                       |   |  |  |
|                            |  |  |   |                          |                                 |                                  |                                       |   |  |  |
|                            |  |  |   |                          |                                 |                                  |                                       |   |  |  |
|                            |  |  |   |                          |                                 |                                  |                                       |   |  |  |
|                            |  |  |   |                          |                                 |                                  |                                       |   |  |  |
|                            |  |  |   |                          |                                 |                                  |                                       |   |  |  |
|                            |  |  |   |                          |                                 |                                  |                                       |   |  |  |
|                            |  |  |   |                          |                                 |                                  |                                       |   |  |  |
|                            |  |  | <br>recognized as charities by the<br>or counsel has provided a sec |                          |                                 | <u> </u>                         |                                       |   |  |  |

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

3 Enter total number of other organizations or entities

|                        |                       |                          | tes. Complete            | f the organization answered "Yes" | on Form 990, Part                | IV, line 16.                          |  |
|------------------------|-----------------------|--------------------------|--------------------------|-----------------------------------|----------------------------------|---------------------------------------|--|
| Part III can be duplic | pace is needed Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement   | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |

Page 4

## Schedule F (Form 990) 2023 Part IV Foreign Forms

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization  VMI ALUMNI AGENCIES BOARD, INC.   |                  |                                    |                          |                                  |  |                                       | Employer identification number 54-1429093 |  |  |
|---|------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---|--|--|
| Part I General Information on Grants a  |                  | b borne, in                        | •                        |                                  |  |                                       | 34 1425053                                |  |  |
| <ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol> | stance?          |                                    |                          |                                  | -  |                                       |   |  |  |
| Part II Grants and Other Assistance to recipient that received more than 3  | Domestic Organiz | zations and Domestic               | Governments. C           | omplete if the orga              | anization answered "\  | es" on Form 990, Part                 | t IV, line 21, for any                    |  |  |
| 1 (a) Name and address of organization or government  | (b) EIN          | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance        |  |  |
| VIRGINIA MILITARY INSTITUTE 319 LETCHER AVENUE  |                  |                                    |                          |                                  |  |                                       |   |  |  |
| LEXINGTON, VA 24450   | 54-6001803       | 115                                | 974,999.                 | 0.                               |  |                                       | DEBT SERVICE                              |  |  |
| VIRGINIA MILITARY INSTITUTE 319 LETCHER AVENUE LEXINGTON, VA 24450  | 54-6001803       | 115                                | 70,000.                  | 0.                               |  |                                       | PHYSICAL PLANT                            |  |  |
| VIRGINIA MILITARY INSTITUTE<br>319 LETCHER AVENUE<br>LEXINGTON, VA 24450  | 54-6001803       | 115                                | 5,775.                   | 0.                               |  |                                       | INSURANCE PREMIUMS                        |  |  |
| VIRGINIA MILITARY INSTITUTE 319 LETCHER AVENUE LEXINGTON, VA 24450  | 54-6001803       | 115                                | 706,305.                 | 0.                               |  |                                       | INTERCOLLEGIATE ATHLETICS                 |  |  |
|   |                  |                                    |                          |                                  |  |                                       |   |  |  |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization  | -                |                                    |                          |                                  |  |                                       | 1.  |  |  |

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

Schedule I (Form 990) 2023

| (a) Type of grant or assistance                              | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
| art IV Supplemental Information. Provide the information red |                          | e 2; Part III, columr    | n (b); and any other ad               | Iditional information.                                       |                                       |
| ART I, LINE 2:   |                          | •                        | •                                     |  |                                       |
| II ALUMNI AGENCIES BOARD, INC. AW                            | ARDS ASSI                | STANCE ON                | LY TO VIRGI                           | NIA MILITARY   |                                       |
| NSTITUTE, A STATE-SUPPORTED SCHOO                            |                          |                          |                                       |  |                                       |
| ASED ON THE INSTITUTE'S NEED AND                             |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  |                                       |
|  |                          |                          |                                       |  | _                                     |

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

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

| Da  | rt I Questions Regarding Compensation   | 2000     |     |               |
|-----|---|----------|-----|---------------|
| 1 6 | att   Quoduono negaranig compensation   |          | Voc | Na            |
| 4.  | Charly the engreprists have a presentation provided any of the following to average listed an Form 000  |          | Yes | No            |
| ia  | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,  |          |     |               |
|     | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  Housing allowance or residence for personal use   |          |     |               |
|     |   |          |     |               |
|     | Travel for companions  Payments for business use of personal residence  Legith as a solid study dues as initiation force.   |          |     |               |
|     | Tax indemnification and gross-up payments  Health or social club dues or initiation fees  |          |     |               |
|     | Discretionary spending account  Personal services (such as maid, chauffeur, chef)   |          |     |               |
|     | Many of the house of Park Arman should did the considering fall and a Park and Park |          |     |               |
| b   | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or   | 41.      | Х   |               |
| _   | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | 1b       | Λ   |               |
| 2   | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,  |          |     | х             |
|     | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?   | 2        |     |               |
| •   |   |          |     |               |
| 3   | Indicate which, if any, of the following the organization used to establish the compensation of the organization's  |          |     |               |
|     | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to  |          |     |               |
|     | establish compensation of the CEO/Executive Director, but explain in Part III.  |          |     |               |
|     | Compensation committee X Written employment contract  |          |     |               |
|     | Independent compensation consultant  X Compensation survey or study   |          |     |               |
|     | Form 990 of other organizations  X Approval by the board or compensation committee  |          |     |               |
| _   |   |          |     |               |
| 4   | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |          |     |               |
|     | organization or a related organization:   |          |     | v             |
| a   | Receive a severance payment or change-of-control payment?   | 4a       |     | X             |
| b   | Participate in or receive payment from a supplemental nonqualified retirement plan?   | 4b<br>4c |     | X             |
| С   |   |          |     |               |
|     | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |          |     |               |
|     | Only position F04(a)(2) F04(a)(4) and F04(a)(90) aggregations must consulate lines F 0  |          |     |               |
| E   | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |          |     |               |
| 5   | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |          |     |               |
| _   | contingent on the revenues of:  | -        |     | х             |
| a   | The organization?   | 5a       |     | X             |
| a   | Any related organization?   | 5b       |     | $\overline{}$ |
| _   | If "Yes" on line 5a or 5b, describe in Part III.  |          |     |               |
| 6   | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |          |     |               |
|     | contingent on the net earnings of:  |          |     | х             |
| a   | The organization?   | 6a       |     |               |
| 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  |          |     | v             |
| _   | not described on lines 5 and 6? If "Yes," describe in Part III  | 7        |     | X             |
| 8   | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the   |          |     | v             |
| _   | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   | 8        |     | X             |
| 9   | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in  |          |     |               |
|     | Regulations section 53.4958-6(c)?   | 9        |     | Щ_            |

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

| (A) Name and Title      |      | (B) Breakdown of W  | I-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC                         | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B)            |
|-------------------------|------|---|-----------------------------------|---|-----------------------------------|-------------------------|---------------------------------|---|
|                         |      | (i) Base compensation (ii) Bonus & incentive compensation |                                   | (iii) Other<br>reportable<br>compensation | compensation                      |                         |                                 | reported as deferred<br>on prior Form 990 |
| (1) DAVID L. PRASNICKI  | (i)  | 270,200.  | 5,700.                            | 2,112.                                    | 14,000.                           | 1,400.                  | 293,412.                        | 0.  |
| CHIEF EXECUTIVE OFFICER | (ii) | 0.  | 0.                                | 0.  | 0.                                | 0.                      | 0.                              | 0.  |
| (2) CRISSY S. ELLIOTT   | (i)  | 172,797.  | 5,100.                            | 742.                                      | 30,000.                           | 4,045.                  | 212,684.                        | 0.  |
| CHIEF FINANCIAL OFFICER | (ii) | 0.  | 0.                                | 0.  | 0.                                | 0.                      | 0.                              | 0.  |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |
|                         | (i)  |   |                                   |   |                                   |                         |                                 |   |
|                         | (ii) |   |                                   |   |                                   |                         |                                 |   |

| Part III Supplemental Information  |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| PART I, LINE 1A:   |
| TRAVEL EXPENSES FOR COMPANIONS ARE REIMBURSED TO THE ORGANIZATION.   |
|  |
| THERE WAS NOT ANY TRAVEL FOR COMPANIONS FOR THIS FISCAL YEAR.  |
|  |
| PART I, LINE 3:  |
| THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ALL SALARIES.   |
| COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

#### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

**Employer identification number** Name of the organization 54-1429093 VMI ALUMNI AGENCIES BOARD, INC. CONTINUATIONS SEE PART VI FOR COLUMNS (A) AND (F) Part I **Bond Issues** (a) Issuer name (c) CUSIP # (d) Date issued (g) Defeased (h) On behalf (i) Pooled (b) Issuer EIN (e) Issue price (f) Description of purpose of issuer financing Yes No Yes No Yes No INDUSTRIAL DEVELOPMENT REFUND BOND A AUTHORITY OF THE CITY OF 54-600139252976TAK3 06/02/16 36736266. SERIES 2006B AND Х Х Х INDUSTRIAL DEVELOPMENT REFUND BOND B AUTHORITY OF THE CITY OF 54-600139252976TBK2 12/31/21 25978525. SERIES 2016 Х Х Х D Part II Proceeds C D Δ 1 Amount of bonds retired Amount of bonds legally defeased 36,736,226. 25,978,525. Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds 25,657,509. 36,323,830. 6 Proceeds in refunding escrows 412,396. 321,016. Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds 13 Year of substantial completion Yes No Yes No Yes No Yes No 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Х Х if issued prior to 2018, a current refunding issue)? 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if Х Х issued prior to 2018, an advance refunding issue)? Х Х Has the final allocation of proceeds been made?

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

Does the organization maintain adequate books and records to support the

Schedule K (Form 990) 2023

final allocation of proceeds?

Х

Х

| Par      | t III Private Business Use  |     |              |     |    |     |    |     |          |
|----------|---|-----|--------------|-----|----|-----|----|-----|----------|
|          |   |     | A            |     | В  |     | С  |     | D        |
| 1        | Was the organization a partner in a partnership, or a member of an LLC,                   | Yes | No           | Yes | No | Yes | No | Yes | No       |
|          | which owned property financed by tax-exempt bonds?  |     | X            |     | Х  |     |    |     |          |
| 2        | Are there any lease arrangements that may result in private business use of               |     |              |     |    |     |    |     |          |
|          | bond-financed property?   |     | X            |     | Х  |     |    |     |          |
| За       | Are there any management or service contracts that may result in private                  |     |              |     |    |     |    |     |          |
|          | business use of bond-financed property?   |     | X            |     | Х  |     |    |     |          |
| b        | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside |     |              |     |    |     |    |     |          |
|          | counsel to review any management or service contracts relating to the financed property?  |     |              |     |    |     |    |     |          |
| С        | Are there any research agreements that may result in private business use of              |     |              |     |    |     |    |     |          |
|          | bond-financed property?   |     | X            |     | X  |     |    |     |          |
| d        | If "Yes" to line 3c, does the organization routinely engage bond counsel or other         |     |              |     |    |     |    |     |          |
|          | outside counsel to review any research agreements relating to the financed property?      |     |              |     |    |     |    |     |          |
| 4        | Enter the percentage of financed property used in a private business use by entities      |     |              |     |    |     |    |     |          |
|          | other than a section 501(c)(3) organization or a state or local government                |     | %            |     | %  |     | %  |     | %        |
| 5        | Enter the percentage of financed property used in a private business use as a             |     |              |     |    |     |    |     |          |
|          | result of unrelated trade or business activity carried on by your organization,           |     |              |     |    |     |    |     |          |
|          | another section 501(c)(3) organization, or a state or local government                    |     | %            |     | %  |     | %  |     | %        |
| _6       | Total of lines 4 and 5  |     | %            |     | %  |     | %  |     | %        |
| _7_      | Does the bond issue meet the private security or payment test?                            |     | X            |     | X  |     |    |     |          |
| 8a       | Has there been a sale or disposition of any of the bond-financed property to a non-       |     |              |     |    |     |    |     |          |
|          | governmental person other than a 501(c)(3) organization since the bonds were issued?      |     | X            |     | X  |     |    |     |          |
| b        | If "Yes" to line 8a, enter the percentage of bond-financed property sold or               |     |              |     |    |     |    |     |          |
|          | disposed of   |     | %            |     | %  |     | %  |     | %        |
| С        | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations                |     |              |     |    |     |    |     |          |
|          | sections 1.141-12 and 1.145-2?  |     |              |     |    |     |    |     |          |
| 9        | Has the organization established written procedures to ensure that all                    |     |              |     |    |     |    |     |          |
|          | nonqualified bonds of the issue are remediated in accordance with the                     |     |              |     |    |     |    |     |          |
|          | requirements under Regulations sections 1.141-12 and 1.145-2?                             |     | X            |     | X  |     |    |     |          |
| Par      | t IV Arbitrage  | T   |              | T   |    |     |    | Т   |          |
|          |   |     | <del>A</del> | !   | В  | (   | Ç  |     | <u> </u> |
| 1        | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and                   | Yes | No           | Yes | No | Yes | No | Yes | No       |
|          | Penalty in Lieu of Arbitrage Rebate?  |     | X            |     | X  |     |    |     |          |
| _2       | If "No" to line 1, did the following apply?   |     | ,            |     | _  |     | _  |     | T        |
| <u>a</u> | Rebate not due yet?   | X   |              | X   |    |     |    |     |          |
| b        | Exception to rebate?  |     | X            |     | X  |     |    |     |          |
| c        | No rebate due?  |     | X            |     | X  |     |    |     |          |
|          | If "Yes" to line 2c, provide in Part VI the date the rebate computation was               |     |              |     |    |     |    |     |          |
|          | performed   |     | 1            |     |    |     |    |     | Т        |
| _3       | Is the bond issue a variable rate issue?  |     | X            |     | X  |     |    |     |          |

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

#### SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

VMI ALUMNI AGENCIES BOARD, INC.

Employer identification number 54-1429093

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

MEMBERS OF THE VMI ALUMNI ASSOCIATION BOARD OF DIRECTORS SERVE AS THE

MEMBERS OF THE VMI ALUMNI AGENCIES BOARD, INC.

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

MEMBERS OF THE VMI ALUMNI ASSOCIATION HAVE THE RIGHT TO ELECT ONE OR MORE

MEMBERS OF THE VMI ALUMNI AGENCIES BOARD'S BOARD OF DIRECTORS.

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

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

MEMBERS.

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

PRIOR TO ITS FILING, A PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS MADE

AVAILABLE TO BOARD MEMBERS. SINCE A COMPLETE COPY OF THE FORM 990 WAS NOT

PROVIDED TO THE BOARD, THE ORGANIZATION HAS ANSWERED "NO" TO FORM 990, PART

VI, QUESTION 11A.

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

ANNUAL CONFLICT OF INTEREST STATETMENTS ARE COMPLETED BY ALL BOARD MEMBERS.

ADDITIONALLY, A CONFLICT OF INTEREST POLICY WHICH GOVERNS ALL BOARD MEMBERS

IS IN PLACE AND REVIEWED AND UPDATED ANNUALLY FOR EXISTING AND NEW BOARD

MEMBERS.

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

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

Schedule O (Form 990) 2023

| Schedule O (Form 990) 2023                                  | Page 2                                    |
|---|---|
| Name of the organization  VMI ALUMNI AGENCIES BOARD, INC.   | Employer identification number 54-1429093 |
| GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSIT  | E AND ARE ALSO                            |
| AVAILABLE UPON REQUEST.                                     |   |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:           |   |
| ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY OBLIGATIONS        | -31,337.                                  |
| FORM 990, PART XII, LINE 2C                                 |   |
| THE ORGANIZATION HAS AN AUDIT COMMITTEE IN PLACE THAT ASSU  | MES                                       |
| RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION | N OF AN                                   |
| INDEPENDENT ACCOUNTANT. THE AUDITED FINANCIAL STATEMENTS    | ARE REVIEWED                              |
| AT A SCHEDULED MEETING EACH YEAR.                           |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

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

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization  VMI ALUMNI AC   | GENCIES BOARD, INC.                     |   |                               |                                       | E       | mployer identifi<br>54-1429(      |                                   | umber   |
|---|---|---|-------------------------------|---------------------------------------|---------|-----------------------------------|-----------------------------------|---|
| Part I Identification of Disregarded Entities. Comp                                   | plete if the organization answered "Yes | s" on Form 990, Part IV, line 3               | 33.                           |                                       |         |                                   |                                   |   |
| (a) Name, address, and EIN (if applicable) of disregarded entity                      | (b) Primary activity                    | (c) Legal domicile (state foreign country)    | or Total inc                  | ome End-of-year                       | assets  | Direct o                          | <b>(f)</b><br>controllin<br>ntity | g   |
|   |   |   |                               |                                       |         |                                   |                                   |   |
| Part II Identification of Related Tax-Exempt Organ organizations during the tax year. | izations. Complete if the organization  | answered "Yes" on Form 99                     | 90, Part IV, line 34,         | because it had one of                 | or more | re related tax-exe                | mpt                               |   |
| (a)  Name, address, and EIN  of related organization                                  | <b>(b)</b> Primary activity             | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | Dire    | (f)<br>rect controlling<br>entity | con                               | ( <b>g)</b><br>512(b)(13<br>trolled<br>ntity? |
|   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,       |                               | 501(c)(3))                            |         |                                   | Yes                               | No  |
| VMI ALUMNI ASSOCIATION - 54-0515753 PO BOX 932 LEXINGTON, VA 24450                    | ORGANIZE ALUMNI INTO ONE                | VIRGINIA                                      | 501(C)(3)                     | LINE 7                                |         |                                   |                                   | x   |
| VMI FOUNDATION - 54-0505966   | SUPPORT VIRGINIA MILITARY               |   |                               |                                       |         |                                   |                                   | <del> </del>                                  |
| PO BOX 932  | INSTITUTE, A                            |   |                               |                                       |         |                                   |                                   |   |
| LEXINGTON, VA 24450   | STATE-SUPPORTED SCHOOL                  | VIRGINIA                                      | 501(C)(3)                     | LINE 7                                |         |                                   |                                   | Х   |
| VMI KEYDET CLUB - 54-1300039  |   |   |                               |                                       |         |                                   |                                   |   |
| PO BOX 932  | SUPPORT INTERCOLLEGIATE                 |   |                               |                                       |         |                                   |                                   |   |
| LEXINGTON, VA 24450   | ATHLETIC PROGRAMS AT VMI                | VIRGINIA                                      | 501(C)(3)                     | LINE 7                                |         |                                   |                                   | Х   |
| VIRGINIA MILITARY INSTITUTE - 54-6001803  |   |   |                               |                                       |         |                                   |                                   |   |
| 309 LETCHER AVE.  |   |   |                               |                                       |         |                                   |                                   |   |
| LEXINGTON, VA 24450   | COLLEGE                                 | VIRGINIA                                      | 115                           | N/A                                   |         |                                   |                                   | x   |

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

Schedule R (Form 990) 2023

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.

|  | · · · · · · · · · · · · · · · · · · · |                   | T                  |  |                |                       |         |           |                              |       | —      |                         |
|--|---------------------------------------|-------------------|--------------------|--|----------------|-----------------------|---------|-----------|------------------------------|-------|--------|-------------------------|
| (a)  | (b)                                   | (c)               | (d)                | (e)  | (f)            | (g)                   | (1      | h)        | (i)                          | (j    | j)     | (k)                     |
| Name, address, and EIN of related organization | Primary activity                      | Legal<br>domicile | Direct controlling | Predominant income   | Share of total | Share of              | Disprop | ortionate | Code V-UBI                   | Gene  | ral or | Percentage<br>ownership |
| of related organization                        |                                       | (state or foreign | entity             | (related, unrelated,<br>excluded from tax under<br>sections 512-514) | income         | end-of-year<br>assets | alloca  | ations?   | amount in box 20 of Schedule | parti | ner?   | ownersnip               |
|  |                                       | country)          |                    | sections 512-514)  |                | 400010                | Yes     | No        | K-1 (Form 1065)              | Yes   | No     |                         |
|  |                                       |                   |                    |  |                |                       |         |           |                              |       | 1      |                         |
|  |                                       |                   |                    |  |                |                       |         |           |                              |       | 1      |                         |
|  |                                       |                   |                    |  |                |                       |         |           |                              |       | 1      |                         |
|  |                                       |                   |                    |  |                |                       |         |           |                              |       |        |                         |
|  |                                       |                   |                    |  |                |                       |         |           |                              |       | 1      |                         |
|  |                                       |                   |                    |  |                |                       |         |           |                              |       | 1      |                         |
|  |                                       |                   |                    |  |                |                       |         |           |                              |       | 1      |                         |
|  |                                       |                   |                    |  |                |                       |         |           |                              |       |        |                         |
|  |                                       |                   |                    |  |                |                       |         |           |                              |       | П      |                         |
|  | ]                                     |                   |                    |  |                |                       |         |           |                              |       | 1      |                         |
|  | ]                                     |                   |                    |  |                |                       |         |           |                              |       | 1      |                         |
|  | 1                                     |                   |                    |  |                |                       |         |           |                              |       | 1      |                         |
|  |                                       |                   |                    |  |                |                       |         |           |                              |       | $\Box$ |                         |
|  | 1                                     |                   |                    |  |                |                       |         |           |                              |       | 1      |                         |
|  | 1                                     |                   |                    |  |                |                       |         |           |                              |       | 1      |                         |
|  | 1                                     |                   |                    |  |                |                       |         |           |                              |       | 1      |                         |
|  | <u> </u>                              |                   | 1                  | I.   |                | 1                     |         |           | 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><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct controlling<br>entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | ent | tion<br>b)(13)<br>rolled<br>tity? |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|--|--------------------------------|-----|-----------------------------------|
|  |                                | ,   |                                     |   |                                 |  |                                | Yes | No                                |
|  |                                |   |                                     |   |                                 |  |                                |     |                                   |
|  |                                |   |                                     |   |                                 |  |                                |     |                                   |
|  |                                |   |                                     |   |                                 |  |                                |     |                                   |
|  |                                |   |                                     |   |                                 |  |                                |     |                                   |

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

X

Yes No

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

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

| а           | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |   |                              |  | 1a         |        | X        |
|-------------|---|---|------------------------------|--|------------|--------|----------|
|             |   |   |                              |  | 1b         |        | X        |
| С           | Gift, grant, or capital contribution from related organization(s)                               |   |                              |  | 1c         |        | <u>X</u> |
|             | Loans or loan guarantees to or for related organization(s)                                      |   |                              |  | 1d         | Х      |          |
|             | Loans or loan guarantees by related organization(s)   |   |                              |  | 1e         |        | _X_      |
|             |   |   |                              |  |            |        |          |
| f           | Dividends from related organization(s)  |   |                              |  | 1f         |        | _X_      |
| g           | Sale of assets to related organization(s)   |   |                              |  | 1g         |        | X        |
| h           | Purchase of assets from related organization(s)   |   |                              |  | <b>1</b> h |        | X        |
| i           | Exchange of assets with related organization(s)   |   |                              |  | 1i         |        | X        |
| j           | Lease of facilities, equipment, or other assets to related organization(s)                      |   |                              |  | 1j         |        | <u>X</u> |
|             |   |   |                              |  |            |        | 37       |
| k           | Lease of facilities, equipment, or other assets from related organization(s)                    |   |                              |  | 1k         |        | X        |
| 1           | Performance of services or membership or fundraising solicitations for related organization     |   |                              |  | 11         |        | <u>X</u> |
|             | Performance of services or membership or fundraising solicitations by related organization      |   |                              |  | 1m         | v      |          |
|             | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |   |                              |  | 1n         | X      |          |
| 0           | Sharing of paid employees with related organization(s)  |   |                              |  | 10         | Δ      |          |
| 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        |
|             | Other transfer of cash or property from related organization(s)                                 |   |                              |  | 1s         |        | X        |
| 2           | If the answer to any of the above is "Yes," see the instructions for information on who mu      | ust complete thi                        | s line, including covered re | elationships and transaction thresholds. |            |        |          |
|             | · · · · · · · · · · · · · · · · · · ·   | <b>(b)</b><br>Transaction<br>type (a-s) | (c)<br>Amount involved       | (d)<br>Method of determining amount inv  | olved      |        |          |
| (1)         |   |   |                              |  |            |        |          |
| <b>(</b> 0\ |   |   |                              |  |            |        |          |
| (2)         |   | +                                       |                              |  |            |        |          |
| (3)         |   |   |                              |  |            |        |          |
| (0)         |   |   |                              |  |            |        |          |
| (4)         |   |   |                              |  |            |        |          |
| . ,         |   |   |                              |  |            |        |          |
| (5)         |   |   |                              |  |            |        |          |
|             |   |   |                              |  |            |        |          |
| (6)         |   |   |                              |  |            |        |          |
| 3216        | 33 09-28-23   |   |                              | Schedule I                               | ₹ (Forn    | n 990) | 2023     |
|             |   | 45                                      |                              |  |            |        |          |

Page 4

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec. 501(c)(3) orgs.?  Yes No | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproptionate allocation | Code V-UBI<br>amount in box 2<br>of Schedule K- | General of managing partner?  Yes No | (k) r Percentage ownership |
|--------------------------------------|----------------------|-----|---|--|------------------------------------|--|-------------------------------|---|--------------------------------------|----------------------------|
|                                      |                      |     |   |  |                                    |  |                               |   |                                      |                            |
|                                      |                      |     |   |  |                                    |  |                               |   |                                      |                            |
|                                      |                      |     |   |  |                                    |  |                               |   |                                      |                            |
|                                      |                      |     |   |  |                                    |  |                               |   |                                      |                            |
|                                      |                      |     |   |  |                                    |  |                               |   |                                      |                            |
|                                      |                      |     |   |  |                                    |  |                               |   |                                      |                            |
|                                      |                      |     |   |  |                                    |  |                               |   |                                      |                            |
|                                      | -                    |     |   |  |                                    |  |                               |   |                                      |                            |
|                                      |                      |     |   |  |                                    |  |                               |   |                                      |                            |

### Form 8879-TF

### THIS IS NOT A FILEABLE COPY \*\*\*\*\* IRS E-file Signature Authorization for a Tax Exempt Entity

| 1 | 2023 and ending | JUN | 30 | 20 2 4 |
|---|-----------------|-----|----|--------|

For calendar year 2023, or fiscal year beginning JUL

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer VMI ALUMNI AGENCIES BOARD, INC. 54-1429093 CRISSY S ELLIOTT Name and title of officer or person subject to tax CHIEF FINANCIAL OFFICER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ...... b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5a Form 990-T check here ..... **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here ..... Form 5330 check here ..... **b Tax due** (Form 5330, Part II, line 19) 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize FORVIS MAZARS, LLP 24450 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 54280923219 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/15/24 LAKRISHA J. CASTLEBERRY ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 302521 01-05-24

| Form 9                 | 990-T Exempt Organization Business Income Tax Return |          |  |                |  |  |  |
|------------------------|--|----------|--|----------------|--|--|--|
|                        |  |          | (and proxy tax under section 6033(e))  |                | 0000   |  |  |
|                        |  | For ca   | lendar year 2023 or other tax year beginning $\   \underline{ m JUL} \ \ 1$ , $\ 2023$ , and ending $\   \underline{ m JUN} \ \ 30$ , $\ 2$                              | <u> 2024</u> . | <b>  2023</b>  |  |  |
| Departme<br>Internal R | ent of the Treasury<br>evenue Service                | 1        | Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c) | (3).           | Open to Public Inspection for 501(c)(3) Organizations Only |  |  |
| Α                      | Check box if address changed.                        |          | Name of organization ( Check box if name changed and see instructions.)  | <b>D</b> Er    | mployer identification number                              |  |  |
| <b>B</b> Exen          | npt under section                                    | Print    | VMI ALUMNI AGENCIES BOARD, INC.  | !              | 54-1429093   |  |  |
| <b>X</b> 5             | 01( <b>c</b> )(3)                                    | or       | Number, street, and room or suite no. If a P.O. box, see instructions.   | E G            | roup exemption number<br>ee instructions)                  |  |  |
| 4                      | 08(e) 220(e)   | Type     | PO BOX 932   |                | ,  |  |  |
| 4                      | 08A 530(a)   |          | City or town, state or province, country, and ZIP or foreign postal code   |                |  |  |  |
| 5                      | 29(a)529A  |          | LEXINGTON, VA 24450  | F [            | Check box if   |  |  |
|                        |  | C Bo     | ook value of all assets at end of year   | L_             | an amended return.   |  |  |
| <b>G</b> Ch            | eck organization                                     | type     | X 501(c) corporation 501(c) trust 401(a) trust Other trust   | State          | e college/university                                       |  |  |
|                        |  |          | 6417(d)(1)(A) Applicable entity  |                |  |  |  |
|                        | eck if filing only to                                |          |  | •              | ount from Form 3800  |  |  |
|                        |  |          | 10.1 1.1 1.7   |                |  |  |  |
|                        |  |          | ed Schedules A (Form 990-T)  | Г              | Yes X No   |  |  |
|                        |  |          | e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? didentifying number of the parent corporation                                 |                | YesX_ No   |  |  |
|                        | e books are in car                                   |          | THE ORGANIZATION Telephone number  | (54)           | 0) 464-7383  |  |  |
| Part                   |  |          | d Business Taxable Income  | (31)           | 0 404 1303   |  |  |
| 1                      | Total of unrelated                                   | d busin  | ess taxable income computed from all unrelated trades or businesses (see instructions)   | 1              | 178,880.   |  |  |
|                        |  |          |  |                |  |  |  |
| 3                      | Add lines 1 and 2                                    |          |  |                | 178,880.   |  |  |
| 4                      | Charitable contril                                   |          | (see instructions for limitation rules)  |                | 0.   |  |  |
|                        |  |          | s taxable income before net operating losses. Subtract line 4 from line 3  |                | 178,880.   |  |  |
|                        |  |          | ting loss. See instructions STATEMENT 1  | 6              | 178,880.   |  |  |
|                        |  |          | ess taxable income before specific deduction and section 199A deduction.   |                |  |  |  |
|                        | Subtract line 6 fr                                   | om line  | 5  | 7              |  |  |  |
| 8                      | Specific deduction                                   | on (gen  | erally \$1,000, but see instructions for exceptions)   | 8              | 1,000.   |  |  |
|                        |  |          | eduction. See instructions   |                |  |  |  |
| 10                     | Total deductions                                     | s. Add   | lines 8 and 9  | 10             |  |  |  |
|                        |  |          | <b>cable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero   | 11             | 0.   |  |  |
| Part                   |  |          |  | <u> </u>       |  |  |  |
|                        |  |          | as corporations. Multiply Part I, line 11 by 21% (0.21)  | 1              | 0.   |  |  |
|                        |  |          | rates. See instructions for tax computation. Income tax on the amount on   |                |  |  |  |
|                        |  |          | Tax rate schedule or Schedule D (Form 1041)  |                |  |  |  |
|                        | Proxy tax. See in                                    |          |  |                |  |  |  |
|                        |  |          | instructions   |                |  |  |  |
| 6                      | Tay on noncome                                       | nliant f | acility income. See instructions   | ··· 6          |  |  |  |
|                        |  |          | gh 6 to line 1 or 2, whichever applies   |                | 0.   |  |  |
| Part                   | III Tax and  | Payn     | nents  |                |  |  |  |
| 1a                     | Foreign tax credi                                    | t (corpo | orations attach Form 1118; trusts attach Form 1116) 1a   |                |  |  |  |
|                        | Other credits (see                                   |          |  |                |  |  |  |
| С                      | General business                                     | credit.  | . Attach Form 3800 (see instructions) 1c   |                |  |  |  |
| d                      | Credit for prior-ye                                  | ear mini | imum tax (attach Form 8801 or 8827) 1d   |                |  |  |  |
| е                      | Total credits. Ad                                    | dd lines | 1a through 1d  | <u>1e</u>      |  |  |  |
| 2                      | Subtract line 1e f                                   | from Pa  | art II, line 7   | 2              | 0.   |  |  |
| 3a .                   | Amount due from                                      | n Form   | 4255 <u>3a</u>   |                |  |  |  |
| b                      | Amount due from                                      | n Form   | 8611 <b>3b</b>   |                |  |  |  |
|                        | Amount due from                                      |          |  |                |  |  |  |
|                        | Amount due from                                      |          |  |                |  |  |  |
|                        | Other amounts d                                      | •        |  |                | _  |  |  |
| f                      | Total amounts du                                     | ue. Add  | I lines 3a through 3e  | 3f             | 0.   |  |  |
| 4                      |  |          | nd 3f (see instructions).  |                | _  |  |  |
| E                      |  |          | IX amount here   |                | 0.   |  |  |
| 5                      | Carrent net 965 t                                    | ax iiabi | ility paid from Form 965-A, Part II, column (k)  | 5              | U •  |  |  |

Form 990-T (2023) Page **2** 

| Part I  | Tax and Payments (continued)  |  |                          |                             |                          |               |      |
|---------|---|--|--------------------------|-----------------------------|--------------------------|---------------|------|
|         | Payments: Preceding year's overpayment cre  | dited to the current year  | 6a                       |                             |                          |               |      |
|         | Current year's estimated tax payments. Check  | •  |                          |                             |                          |               |      |
|         | applies   | · <del>-</del>   | 6b                       |                             |                          |               |      |
|         | Tax deposited with Form 8868  |  | 6c                       |                             |                          |               |      |
|         | Foreign organizations: Tax paid or withheld at  |  | 1                        |                             |                          |               |      |
|         | Backup withholding (see instructions)   |  |                          |                             |                          |               |      |
| f       | Credit for small employer health insurance pre  | emiums (attach Form 8941)  | 6f                       |                             |                          |               |      |
|         | Elective payment election amount from Form  |  |                          |                             |                          |               |      |
|         | Payment from Form 2439  |  |                          |                             |                          |               |      |
|         | Credit from Form 4136   |  |                          |                             |                          |               |      |
|         | Other (see instructions)  |  |                          |                             |                          |               |      |
|         | Total payments. Add lines 6a through 6j   |  |                          |                             | 7                        |               |      |
| 8       | Estimated tax penalty (see instructions). Chec  | k if Form 2220 is attached   |                          |                             | 8                        |               |      |
| 9       | Tax due. If line 7 is smaller than the total of lin   | nes 4, 5, and 8, enter amount owed   |                          |                             | 9                        |               |      |
| 10      | Overpayment. If line 7 is larger than the total   | of lines 4, 5, and 8, enter amount ove   | rpaid                    |                             | 10                       |               |      |
| 11      | Enter the amount of line 10 you want: Credite   |  |                          | Refunded                    | 11                       |               |      |
| Part I  | V Statements Regarding Certain  | Activities and Other Informa   | tion (see instru         | ıctions)                    |                          |               |      |
| 1       | At any time during the 2023 calendar year, did  | d the organization have an interest in o   | or a signature or c      | other authority             |                          | Yes           | No   |
|         | over a financial account (bank, securities, or c  | other) in a foreign country? If "Yes," the   | e organization ma        | ay have to file             |                          |               |      |
|         | FinCEN Form 114, Report of Foreign Bank an  | d Financial Accounts. If "Yes," enter the  | he name of the fo        | reign country               |                          |               |      |
|         | nere  |  |                          |                             |                          | - 📙           | X    |
|         | During the tax year, did the organization recei   |  |                          | eror to, a                  |                          |               |      |
|         | foreign trust?  |  |                          |                             |                          |               | X    |
|         | f "Yes," see instructions for other forms the o   |  |                          | •                           |                          |               |      |
|         | Enter the amount of tax-exempt interest receive   |  |                          |                             |                          |               |      |
|         | Enter available pre-2018 NOL carryovers here  |  |                          |                             |                          |               |      |
|         | shown on Schedule A (Form 990-T). Don't red   | •  | •                        | -                           | I, line 6.               |               |      |
|         | Post-2017 NOL carryovers. Enter the Busines   | ·  | •                        |                             |                          |               |      |
|         | the amounts shown below by any NOL claime   |  |                          |                             |                          | -             |      |
|         | Business Activity Co  | 0001   | \$                       | oost-2017 NOL               | 56,448.                  | -             |      |
|         | 500   | 7001   | \$                       |                             | 30,110.                  | -             |      |
|         |   |  | \$                       |                             |                          | -             |      |
|         |   |  | \$                       |                             |                          |               |      |
| 6 a     | Reserved for future use   |  | Ι Ψ                      |                             |                          |               |      |
|         | Pagariad for future upa   |  |                          |                             |                          |               |      |
| Part \  |   |  |                          |                             |                          |               | •    |
| Provide | any additional information. See instructions.   |  |                          |                             |                          |               |      |
|         | •   |  |                          |                             |                          |               |      |
|         |   |  |                          |                             |                          |               |      |
| 0:      | Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other that | d this return, including accompanying schedules an<br>n taxpayer) is based on all information of which pre | d statements, and to the | e best of my knowled<br>ie. | lge and belief, it is tr | ue,           |      |
| Sign    | correct, and complete. Declaration of preparer (other tha   | 1  |                          | ÁL Ma                       | y the IRS discuss th     | is return v   | with |
| Here    | 2   | OFFIC  | ER                       |                             | preparer shown bel       |               |      |
|         | Signature of officer  | Date Title   |                          | ins                         |                          | /es           | No   |
|         | Print/Type preparer's name  | Preparer's signature   | Date                     | Check if                    | PTIN                     |               |      |
| Paid    | LAKRISHA J.   | LAKRISHA J.  |                          | self-employed               |                          |               |      |
| Prepa   |   | •  | 11/15/24                 | 1                           | P01677                   |               |      |
| Use O   | Firm's name FORVIS MAZAR  | ·  | 1000                     | Firm's EIN                  | 44-016                   | <u> 5026</u>  | U    |
|         |   | CARY STREET, SUITE 1   |                          | Discuss /                   | 004\ 000                 | ) 76          | 26   |
|         | Firm's address RICHMOND,  | VA 23219   |                          | Phone no. (                 | 804) 282                 | 2-76<br>200 T |      |

Form **990-T** (2023)

| FORM 990-T  | PRE 2018 NOL SCHEDULE         | STATEMENT 1                |
|---|-------------------------------|----------------------------|
| PRE-2018 NOL CARRY FORWAR<br>PRE-2018 NOL DEDUCTION IN                            |                               | 417,743.<br>178,880.       |
| SCHEDULE A PORTION OF PRE<br>SCHEDULE A ENTITY                                    | -2018 NOL<br>SCHEDULE A SHARE |                            |
| 1   | 0.                            |                            |
| TOTAL SCHEDULE A SHARE OF<br>NET OPERATING DEDUCTION<br>BALANCE AFTER PRE-2018 NO | L DEDUCTION                   | 0.<br>178,880.<br>0.<br>0. |
| EXPIRING NET OPERATING LOCARRY FORWARD OF NET OPER.                               |                               | 238,863.                   |

| PRE-201           | 8 NET OPERATING   | LOSS DEDUCTION  | STATEMENT 2   |
|-------------------|---|---|---|
| LOSS SUSTAINED    | LOSS<br>PREVIOUSLY<br>APPLIED   | LOSS<br>REMAINING   | AVAILABLE<br>THIS YEAR  |
| 9,639.            | 9,639.  | 0.  | 0.  |
| 106,406.          | 106,406.  | 0.  | 0.  |
| 74,616.           | 2,673.  | 71,943.   | 71,943.   |
| 101,550.          | 0.  | 101,550.  | 101,550.  |
| 96,800.           | 0.  | 96,800.   | 96,800.   |
| 42,438.           | 0.  | 42,438.   | 42,438.   |
| 105,012.          | 0.  | 105,012.  | 105,012.  |
| ER AVAILABLE THIS | YEAR  | 417,743.  | 417,743.  |
|                   | 9,639.<br>106,406.<br>74,616.<br>101,550.<br>96,800.<br>42,438.<br>105,012. | LOSS PREVIOUSLY APPLIED  9,639. 9,639. 106,406. 106,406. 74,616. 2,673. 101,550. 0. 96,800. 0. 42,438. 0. | PREVIOUSLY LOSS REMAINING  9,639. 9,639. 0. 106,406. 106,406. 0. 74,616. 2,673. 71,943. 101,550. 0. 101,550. 96,800. 0. 96,800. 42,438. 0. 42,438. 105,012. 0. 105,012. |

## SCHEDULE A (Form 990-T)

## **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number Name of the organization VMI ALUMNI AGENCIES BOARD, INC. 54-1429093 900001 D Sequence: Unrelated business activity code (see instructions) Describe the unrelated trade or business PASSTHROUGH INCOME FROM INVESTMENTS Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 35,039. 35,039. 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 227,197. 227,197. Rent income (Part IV) 6 17,129. 17,129. Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 279,365. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 3,011. Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 3 Repairs and maintenance 4 4 Bad debts Interest (attach statement). See instructions 5 5 Taxes and licenses 6 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion \_\_\_\_\_ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 97,474. Other deductions (attach statement) SEE STATEMENT 4 14 100,485. Total deductions. Add lines 1 through 14 15 15

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

16

178,880.

178,880.

16

17

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Unrelated business taxable income. Subtract line 17 from line 16

Deduction for net operating loss. See instructions

| Pac | ıe | 2 |
|-----|----|---|
|     |    |   |

|             | ule A (Form 990-T) 2023                                      |                            |                                    |               | Page 2  |
|-------------|--|----------------------------|------------------------------------|---------------|---------|
| Part        |  | nod of inventory valuation |                                    | 1 1           |         |
| 1           | Inventory at beginning of year                               |                            |                                    |               |         |
| 2           | Purchases  |                            |                                    |               |         |
| 3           | Cost of labor  |                            |                                    |               |         |
| 4           | Additional section 263A costs (attach statement)             |                            |                                    |               |         |
| 5           | Other costs (attach statement)                               |                            |                                    |               |         |
| 6           | Total. Add lines 1 through 5                                 |                            |                                    |               |         |
| 7           | Inventory at end of year                                     |                            |                                    | 7             |         |
| 8           | Cost of goods sold. Subtract line 7 from line 6. Enter h     | nere and in Part I, line 2 |                                    | 8             |         |
| 9           | Do the rules of section 263A (with respect to property p     |                            |                                    |               | Yes No  |
| <u>Part</u> | , , , ,  |                            |                                    |               |         |
| 1           | Description of property (property street address, city, st   | tate, ZIP code). Check if  | a dual-use. See instru             | uctions.      |         |
|             | A  |                            |                                    |               |         |
|             | В  |                            |                                    |               |         |
|             | c  |                            |                                    |               |         |
|             | D  |                            |                                    |               | T       |
|             |  | Α                          | В                                  | С             | D       |
| 2           | Rent received or accrued                                     |                            |                                    |               |         |
| а           | 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)             |                            |                                    |               |         |
| С           | Total rents received or accrued by property.                 |                            |                                    |               |         |
|             | Add lines 2a and 2b, columns A through D                     |                            |                                    |               |         |
|             |  |                            |                                    |               |         |
| 3           | Total rents received or accrued. Add line 2c, columns A      | through D. Enter here a    | nd on Part I, line 6, c            | olumn (A)     | 0.      |
|             | Deductions directly connected with the income                |                            |                                    |               |         |
| 4           | in lines 2a and 2b (attach statement)                        |                            |                                    |               |         |
|             |  |                            |                                    |               |         |
| 5           | Total deductions. Add line 4, columns A through D. Er        |                            | ne 6, column (B)                   |               | 0.      |
| Part        | V Unrelated Debt-Financed Income (see                        | ee instructions)           |                                    |               |         |
| 1           | Description of debt-financed property (street address, c     |                            | eck if a dual-use. See             | instructions. |         |
|             | A PO BOX 932, LEXINGTON, V                                   | 7A 24450                   |                                    |               |         |
|             | В 🗌  |                            |                                    |               |         |
|             | c 🗌  |                            |                                    |               |         |
|             | D  |                            | <u> </u>                           |               | _       |
|             |  | Α                          | В                                  | С             | D       |
| 2           | Gross income from or allocable to debt-financed              |                            |                                    |               |         |
|             | property   | 17,129.                    |                                    |               |         |
| 3           | Deductions directly connected with or allocable              |                            |                                    |               |         |
|             | to debt-financed property                                    |                            |                                    |               |         |
| а           | Straight line depreciation (attach statement)                | 0.                         |                                    |               |         |
| b           | Other deductions (attach statement)                          | 0.                         |                                    |               |         |
| С           | Total deductions (add lines 3a and 3b,                       |                            |                                    |               |         |
|             | columns A through D)   |                            |                                    |               |         |
| 4           | Amount of average acquisition debt on or allocable           |                            |                                    |               |         |
| -           | to debt-financed property (attach statement)                 | 1.                         |                                    |               |         |
| 5           | Average adjusted basis of or allocable to debt-              |                            |                                    |               |         |
| _           | financed property (attach statement)                         | 1.                         |                                    |               |         |
| 6           | Divide line 4 by line 5                                      | 100.000%                   | %                                  | 9             | 6 %     |
| 7           | Gross income reportable. Multiply line 2 by line 6           | 17,129.                    | 70                                 | /             | - /º    |
| 8           | <b>Total gross income</b> (add line 7, columns A through D). |                            | L line 7. column (Δ)               |               | 17,129. |
| •           |  | and on a diff              | ., , , , , , , , , , , , , , , , , | <u></u>       | =:,==== |
| 9           | Allocable deductions. Multiply line 3c by line 6             | 0.                         | I                                  |               |         |
| 10          | Total allocable deductions. Add line 9, columns A three      |                            | on Part I. line 7. colun           | nn (B)        | 0.      |
| 11          | Total dividends-received deductions included in line         |                            |                                    |               | 0.      |
|             |  |                            |                                    |               |         |

1 Page **3** 

| Part '        | VI Interest, Annu                         | uities, R     | oyalties, and Re                           | ents Fro     | m Contro   | lled O   | rganization                                    | <b>S</b> (s                | ee instruct                | tions)            |  | Page 3             |
|---------------|---|---------------|--|--------------|--|--|--|----------------------------|----------------------------|-------------------|--|--------------------|
|               |   |               | -  |              |  | E  | Exempt Contro                                  | lled O                     | rganization                | ns .              |  |                    |
|               | <b>1.</b> Name of controlled organization |               | 2. Employer identification number          |              |  | al of specified that is included controlling org tion's gross in |  | s included<br>rolling orga | l in the connected waniza- |                   | with   |                    |
| (1)           |   |               |  |              |  |  |  |                            |                            |                   |  |                    |
| (2)           |   |               |  |              |  |  |  |                            |                            |                   |  |                    |
| (3)           |   |               |  |              |  |  |  |                            |                            |                   |  |                    |
| (4)           |   |               |  |              |  | <u> </u>   |  |                            |                            |                   |  |                    |
|               | <del>-</del>                              |               |  | 1            | Controlled O                                       | -  |  |                            |                            |                   | D 1 11 11  |                    |
| 7.            | . Taxable Income                          | ir            | Net unrelated acome (loss) e instructions) | 1            | otal of specif<br>yments mad                       |  | that is inc<br>controlling<br>gross            | cluded                     | in the<br>zation's         |                   | Deductions dire<br>connected with<br>come in column    | า                  |
| (1)           |   |               |  |              |  |  |  |                            |                            |                   |  |                    |
| (2)           |   |               |  |              |  |  |  |                            |                            |                   |  |                    |
| (3)           |   |               |  |              |  |  |  |                            |                            |                   |  |                    |
| (4)           |   |               |  |              |  |  |  |                            |                            |                   |  |                    |
|               |   |               |  |              |  |  | Add colum<br>Enter here<br>line 8, c           | and o                      | n Part I,                  | Ente              | d columns 6 and<br>er here and on P<br>ne 8, column (E | Part I,            |
| Totals        |   |               |  |              |  |  |  |                            | 0.                         |                   |  | 0.                 |
| Part '        | VII Investment                            | Income        | of a Section 50                            | 1(c)(7), (   | 9), or (17)  | Orgar  | nization (s                                    | ee ins                     | tructions)                 |                   |  |                    |
|               | <b>1.</b> Des                             | cription of   | income                                     |              | 2. Amou incor                                      |  | 3. Deduction directly connumber (attach states | ected                      | 4. Set (attach s           | asides<br>tatemer | 5. Total ded<br>and set-a<br>(add cols 3               | sides              |
| (1)           |   |               |  |              |  |  |  |                            |                            |                   |  |                    |
| (2)           |   |               |  |              |  |  |  |                            |                            |                   |  |                    |
| (3)           |   |               |  |              |  |  |  |                            |                            |                   |  |                    |
| (4)<br>Totals |   |               |  |              | Add amor<br>column 2<br>here and o<br>line 9, colu | Enter<br>n Part I,   |  |                            |                            |                   | Add amou<br>column 5.<br>here and or<br>line 9, colu   | Enter<br>n Part I, |
| Part          | VIII Exploited E                          | xempt A       | Activity Income                            | Other 1      | Than Adve  |  | Income   | (see in                    | structions)                |                   |  |                    |
| 1             | Description of exploite                   |               |  | ,            |  |  | ,  | (300)                      | <u>otraotiono</u> ,        |                   |  |                    |
| 2             | Gross unrelated busin                     | •             |  | ness. Ente   | r here and o                                       | n Part I.  | line 10. colum                                 | n (A)                      |                            | 2                 |  |                    |
| 3             | Expenses directly con                     |               |  |              |  | ,  | •  | ` '                        |                            |                   |  |                    |
|               | line 10, column (B)                       |               | •  |              |  |  |  |                            |                            | 3                 |  |                    |
| 4             | Net income (loss) from                    | unrelated     |  | Subtract lir | ne 3 from line                                     | e 2. If a 🤉  | gain, complete                                 | ;                          |                            | 4                 |  |                    |
| 5             | Gross income from ac                      |               |  |              |  |  |  |                            |                            | 5                 |  |                    |
| 6             | Expenses attributable                     |               |  |              |  |  |  |                            |                            | 6                 |  |                    |
| 7             | Excess exempt expen                       |               |  |              |  |  |  |                            |                            |                   |  |                    |
|               | 4. Enter here and on F                    | Part II. line | 12   |              |  |  |  |                            |                            | 7                 |  |                    |

Schedule A (Form 990-T) 2023

| Part    | IX Advertising Income                                    | )                            |                       |                     |                 | J                     |
|---------|--|------------------------------|-----------------------|---------------------|-----------------|-----------------------|
| 1       | Name(s) of periodical(s). Check                          | box if reporting two or r    | nore periodicals on a | consolidated basis. |                 |                       |
|         | A 🔲  |                              |                       |                     |                 |                       |
|         | в 🖳  |                              |                       |                     |                 |                       |
|         | c 🖳  |                              |                       |                     |                 |                       |
|         | D  |                              |                       |                     |                 |                       |
| Enter a | amounts for each periodical listed                       | d above in the correspor     | _                     | _                   | T -             |                       |
|         |  |                              | Α                     | В                   | С               | D                     |
| 2       |  |                              | 44 1 (4)              |                     |                 | 0.                    |
| _       | Add columns A through D. Ente                            | er nere and on Part I, Ilne  | e 11, column (A)      |                     |                 |                       |
| а<br>3  | Direct advertising costs by peri                         | odical                       |                       |                     |                 |                       |
| а       | Add columns A through D. Ente                            |                              | e 11 column (R)       |                     |                 | 0.                    |
| ŭ       | Add Goldmile At through B. Ent                           | or more and or r are i, iii. | 5 11, 00idi1ii1 (b)   |                     |                 |                       |
| 4       | Advertising gain (loss). Subtrac                         | t line 3 from line           |                       |                     |                 |                       |
|         | 2. For any column in line 4 sho                          |                              |                       |                     |                 |                       |
|         | complete lines 5 through 8. For                          | any column in                |                       |                     |                 |                       |
|         | line 4 showing a loss or zero, d                         | o not complete               |                       |                     |                 |                       |
|         | lines 5 through 7, and enter -0-                         | on line 8                    |                       |                     |                 |                       |
| 5       | Readership costs   |                              |                       |                     |                 |                       |
| 6       | Circulation income                                       |                              |                       |                     |                 |                       |
| 7       | Excess readership costs. If line                         |                              |                       |                     |                 |                       |
|         | line 5, subtract line 6 from line than line 6, enter -0- |                              |                       |                     |                 |                       |
| 8       | Excess readership costs allowe                           |                              |                       |                     |                 |                       |
|         | deduction. For each column sh                            |                              |                       |                     |                 |                       |
|         | line 4, enter the lesser of line 4                       |                              |                       |                     |                 |                       |
| а       | Add line 8, columns A through                            |                              |                       |                     |                 | 0                     |
| Part    | Part II, line 13   | Officers Directors           | and Truetone /-       | ! 4 4! N            |                 | 0.                    |
| ıaıı    | A Compensation of C                                      |                              | and musices (s        |                     | 3. Percentage   | 4. Compensation       |
|         | <b>1.</b> Name   |                              | <b>2.</b> Title       |                     | of time devoted | attributable to       |
|         | I. Name  |                              | Zi Hilo               | `                   | to business     | unrelated business    |
| (1)     |  |                              |                       |                     | %               | armorato a balonito o |
| (2)     |  |                              |                       |                     | %               |                       |
| (3)     |  |                              |                       |                     | %               |                       |
| 4)      |  |                              |                       |                     | %               |                       |
|         |  |                              |                       |                     |                 | _                     |
|         | I. Enter here and on Part II, line 1                     |                              |                       |                     |                 | 0.                    |
| Part    | XI Supplemental Infor                                    | mation (see instruct         | ions)                 |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |
|         |  |                              |                       |                     |                 |                       |

| FORM 990-T   | (A) INC  | OME (LOSS)               | FROM PAI  | RTNERSHIPS        | STATEMENT 3   |
|--|--|--------------------------|-----------|-------------------|---|
| DESCRIPTION  |  |                          |           |                   | NET INCOME<br>OR (LOSS)                                   |
| SEE ATTACHEI<br>SEE ATTACHEI<br>SEE ATTACHEI<br>SEE ATTACHEI | D - ORDINARY BUS D - NET RENTAL R D - INTEREST INC D - DIVIDEND INC D - ROYALTIES D - OTHER INCOME | EAL ESTATE<br>OME<br>OME | -         | )                 | 257,078<br>-247<br>118,799<br>21,740<br>1,968<br>-172,141 |
| TOTAL INCLU  | DED ON SCHEDULE  | A, PART I,               | LINE 5    |                   | 227,197   |
| FORM 990-T   | (A)  | OTHER                    | DEDUCTIO  | ONS               | STATEMENT 4   |
| DESCRIPTION  |  |                          |           |                   | AMOUNT  |
| INVESTMENT   | DMINISTRATIVE EX<br>FEES<br>ENT HOLDINGS EXP   |                          |           |                   | 61,750<br>34,965<br>759                                   |
| TOTAL TO SC  | HEDULE A, PART I   | I, LINE 14               |           |                   | 97,474  |
| 990-T SCH A  | POST-2   | 017 NET OP               | ERATING 1 | LOSS DEDUCTION    | STATEMENT 5   |
|  | LOSS SUSTAINED   | LOS<br>PREVIO            | USLY      | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR                                    |
| TAX YEAR   | TODD DODIVINED   |                          |           |                   |   |
| TAX YEAR<br><br>06/30/22                                     | 56,448.  |                          | 0.        | 56,448.           | 56,448.   |

#### SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0123

2023

Employer identification number

| VMI ALUMNI AGENCIE  | S BOARD, INC.                    |   |   | 54- | 1429093   |
|---|----------------------------------|---|---|-----|---|
| Did the corporation dispose of any investme   | nt(s) in a qualified opportun    | ity fund during the tax y               | ear?  |     | Yes X No  |
| If "Yes," attach Form 8949 and see its instru   |                                  |   |   |     |   |
| Part I Short-Term Capital Ga  | ins and Losses - Ass             | ets Held One Year                       | or Less   |     |   |
| See instructions for how to figure the amounts to enter on the lines below.                     | (d)                              | (e)                                     | (g) Adjustments to ga                             |     | (h) Gain or (loss) Subtract column (e) from       |
| This form may be easier to complete if you  | Proceeds<br>(sales price)        | Cost<br>(or other basis)                | or loss from Form(s) 89<br>Part I, line 2, column |     | column (d) and combine the                        |
| round off cents to whole dollars.   | (Saics price)                    | (or other basis)                        | Tarti, iiile 2, column                            | (9) | 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).<br>However, if you choose to report all these           |                                  |   |   |     |   |
| transactions on Form 8949, leave this line<br>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  |                                  |   |   |     | 497.  |
| 4 Short-term capital gain from installment sales  |                                  |   |   | 4   |   |
| 5 Short-term capital gain or (loss) from like-kin   |                                  |   |   | 5   |   |
| 6 Unused capital loss carryover (attach comput  |                                  |   |   | 6   | 497.  |
| 7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai                   | ine lines 1a through 6 in column | h                                       | n One Veer  | 7   | 49/.  |
| See instructions for how to figure the amounts  |                                  | ets neiu More Tha                       | Tone real   |     | (h) Gain or (loss)                                |
| to enter on the lines below.  | (d)<br>Proceeds                  | <b>(e)</b><br>Cost                      | (g) Adjustments to ga<br>or loss from Form(s) 89  |     | Subtract column (e) from                          |
| 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                           |     | 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<br>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  |                                  |   |   |     |   |
| 10 Totals for all transactions reported on  |                                  |   |   |     | 33,038.   |
| Form(s) 8949 with <b>Box F</b> checked  |                                  |   |   | 11  | 1,504.  |
| 12 Long-term capital gain from installment sales  | from Form 6050 line 06 or 07     |   |   | 12  | 1,304.  |
| 13 Long-term capital gain or (loss) from like-kin   |                                  |   |   | 13  |   |
| 4.4. One that we to all a to the out a con-   | -                                |   |   | 14  |   |
| 15 Net long-term capital gain or (loss). Combin   | a lines 8a through 1/1 in column |   |   | 15  | 34,542.   |
| Part III Summary of Parts I and   |                                  | 1.01                                    |   | 10  | 34,342.   |
| 16 Enter excess of net short-term capital gain (li  |                                  | Lloss (line 15)                         |   | 16  | 497.  |
| 17 Net capital gain. Enter excess of net long-term  | , -                              | , |   | 17  | 34,542.   |
| <b>18</b> Add lines 16 and 17. Enter here and on Form   |                                  |   | ·   | 18  | 35,039.   |
| Note: If losses exceed gains, see Capital Los   |                                  |   |   |     |   |
|   |                                  |   |   |     |   |

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

Schedule D (Form 1120) 2023

# Form **8949**Department of the Treasury

Internal Revenue Service

**Sales and Other Dispositions of Capital Assets** 

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

2023

Attachment Sequence No. 12A

Name(s) shown on return

VMI ALUMNI AGENCIES BOARD, INC.

Social security number or taxpayer identification no.

54-1429093

| Before you check Box A, B, or C belo<br>statement will have the same informa<br>proker and may even tell you which I | ow, see whether<br>ation as Form 109<br>box to check. | you received any<br>99-B. Either will s | / Form(s) 1099-B o<br>show whether you | or substitute statem<br>Ir basis (usually you | ent(s) fron<br>r cost) was        | n your broker. A su<br>reported to the IF | bstitute<br>S by your                 |
|--|---|---|--|---|-----------------------------------|---|---------------------------------------|
| Part I Short-Term. Transact transactions, see page 2.  | ions involving capit                                  | al assets you held                      | 1 year or less are ge                  | enerally short-term (see                      | instruction                       | s). For long-term                         |                                       |
| <b>Note:</b> You may aggregate al codes are required. Enter the  | e totals directly on S                                | Schedule D, line 1a                     | ı; you aren't required                 | I to report these transa                      | actions on F                      | orm 8949 (see instru                      | ctions).                              |
| You must check Box A, B, or C below. If you have more short-term transactions than will                              | I fit on this page for on                             | e or more of the boxes                  | s, complete as many for                | ms with the same box che                      | cked as you n                     | eed.                                      | each applicable box.                  |
| (A) Short-term transactions re   |   | •                                       | • .                                    | •   | Note ab                           | ove)                                      |                                       |
| (B) Short-term transactions re  (C) Short-term transactions no   |   |   |  | eported to the IRS                            |                                   |   |                                       |
| 1 (a)  | (b)   | (c)                                     | (d)                                    | (e)   | Adjustmer                         | nt, if any, to gain or                    | (h)                                   |
| Description of property  | Date acquired   | Date sold or                            | Proceeds<br>(sales price)              | Cost or other basis. See the                  | <b>loss</b> . If y<br>  in column | ou enter an amount (g), enter a code in   | Gain or (loss).                       |
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)                                       | disposed of (Mo., day, yr.)             | (Saics price)                          | Note below and                                | column (f                         | . See instructions.                       | Subtract column (e) from column (d) & |
|  |   | (WO., day, yr.)                         |  | see Column (e) in<br>the instructions         | (f)<br>Code(s)                    | (g)<br>Amount of<br>adjustment            | combine the result with column (g)    |
| SEE ATTACHED   |   |   |  |   |                                   |   | 497.                                  |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
|  |   |   |  |   |                                   |   |                                       |
| 2 Totals. Add the amounts in colur   |   |   |  |   |                                   |   |                                       |
| negative amounts). Enter each to   |   | •                                       |  |   |                                   |   |                                       |
| Schedule D, line 1b (if Box A abo  | ove is checked),                                      | ine 2 (if Box B                         |  | 1   |                                   |   | l                                     |

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

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

Form 8949 (2023)

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

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

Social security number or taxpayer identification no.

54-1429093 VMI ALUMNI AGENCIES BOARD, INC. Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or 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. from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (e*) ir Amount of Code(s) with column (g) the instructions adjustment SEE ATTACHED 33,038. 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

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

Form 8949 (2023)

## Form **4797**

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

Department of the Treasury Internal Revenue Service Name(s) shown on return Identifying number 54-1429093 VMI ALUMNI AGENCIES BOARD, INC. 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS 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) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale SEE ATTACHED 1,504. Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 1,504. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 1,504. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), 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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

(Form 1040), Part I, line 4

18b

| Pa        | rt III Gain From Disposition of Propert   | y Und   | ler Sections 1245        | , 1250, 1252      | , 125    | 64, and 1255                           | (see in       | nstructions)                  |
|-----------|---|---------|--------------------------|-------------------|----------|--|---------------|-------------------------------|
| 19        | (a) Description of section 1245, 1250, 1252, 1254, c  | or 1255 | property:                |                   |          | <b>(b)</b> Date acqui<br>(mo., day, yr |               | (c) Date sold (mo., day, yr.) |
| _A        |   |         |                          |                   |          |  |               |                               |
| <u>B</u>  |   |         |                          |                   |          |  |               |                               |
| <u></u> C |   |         |                          |                   |          |  |               |                               |
| <u>D</u>  |   |         |                          |                   |          |  |               |                               |
|           | These columns relate to the properties on lines 19A through 19D.  |         | Property A               | Property I        | В        | Property                               | С             | Property D                    |
| 20        | Gross sales price ( <b>Note:</b> See line 1a before completing.)  | 20      |                          |                   |          |  |               |                               |
| 21        | Cost or other basis plus expense of sale  | 21      |                          |                   |          |  |               |                               |
| 22        | Depreciation (or depletion) allowed or allowable $\dots$  | 22      |                          |                   |          |  |               |                               |
| 23        | Adjusted basis. Subtract line 22 from line 21   | 23      |                          |                   |          |  |               |                               |
| <u>24</u> | Total gain. Subtract line 23 from line 20   | 24      |                          |                   |          |  |               |                               |
|           | If section 1245 property:   |         |                          |                   |          |  |               |                               |
|           | Depreciation allowed or allowable from line 22  | 25a     |                          |                   |          |  |               |                               |
| b         | Enter the <b>smaller</b> of line 24 or 25a  | 25b     |                          |                   |          |  |               |                               |
| 26        | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.   |         |                          |                   |          |  |               |                               |
| а         | Additional depreciation after 1975. See instructions  | 26a     |                          |                   |          |  |               |                               |
| b         | Applicable percentage multiplied by the smaller 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         | d Additional depreciation after 1969 and before 1976 <b>26d</b>   |         |                          |                   |          |  |               |                               |
|           | e Enter the smaller of line 26c or 26d  |         |                          |                   |          |  |               |                               |
|           |   |         |                          |                   |          |  |               |                               |
| 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 <b>smaller</b> of line 24 or 27b  | 27c     |                          |                   |          |  |               |                               |
|           | If section 1254 property:<br>Intangible drilling and development costs, expenditures<br>for development of mines and other natural deposits,<br>mining exploration costs, and depletion. See instructions | 28a     |                          |                   |          |  |               |                               |
|           | Enter the smaller of line 24 or 28a   | 28b     |                          |                   |          |  |               |                               |
| 29<br>a   | If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions  | 29a     |                          |                   |          |  |               |                               |
| b         | Enter the smaller of line 24 or 29a. See instructions   | 29b     |                          |                   |          |  |               |                               |
| Sur       | mmary of Part III Gains. Complete property of   | olumns  | A through D through I    | line 29b before ç | going    | to line 30.                            |               |                               |
| 30        | Total gains for all properties. Add property columns  | A throu | ugh D, line 24           |                   |          |  | 30            |                               |
| 31        | Add property columns A through D, lines 25b, 26g,   | 27c, 28 | Bb, and 29b. Enter here  | e and on line 13  |          |  | 31            |                               |
|           | Subtract line 31 from line 30. Enter the portion from   |         | ·                        |                   |          |  |               |                               |
| _         | fuere attendation according on the eff are Ferrer 4707. Use   | _       |                          | •                 |          |  | 32            |                               |
| Pa        | rrt IV Recapture Amounts Under Section (see instructions)   | ns 17   | 9 and 280F(b)(2) \       | When Busine       | ess l    | Jse Drops to                           | 50% (         | or Less                       |
|           | (SSS TISE SSEED TO)   |         |                          |                   |          | (a) Section<br>179                     | ו             | (b) Section<br>280F(b)(2)     |
| 22        | Section 170 expense deducation or depreciation alle   | wahla : | n prior veere            | ١                 | 22       |  | +             | · \-/ <b>-</b> /              |
| 33        | Section 179 expense deduction or depreciation allo  |         | •                        |                   | 33       |  | $\rightarrow$ |                               |
| 34<br>35  | Recomputed depreciation. See instructions  Recapture amount. Subtract line 34 from line 33. See   |         | nstructions for where to |                   | 34<br>35 |  |               |                               |

318012 12-27-23

Form **4797** (2023)

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

**Capital Gains and Losses** 

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

OMB No. 1545-0123

2023

| N | m | ^ |  |
|---|---|---|--|

Employer identification number

| VMI ALUMNI AGENCIE  | S BOARD, INC.                    |                                 |   | <u> 54 -</u> | 1429093   |
|---|----------------------------------|---------------------------------|---|--------------|---|
| Did the corporation dispose of any investment of "Yes," attach Form 8949 and see its instru   |                                  |                                 |   |              | Yes X No  |
| Part I Short-Term Capital Ga  | -                                |                                 | ~   |              |   |
| See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.   | (d) Proceeds (sales price)       | (e)<br>Cost<br>(or other basis) | (g) Adjustments to ga<br>or loss from Form(s) 89<br>Part I, line 2, column  | 49,          | (h) Gain or (loss) Subtract column (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  |                                  |                                 |   |              |   |
| Totals for all transactions reported on     Form(s) 8949 with Box B checked     Totals for all transactions reported on   |                                  |                                 |   |              |   |
| Form(s) 8949 with <b>Box C</b> checked  |                                  |                                 |   |              | 497.  |
| 4 Short-term capital gain from installment sales  | from Form 6252, line 26 or 37    | 7                               |   | 4            |   |
| 5 Short-term capital gain or (loss) from like-kin   |                                  |                                 |   | 5            |   |
| 6 Unused capital loss carryover (attach computa   |                                  |                                 |   | 6            | ( )   |
|   |                                  |                                 |   | 7            | 497.  |
| 7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai   | ns and Losses - Ass              | ets Held More Tha               | n One Year  |              | •   |
| See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to ga<br>or loss from Form(s) 89<br>Part II, line 2, column | 49,          | (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  |                                  |                                 |   |              |   |
| 8b Totals for all transactions reported on  |                                  |                                 |   |              |   |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked   |                                  |                                 |   |              |   |
| 10 Totals for all transactions reported on  |                                  |                                 |   |              |   |
| Form(s) 8949 with <b>Box F</b> checked  |                                  |                                 |   |              | 33,038.   |
| 11 Enter gain from Form 4797, line 7 or 9   |                                  |                                 |   | 11           | 1,504.  |
| 12 Long-term capital gain from installment sales  | from Form 6252 line 26 or 2      |                                 |   | 12           | 2,301.  |
| 13 Long-term capital gain or (loss) from like-kin   |                                  |                                 |   | 13           |   |
| 44.0 2.1 2.2 2.2 2.2  | _                                |                                 |   |              |   |
|   | lings On through 14 in solum     |                                 |   | 14           | 34,542.   |
| 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and  |                                  | II II                           |   | 15           | J±,J±2•   |
| 16 Enter excess of net short-term capital gain (lii   | ne 7) over net long-term capita  | I loss (line 15)                |   | 16           | 497.  |
| 17 Net capital gain. Enter excess of net long-term  |                                  |                                 |   | 17           | 34,542.   |
| <b>18</b> Add lines 16 and 17. Enter here and on Form   |                                  |                                 |   | 18           | 35,039.   |
| Note: If losses exceed gains, see Capital Los   |                                  | ,                               |   |              | •   |
| - Suprai Los  |                                  |                                 |   |              |   |

321051 12-26-23

LHA

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

Schedule D (Form 1120) 2023

## Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

Name(s) shown on return

Social security number or taxpayer identification no.

54-1429093

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

broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

| 1 Description of property (Example: 100 sh. XYZ Co.)  Date acquired (Mo., day, yr.)  Mo., day, yr.)  SEE ATTACHED  1 Date sold or disposed of (Mo., day, yr.)  SEE ATTACHED  1 Date sold or disposed of (Mo., day, yr.)  SEE ATTACHED  1 Date sold or disposed of (Mo., day, yr.)  SEE ATTACHED  1 Date sold or disposed of (Mo., day, yr.)  SEE ATTACHED  2 Date sold or disposed of (Mo., day, yr.)  SEE ATTACHED  3 Date sold or disposed of (Mo., day, yr.)  SEE ATTACHED  4 Date sold or disposed of (Mo., day, yr.)  Cost or other host between days in column (s), either a code | X (C) Short-term transactions  |                     |                              |                 | eported to the ind           |   |   |  |
|--|--------------------------------|---------------------|------------------------------|-----------------|------------------------------|---|---|--|
| see Column (e) in the instructions Code(s) Amount of adjustment with column (g) adjustment with column (g).  SEE ATTACHED  497.  497.  | 1 (a) Description of property  | (b) Date acquired   | (c) Date sold or disposed of | (d)<br>Proceeds | Cost or other basis. See the | loss. If you<br>in column<br>column (f) | ou enter an amount (g), enter a code in | Gain or (loss).<br>Subtract column (e) |
| SEE ATTACHED 497.  |                                |                     | (Mo., day, yr.)              |                 | see Column (e) in            |   | (g)<br>Amount of<br>adjustment          | combine the result                     |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract  | SEE ATTACHED                   |                     |                              |                 |                              |   | aajaatiiiaiit                           | 497.                                   |
|  |                                |                     |                              |                 |                              |   |   | _                                      |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   | _                                      |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   | _                                      |
|  |                                |                     |                              |                 |                              |   |   | _                                      |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  |                                |                     |                              |                 |                              |   |   |  |
|  | 2 Totals Add the amounts in co | Jumns (d) (e) (d) a | nd (h) (subtract             |                 |                              |   |   |  |
| nogative amountage. Enter each total note 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>  |                                |                     |                              |                 |                              |   |   |  |
| above is checked), or line 3 (if Box C above is checked)   |                                |                     |                              |                 |                              |   |   | 497.                                   |

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** (2023)

Attachment Sequence No. 12A

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

Social security number or taxpayer identification no.

54-1429093 VMI ALUMNI AGENCIES BOARD, INC. Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or 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. from column (d) & Note below and (Mo., day, yr.) see *Column (*e) ir combine the result Amount of Code(s) with column (g) the instructions adjustment SEE ATTACHED 33,038. 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 8b (if Box D above is checked), line 9 (if Box E

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

Form **8949** (2023)

Form 8949 (2023)

above is checked), or line 10 (if Box F above is checked)

## Form **4797**

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

Department of the Treasury Internal Revenue Service Name(s) shown on return Identifying number 54-1429093 VMI ALUMNI AGENCIES BOARD, INC. 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS 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) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale SEE ATTACHED 1,504. Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 1,504. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 1,504. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 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. 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), 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), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

| 9 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:  |          |                     |                 |        | (b) Date acquired (mo., day, yr.) |         | (c) Date sold (mo., day, yr.) |
|---|----------|---------------------|-----------------|--------|-----------------------------------|---------|-------------------------------|
|   |          |                     |                 |        |                                   |         |                               |
| 3   |          |                     |                 |        |                                   |         |                               |
|   |          |                     |                 |        |                                   |         |                               |
| )   |          |                     |                 |        |                                   |         |                               |
| These columns relate to the properties on lines 19A through 19D.  |          | Property A          | Property        | в      | Property                          | С       | Property D                    |
| Gross sales price ( <b>Note:</b> See line 1a before completing.)  | 20       |                     |                 |        |                                   |         |                               |
| Cost or other basis plus expense of sale  | 21       |                     |                 |        |                                   |         |                               |
| Depreciation (or depletion) allowed or allowable  | 22       |                     |                 |        |                                   |         |                               |
| Adjusted basis. Subtract line 22 from line 21   | 23       |                     |                 |        |                                   |         |                               |
| Total gain. Subtract line 23 from line 20   | 24       |                     |                 |        |                                   |         |                               |
| If section 1245 property:   |          |                     |                 |        |                                   |         |                               |
| a Depreciation allowed or allowable from line 22  | 25a      |                     |                 |        |                                   |         |                               |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 25a   | 25b      |                     |                 |        |                                   |         |                               |
| <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.  |          |                     |                 |        |                                   |         |                               |
| <b>a</b> Additional depreciation after 1975. See instructions   | 26a      |                     |                 |        |                                   |         |                               |
| b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions  | 26b      |                     |                 |        |                                   |         |                               |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e  | 26c      |                     |                 |        |                                   |         |                               |
| d Additional depreciation after 1969 and before 1976  | 26d      |                     |                 |        |                                   |         |                               |
| e Enter the smaller of line 26c or 26d  | 26e      |                     |                 |        |                                   |         |                               |
| f Section 291 amount (corporations only)  | 26f      |                     |                 |        |                                   |         |                               |
| g 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.  |          |                     |                 |        |                                   |         |                               |
| a Soil, water, and land clearing expenses   | 27a      |                     |                 |        |                                   |         |                               |
| <b>b</b> Line 27a multiplied by applicable percentage   | 27b      |                     |                 |        |                                   |         |                               |
| c Enter the smaller of line 24 or 27b   | 27c      |                     |                 |        |                                   |         |                               |
| If section 1254 property:  a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a      |                     |                 |        |                                   |         |                               |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 28a   | 28b      |                     |                 |        |                                   |         |                               |
| If section 1255 property:  a Applicable percentage of payments excluded from income under section 126. See instructions   | 29a      |                     |                 |        |                                   |         |                               |
| <b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions   | 29b      |                     |                 |        |                                   |         |                               |
|   |          | L                   |                 |        |                                   |         |                               |
| Immary of Part III Gains. Complete property of  | olumns   | A through D through | line 29b before | going  | to line 30.                       |         |                               |
| Total gains for all properties. Add property columns  | A throu  | gh D, line 24       |                 |        |                                   | 30      |                               |
| Add property columns A through D, lines 25b, 26g,   | 27c 28l  | and 29h Enter her   | e and on line 1 | 3      |                                   | 31      |                               |
| Subtract line 31 from line 30. Enter the portion from   |          |                     |                 |        |                                   | -       |                               |
|   | _        |                     | •               |        | •                                 | 32      |                               |
| art IV Recapture Amounts Under Section  | ns 179   | and 280F(b)(2)      | When Busir      | iess I | Jse Drops to                      | 50% c   | or Less                       |
| (see instructions)  | 110      | LOUI (D)(L)         | cii Dusii       | .555 ( | -30 <b>3</b> 10p3 t0              | JJ /0 C |                               |
| (300 III3ti doliona)  |          |                     |                 |        | (a) Section                       | n       | (b) Section<br>280F(b)(2)     |
|   |          |                     |                 | -      | 119                               |         | 200F(D)(2)                    |
| Section 179 expense deduction or depreciation allo  | wable in | prior years         |                 | 33     |                                   | -       |                               |
| Recomputed depreciation. See instructions   |          |                     |                 | 34     | i                                 |         |                               |

Form **4797** (2023)