	4			Exempt Organization	n Business	Inc	ome Tax Re	eturn	L	O	MB No. 1545-0047	
	990-T   Exempt Organization Business income Tax Return (and proxy tax under section 6033(e)) () ()						0					
	For calendar year 2019 or other tax year beginning July , 2019, and ending June , 20 20							20		<b>2019</b>		
	Department of the Treasury  So to www.irs.gov/Form990T for instructions and the latest information.										<del></del>	
	•	emal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)  Check box if Address changed  Name of organization ( Check box if name changed and see instructions )  D En									to Public Inspection for (3) Organizations Only	
	$A \square $									Employer identification number		
		pt under section	Print Commonwealth of Virginia - Virginia Military Institute								trust, see instructions)	
	□ 50	11 1103	or	Number, street, and room or suite i	no If a P.O. box, see in	nstructio	ons.	Ļ		64-6001803 elated business activity code		
	☐ 40	8(e) 220(e)	(See II								•	
	☐ 408A ☐ 530(a) City or town, state or province, country, and ZIP or foreign postal code							•		•		
		9(a) yalue of all assets		Lexington, VA 24450	:A		· · · · · · · · · · · · · · · · · · ·	L	<u> </u>		541800	
	at en	d of year		roup exemption number (See neck organization type		on	☐ 501(c) trust		401(a) t	niet	Other trust	
<u>'</u>	H En	ter the number		organization's unrelated trade			<del>. –</del>				r first) unrelated	
J				Advertising in Athletic Game I								
`	firs	t in the blank s	Space a	at the end of the previous se	ntence, complete	Parts	s I and II. comple	te a Sc	hedule	M fo	or each additiona	
				omplete Parts III-V.			- · - · · · · · · · · · · · · · · · · ·					
				e corporation a subsidiary in an	affiliated group or	a pare	nt-subsidiary contr	olled gro	oup? .	. ▶	☐ Yes ☐ No	
				and identifying number of the			<u> </u>					
	J Th	e books are in o	care of	Comptroller's Office			Telephone r	umber	<b>▶</b> (540)	464	-7155	
	Part	Unrelated	d Trad	e or Business Income			(A) Income	(B) I	Expenses		(C) Net	
	1a	Gross receipts	or sale	es <u></u> _								
	Ь	Less returns a			c Balance ►	1c						
	2	_	of goods sold (Schedule A, line 7)									
	3	•								/		
	4a	. •							<del></del>	$\prec$		
	b	•										
	С 5	Capital loss deduction for trusts				/						
	3				5							
	6	•			6		4					
	7	•	(Schedule C)								<del> </del>	
	8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)				8						
4	9	nvestment income of a section 501(c)(7), (9), or (17) organization (Schedule G)										
_	10			ivity income (Schedule I)		10	,					
7	11	•	-	Schedule J)		11	4600		80	076	(3576)	
`	12	Other income	(See ins	structions; attach schedule) .	/	12						
Ī	13	Total. Combin	e lines	3 through 12		13	4500			076	(3576)	
É	Part			Taken Elsewhere (See ins	,	tation	s on deductions )	(Dedu	ctions r	ทบร	it be directly	
ζ				he unrelated business incor						• •		
ດ	14	•		cers, directors, and trustees (	schedule K) .			·	_	14 15		
	15 16	Salaries and w Repairs and m	_			• •	こいにこつ	7).	ļ	16		
	17					• •	11170		<u> </u>	17	<del> </del>	
	18			lule) (see instructions) (see	enue Service					18		
	19	Taxes and lice	nses .	// . 3/					<del></del>	19	<del> </del>	
	20	Depreciation (a		// •			20					
	21	Less depreciat	ion clai	lmed on Schedule A ≒fid/ei§e	Synere on return		21a		2	1b		
	22	Depletion			ī. <i>J</i>				. 2	22		
	23			rred compensation plans .	./				. [2	23		
	24	Employee bene			Will			<b>.</b>		24		
	25			nses (Schedule I)					-	25	<u></u>	
	26			sts (Schedule J)						26	<del></del>	
	27							· · ·	27			
	28							 		28	/02741	
	29 30	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see								29	(3576)	
	30	instructions) .		erating loss ansing in tax ;			-			30		
	31 /	•		xable income. Subtract line 3			•			31	(3576)	
	<b>U</b> 1 T	CHICKER DUSI		reside a indesider and and and and a	,	• •	<u> </u>	<u> </u>		<u>- 'L</u>	()	

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Part	III T	otal Unrelated Business Taxable	Income						
32		f unrelated business taxable income		es or businesses (	see ,	T			
		tions)				2			
33	Amoun	<del>, , , , , , , , , , , , , , , , , , , </del>	3						
33 34	Charita		4						
34 35	Total u		7						
33	34 from	. 3	5						
36	36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)								
37	Total of	. 3	16 17						
38	Specifi	1	18						
39	37,   }	9							
Part		ne smaller of zero or line 37	***************************************	<del></del>					
		zations Taxable as Corporations. M	Jultiply line 39 by 21% (0 21)		<b>&gt;</b> 4	Ю			
<i>A</i> 0 41		Taxable at Trust Rates. See			<u> </u>	<del>-</del>			
71		ount on line 39 from: Tax rate sche				11			
40		tax. See instructions			<del></del>	2	<del></del>		
42		tive minimum tax (trusts only)							
43					<del>        </del>	4			
44		Noncompliant Facility Income. See			<del>  1</del>	5			
45,		Add lines 42, 43, and 44 to line 40 or 4	11, wnichever applies		· 19	<u> </u>			
Part		ax and Payments	1410 to the about Francisco	140-1	<del>-,  -</del>				
/6a		tax credit (corporations attach Form		46a		i			
/ b		redits (see instructions)		46b	<del></del>				
С		I business credit. Attach Form 3800 (s	•						
d		or prior year minimum tax (attach For			<del></del>	<u>.                                    </u>			
е		redits. Add lines 46a through 46d .			<u> </u>	6e			
47		ct line 46e from line 45			- ا	7			
48		xes. Check if from: 🔲 Form 4255 🔲 Form				8			
49		ax. Add lines 47 and 48 (see instruction			· <u> </u>	9			
50		et 965 tax liability paid from Form 965		1 % 1	. 5	<u>o   </u>			
51a		nts: A 2018 overpayment credited to 2		51a		1			
b		stimated tax payments		51b					
C		posited with Form 8868		51c					
d	Foreign	organizations: Tax paid or withheld a	t source (see instructions)	51d		1			
e		withholding (see instructions)		51e		1			
f		for small employer health insurance pr		51f					
g	Other o	redits, adjustments, and payments:	☐ Form 2439			- 1			
	☐ Forr	n 4136 Oth	erTotal ▶		<u>l</u>	<u>_</u>			
<del> 52</del>	Total p	ayments. Add lines 51a through 51g		.,		2	۲		
53	Estimat	ted tax penalty (see instructions). Che	ck if Form 2220 is attached	▶{	□           5				
54	Tax du	e. If line 52 is less than the total of line	es 49, 50, and 53, enter amount ow	ed	▶ 5				
55	Overpa	lyment. If line 52 is larger than the tot	al of lines 49, 50, and 53, enter amo	ount overpaid	▶ 5	5			
56		e amount of line 55 you want: Credited t	to 2020 estimated tax >	Refunded	<b>1 ▶</b>   5	6			
Part \	<b>VI</b> \$	tatements Regarding Certain Ac	tivities and Other Information	(see instructions)	<u> </u>				
57	At any	time during the 2019 calendar year, d	id the organization have an interest	in or a signature of	r other a	authori	ty Yes	No	
	over a	financial account (bank, securities, or	other) in a foreign country? If "Yes,	" the organization	may hav	ve to fi	ile	1 1	
	FINCEN	Form 114, Report of Foreign Bank a	nd Financial Accounts. If "Yes," ent	ter the name of the	foreign	count	ry		
	here ▶								
58	Durina t	he tax year, did the organization receive a	distribution from, or was it the grantor	of, or transferor to, a	foreign t	rust?			
	_	" see instructions for other forms the		•	_				
59		ne amount of tax-exempt interest rece	<del>-</del>	▶ \$					
	Under	penalties of perjury, I declare that I have examined	this return, including accompanying schedules a	nd statements, and to the	best of m	y knowle	edge and be	elief, it is	
Sign	1 -	orrect, and complete. Declaration of preparer (other t	than taxpayer) is based on all information of which	preparer has any knowled	ige.		discuss this		
Here		with	the prep	arer shown	below				
		ire of officer	Date Comptrol	(see i	nstructio	ns)? <b>TYes</b>	□No		
	1 - 3 - 3 - 3	Print/Type preparer's name	Preparer's signature	Date	<u> </u>	7	PTIN		
Paid		Typo proposor o namo			Check Self-empl		,		
Prepa	arer	P'					L		
Use (	Only	Firm's name			Firm's Ell				
	- 1	Firm's address ▶			Phone no	<u> </u>			

Schedule A—Cost of God	ods Sold. En	ter method of	inventory va	luation >		
1 Inventory at beginning	of year	1	6	Inventory a	at end of year	6
2 Purchases		2	7	Cost of g	oods sold. Subtract lin	e <b>E</b>
3 Cost of labor	[7	3		6 from line	5. Enter here and in Pa	rt 📗 📗
4a Additional section 26	63A costs		<del></del>	I, line 2		7
(attach schedule) .		la	8	Do the ru	les of section 263A (wi	th respect to Yes No
b Other costs (attach sc	hedule) 4	lb			produced or acquired for	
5 Total. Add lines 1 thro		5		to the orga	anization?	
Schedule C—Rent Incom (see instructions)	e (From Rea	al Property an	d Personal	Property	Leased With Real Pro	operty)
Description of property					· · · · · · · · · · · · · · · · · · ·	
(1)	<del></del>		· · · · · · · · · · · · · · · · · · ·			
(2)		<del> </del>				
(3)		<del> </del>				
(4)	·- · · · · · · · · · · · · · · · · · ·			-		
<u> </u>	2. Rent receive	ed or accrued		···		
(a) From personal property (if the personal property is more than more than 50%)		(b) From real a percentage of ren 50% or if the ren		perty exceeds		connected with the income d 2(b) (attach schedule)
(1)					· · · · · · · · · · · · · · · · · · ·	
(2)						
(3)						
(4)			-			
Total		Total			(b) Total deductions.	
(c) Total income. Add totals of o	olumns 2(a) and	l 2(b). Enter			Enter here and on page	1,
here and on page 1, Part I, line 6,	column (A)	▶			Part I, line 6, column (B)	
Schedule E-Unrelated D	ebt-Finance	d Income (see	e instructions)	<u> </u>		
1. Description of de	ebt-financed prope	ortv	2. Gross including		debt-finan	nected with or allocable to ced property
·		•	prop	erty	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		<del></del>	<del></del>			<u> </u>
(2)		····	1			
(3)	<del></del>					
(4)						
Armount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property a schedule)	8. Co 4 div by col	ided	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)				%		
2)				%		-
3) -				%		
(4)			1	%		
	<del></del>				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals	 tions included in	n column 8 .		<b>&gt;</b>		

Sche	edule F-Interest, Ann	uities, Royalties,				<b>ganizations</b> (se	ee instruc	ctions)		
			Exemp	t Controlle	d Organizations					
		2. Employer identification number	3. Net unrelated income (loss) (see instructions)			included in the	Part of column 4 that is included in the controlling organization's gross income		eductions directly lected with income in column 5	
(1)	· · · · · · · · · · · · · · · · · · ·		<b>†</b>	·						
(2)										
(3)										
(4)					<u> </u>					
None	xempt Controlled Organia	zations								
			L Net unrelated income (loss) (see instructions)		Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)										
(2)										
(3)								<u> </u>		
(4)				<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del> </del>			
Totals					•	Add columns Enter here and Part I, line 8, co	on page 1,	Enter	columns 6 and 11 here and on page 1, , line 8, column (B).	
	dule G-Investment I	ncome of a Sect	ion 501	(c)(7), (9),	or (17) Organi	zation (see ins	tructions	)		
	1. Description of income	2. Amount of		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	es	5. To and s	otal deductions et-asides (col. 3 plus col. 4)	
(1)					<del></del>				· · · · · · · · · · · · · · · · · · ·	
(2)										
(3)	······································									
(4)										
Totals Sche	dule I—Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	•	Advertising In	come (see ins		Part I, II	re and on page 1, ne 9, column (B).	
	Description of exploited activity	2. Gross unrelated	TIB CON	Expenses directly nected with eduction of unrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Exp attribut colur	enses able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)										
(2)								-		
(3)	<u> </u>									
(4)										
Totals		Enter here and page 1, Part line 10, col. (/	i, pag	r here and on ge 1, Part I, 10, col. (B).					Enter here and on page 1, Part II, line 25.	
Sche	dule J-Advertising li	ncome (see instruc	tions)							
Part	Income From Pe	eriodicals Repor	ted on a	a Consoli	dated Basis		_			
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs		4. Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) Ga	me Programs	4	500	8076			<u> </u>			
(2)										
(3)	_ <del></del>						<u> </u>			
(4)	<del></del>				ļ		<b></b>		<u> </u>	
Totals	(carry to Part II, line (5))	<b>•</b>		· <sub>W</sub>	(3576)			<del></del>		
								F	om 990-T (2019)	

Part II Income From Periodi 2 through 7 on a line-b		on a Separat	e Basis (For ea	ch periodical l	isted in Part I	I, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B)				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)						
Schedule K-Compensation of	Officers, Direc	tors, and Tru	stees (see instru	ctions)		
1. Name		2	L Title	3. Percent of time devoted to business		tion attributable to ed business
(1)				9	6	
(2)				9	6	,
(3)				9	6	
(4)				94	6	
Total Enter here and on page 1 Part II lin	no 14					

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