

130391
Virginia War Memorial Foundation

2022 Client

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

**VIRGINIA WAR MEMORIAL FOUNDATION 31-1647903
INC.**

Net Asset / Fund Balance at Beginning of Year 10,126,060

Revenue

Contributions	<u>1,339,849</u>	
Program service revenue		
Investment income	<u>229,011</u>	
Capital gain / loss	<u>35,632</u>	
Fundraising / Gaming:		
Gross revenue	<u>32,099</u>	
Direct expenses	<u>30,311</u>	
Net income	<u>1,788</u>	
Other income	<u>53,961</u>	
Total revenue		<u>1,660,241</u>

Expenses

Program services	<u>569,858</u>	
Management and general	<u>178,648</u>	
Fundraising	<u>54,930</u>	
Total expenses		<u>803,436</u>
Excess / (deficit)		<u>856,805</u>

Changes -1,707,778

Net Asset / Fund Balance at End of Year 9,275,087

Reconciliation of Revenue

Total revenue per financial statements	<u>-77,423</u>	
Less:		
Unrealized gains	<u>-1,707,778</u>	
Donated services	<u> </u>	
Recoveries	<u> </u>	
Other	<u> </u>	
Plus:		
Investment expenses	<u>29,886</u>	
Other	<u> </u>	
Total revenue per return	<u>1,660,241</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>773,550</u>	
Less:		
Donated services	<u> </u>	
Prior year adjustments	<u> </u>	
Losses	<u> </u>	
Other	<u> </u>	
Plus:		
Investment expenses	<u>29,886</u>	
Other	<u> </u>	
Total expenses per return	<u>803,436</u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>10,143,435</u>	<u>9,323,212</u>	
Liabilities	<u>17,375</u>	<u>48,125</u>	
Net assets	<u>10,126,060</u>	<u>9,275,087</u>	<u>-850,973</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/23
Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2022, or fiscal year beginning 2022, and ending 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2022

Name of filer

**VIRGINIA WAR MEMORIAL FOUNDATION
INC.**

EIN or SSN

31-1647903

Name and title of officer or person subject to tax **BILL DAVIS
TREASURER**

Part I Type of Return and Return Information

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.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,660,241
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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 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

I authorize **HARRIS, HARDY & JOHNSTONE, P.C.** to enter my PIN **47903** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 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.

Signature of officer or person subject to tax _____ Date **06/27/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54907240601

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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.

ERO's signature **FRANK S. WARREN, JR.** Date **06/27/23**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

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

OMB No. 1545-0047

2022
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VIRGINIA WAR MEMORIAL FOUNDATION INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 621 SOUTH BELVIDERE STREET City or town, state or province, country, and ZIP or foreign postal code RICHMOND VA 23220-6504	D Employer identification number 31-1647903 E Telephone number 804-786-2060 G Gross receipts\$ 1,819,293
F Name and address of principal officer: BILL DAVIS 621 SOUTH BELVIDERE STREET RICHMOND VA 23220		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.VAWARMEMORIAL.ORG		L Year of formation: 1999
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a)	3 27																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 27																								
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 4																								
	6 Total number of volunteers (estimate if necessary)	6 29																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0																								
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">3,970,788</td> <td style="text-align: right;">1,339,849</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">166,764</td> <td style="text-align: right;">264,643</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">79,273</td> <td style="text-align: right;">55,749</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">4,216,825</td> <td style="text-align: right;">1,660,241</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	3,970,788	1,339,849	9 Program service revenue (Part VIII, line 2g)		0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	166,764	264,643	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,273	55,749	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,216,825	1,660,241						
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer BILL DAVIS Type or print name and title	Date TREASURER
Paid Preparer Use Only	Print/Type preparer's name FRANK S. WARREN, JR.	Preparer's signature FRANK S. WARREN, JR.
	Firm's name HARRIS, HARDY & JOHNSTONE, P.C.	Firm's EIN 54-1451026
	Firm's address 300 ARBORETUM PL STE 660 RICHMOND, VA 23236	Phone no. 804-560-0560

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ **569,858** including grants of\$) (Revenue \$)

PROGRAM SERVICES INCLUDE HISTORIC INTERVIEWS, ELECTRONIC NEWSLETTERS, A SERIES OF ON-SITE AND OFF-SITE EDUCATION PROGRAMS AND VARIOUS OTHER PROGRAMS AND CEREMONIES TO EDUCATE AND RECOGNIZE THE SACRIFICES THAT VETERANS HAVE MADE FOR THEIR COUNTRY.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **569,858**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part 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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	
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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, 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? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included on line 1a, above, who are independent (27); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. (X)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed VA; 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O); 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records

VIRGINIA WAR MEMORIAL FOUNDATION 621 SOUTH BELVIDERE STREET RICHMOND VA 23220

804-786-2069

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAMELA R. SEAY PRESIDENT	40.00 0.00			X			125,185	0	0	
(2) ROBERT A. ARCHER DIRECTOR	1.00 0.00	X					0	0	0	
(3) JUDY BROWN DIRECTOR	1.00 0.00	X					0	0	0	
(4) DAVID A. CHRISTIAN DIRECTOR	1.00 0.00	X					0	0	0	
(5) BILL DAVIS TREASURER	5.00 0.00	X		X			0	0	0	
(6) STEPHEN DICKINSON DIRECTOR	1.00 0.00	X					0	0	0	
(7) ROBERT B. FLOWERS DIRECTOR	1.00 0.00	X					0	0	0	
(8) PAUL E. GALANTI DIRECTOR	1.00 0.00	X					0	0	0	
(9) LH GINN DIRECTOR	1.00 0.00	X					0	0	0	
(10) WILLIAM J. HOWELL DIRECTOR	1.00 0.00	X					0	0	0	
(11) JOHN COGBILL, III DIRECTOR	1.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JOSEPH C. BARTO, III SECRETARY	5.00 0.00	X		X				0	0	0
(13) FRANK F. RENNIE, IV DIRECTOR	1.00 0.00	X		X				0	0	0
(14) JOSEPH R. INGE DIRECTOR	1.00 0.00	X						0	0	0
(15) RICHARD ST. JOHN, JR 1ST VICE CHAIR	5.00 0.00	X		X				0	0	0
(16) ALEXANDER B. MCMURTRIE, JR. DIRECTOR	1.00 0.00	X						0	0	0
(17) JOHN A. LUKE, JR. DIRECTOR	1.00 0.00	X						0	0	0
(18) MICHAEL L. SANTORO, JR. 2ND VICE CHAIR	5.00 0.00	X		X				0	0	0
(19) ROBERT M. DYESS, JR. DIRECTOR	1.00 0.00	X						0	0	0
1b Subtotal								125,185		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								125,185		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,339,849					
	g Noncash contributions included in lines 1a-1f	1g	\$ 125,053					
	h Total. Add lines 1a-1f			1,339,849				
Program Service Revenue	2a	Business Code						
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			229,011			229,011	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			52,088					
			b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	52,088					
	d Net rental income or (loss)			52,088			52,088	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			160,685					
			b Less: cost or other basis and sales exps.	7b	125,053			
	c Gain or (loss)	7c	35,632					
	d Net gain or (loss)			35,632			35,632	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
			32,099					
b Less: direct expenses			8b	30,311				
c Net income or (loss) from fundraising events			1,788					
9a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a							
		5,561						
		b Less: cost of goods sold	10b	3,688				
c Net income or (loss) from sales of inventory			1,873			1,873		
Miscellaneous Revenue	11a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			1,660,241	0	0	318,604		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	125,185	90,133	18,778	16,274
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	200,866	144,570	29,821	26,475
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	17,913	12,894	2,670	2,349
10 Payroll taxes	25,587	18,418	3,814	3,355
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,700	1,243	15,457	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	29,886		29,886	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	23,645	1,760	21,885	
12 Advertising and promotion	6,654	6,654		
13 Office expenses	5,243	736	4,507	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,732		3,732	
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 O.)				
a EVENTS	77,306	77,275		31
b PRINTING AND REPRODUCTION	48,597	22,375	19,776	6,446
c EDUCATION PROGRAMS	47,865	47,865		
d VWMF CAPITAL	43,181	42,953	228	
e All other expenses	131,076	102,982	28,094	
25 Total functional expenses. Add lines 1 through 24e	803,436	569,858	178,648	54,930
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	194,579	1	208,183
	2 Savings and temporary cash investments	1,033,884	2	1,190,390
	3 Pledges and grants receivable, net	216,144	3	424,159
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	9,825	8	11,389
	9 Prepaid expenses and deferred charges	1,620	9	1,215
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,888		
	b Less: accumulated depreciation	10b 15,888	10c	
	11 Investments—publicly traded securities	8,687,383	11	7,487,876
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,143,435	16	9,323,212	
Liabilities	17 Accounts payable and accrued expenses	9,525	17	729
	18 Grants payable		18	
	19 Deferred revenue	7,850	19	47,396
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	17,375	26	48,125
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,531,261	27	8,108,525
	28 Net assets with donor restrictions	594,799	28	1,166,562
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,126,060	32	9,275,087
33 Total liabilities and net assets/fund balances	10,143,435	33	9,323,212	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,660,241
2	Total expenses (must equal Part IX, column (A), line 25)	2	803,436
3	Revenue less expenses. Subtract line 2 from line 1	3	856,805
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,126,060
5	Net unrealized gains (losses) on investments	5	-1,707,778
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,275,087

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) ALISON M. KAUFMANN	1.00									
DIRECTOR	0.00	X						0	0	0
(21) MICHAEL A. KORD	1.00									
DIRECTOR	0.00	X						0	0	0
(22) SHARI E. LITOW	1.00									
DIRECTOR	0.00	X						0	0	0
(23) JOHN M. O'BANNON	1.00									
DIRECTOR	0.00	X						0	0	0
(24) KATHLEEN P. OWENS	5.00									
CHAIR	0.00	X		X				0	0	0
(25) MICHAEL M. RAND	1.00									
DIRECTOR	0.00	X						0	0	0
(26) LINDA V. SCHREINER	1.00									
IMMEDIATE PAST CHAIR	0.00	X		X				0	0	0
(27) JAMAL A. THOMAS	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization VIRGINIA WAR MEMORIAL FOUNDATION INC.	Employer identification number 31-1647903
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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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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:
- 5 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).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 university:
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,486,786	2,058,220	1,317,072	3,970,788	1,339,849	14,172,715
2 Tax revenues levied for the organization'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	5,486,786	2,058,220	1,317,072	3,970,788	1,339,849	14,172,715
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)						5,036,409
6 Public support. Subtract line 5 from line 4						9,136,306

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	5,486,786	2,058,220	1,317,072	3,970,788	1,339,849	14,172,715
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	54,358	43,283	47,008	240,109	281,099	665,857
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	13,823	12,663	4,926	4,942	5,561	41,915
11 Total support. Add lines 7 through 10						14,880,487
12 Gross receipts from related activities, etc. (see instructions)					12	235,950

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	61.40%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	60.68%

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
2		

Section 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)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
2a		
b 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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section 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 emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

GIFT SHOP **\$ 36,354**

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

**VIRGINIA WAR MEMORIAL FOUNDATION
INC.**

Employer identification number

31-1647903

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Schedule B (Form 990) (2022)

Name of organization

VIRGINIA WAR MEMORIAL FOUNDATION

Employer identification number

31-1647903

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBINS FOUNDATION 10 S 3RD STREET RICHMOND VA 23219	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ALFRED I. DUPONT TRUST 510 ALFRED DUPONT PL JACKSONVILLE FL 32202	\$ 42,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DOMINION ENERGY CHARITABLE FDN 600 E CANAL STREET RICHMOND VA 23219	\$ 53,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANONYMOUS 621 S BELVIDERE ST RICHMOND VA 23220	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	E. BRUCE HEILMAN TRUST 625 AUGUSTA AVE MORAGA CA 94556	\$ 114,439	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE MARY MORTON PARSONS FOUNDATION 901 E CARY ST 1404 RICHMOND VA 23219	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

VIRGINIA WAR MEMORIAL FOUNDATION

Employer identification number

31-1647903

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THOMAS E. CARPENTER 621 S BELVIDERE ST RICHMOND VA 23220	\$ 58,927	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	BOB AND ANNA LOU SCHABERG FOUNDATION 919 E MAIN ST., STE #1400 RICHMOND VA 23219	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

VIRGINIA WAR MEMORIAL FOUNDATION

Employer identification number

31-1647903

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	SECURITIES	\$ 14,633	07/01/22
7	SECURITIES	\$ 13,400	08/02/22
7	SECURITIES	\$ 30,894	08/25/22
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

2022

Open to Public Inspection

Name of the organization

VIRGINIA WAR MEMORIAL FOUNDATION INC.

Employer identification number

31-1647903

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,688,383	2,335,797	66,379	47,022	50,000
b Contributions	314,439	5,823,477	2,013,587	9,065	
c Net investment earnings, gains, and losses	-1,470,946	529,109	255,831	10,292	-2,978
d Grants or scholarships					
e Other expenditures for facilities and programs	44,000				
f Administrative expenses					
g End of year balance	7,487,876	8,688,383	2,335,797	66,379	47,022

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **99.69 %**
- b** Permanent endowment **0.31 %**
- c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		X
(ii) Related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		14,856	14,856	
e Other		1,032	1,032	

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

Part VII Investments – Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	-77,423
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,707,778
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,707,778
3	Subtract line 2e from line 1	3	1,630,355
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,886
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	29,886
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,660,241

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	773,550
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	773,550
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,886
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	29,886
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	803,436

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

FUNDS FROM THE VIRGINIA WAR MEMORIAL ENDOWMENT WILL BE USED TO ADVANCE THE MISSION OF PRESERVING THE STORIES OF VETERANS WHO MADE THE ULTIMATE SACRIFICE, HONORING ALL VETERANS, AND INSPIRING LOVE OF COUNTRY THROUGH EDUCATION.

PART X - FIN 48 FOOTNOTE

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX

Part XIII Supplemental Information *(continued)*

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE FOUNDATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE FOUNDATION HAS RECOGNIZED NO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

**VIRGINIA WAR MEMORIAL FOUNDATION
INC.**

Employer identification number

31-1647903

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPECIAL EVENTS (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	32,099			32,099
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	32,099			32,099
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	30,311			30,311
	10 Direct expense summary. Add lines 4 through 9 in column (d)				30,311
11 Net income summary. Subtract line 10 from line 3, column (d)				1,788	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

13a		%
13b		%

 - a The organization's facility
 - b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open To Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

Employer identification number

31-1647903

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 is filled with X, 6, 125,053, NYSE MEAN VALUE.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

Table with 3 columns: Question, Yes, No. Row 30a: During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years... Row 31: Does the organization have a gift acceptance policy... Row 32a: Does the organization hire or use third parties... Row 33: If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked...

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

THE FOUNDATION HAS ACCOUNTS WITH TRUIST AND DAVENPORT & COMPANY LLC WHICH ACCEPT STOCK DONATIONS ON BEHALF OF THE FOUNDATION. ALL STOCK DONATIONS ARE LIQUIDATED IMMEDIATELY AT FAIR MARKET VALUE AND THEN CASH IS TRANSFERRED TO THE CHECKING ACCOUNT.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization VIRGINIA WAR MEMORIAL FOUNDATION INC.	Employer identification number 31-1647903
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FORM 990 - ORGANIZATION'S MISSION

TO PROMOTE AND RAISE FUNDS FOR THE VIRGINIA WAR MEMORIAL, A STATE AGENCY OF VIRGINIA, WHICH WAS CREATED FOR THE PURPOSE OF HONORING PATRIOTIC VIRGINIANS WHO RENDERED FAITHFUL SERVICE AND SACRIFICE IN THE CAUSE OF FREEDOM AND LIBERTY FOR THE COMMONWEALTH AND THE NATION IN TIME OF WAR.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE TREASURER AND THE FINANCE-AUDIT COMMITTEE REVIEWS FORM 990, AND THEN FORWARDS A COPY TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE CONFLICT OF INTEREST POLICY OF THE VIRGINIA WAR MEMORIAL FOUNDATION (VWMF) DEFINES CONFLICTS OF INTEREST, IDENTIFIES CLASSES OF INDIVIDUALS COVERED BY THIS POLICY, AND SPECIFIES PROCEDURES TO BE FOLLOWED IN MANAGING CONFLICTS OF INTEREST.

CONFLICT OF INTEREST

A CONFLICT OF INTEREST ARISES WHEN A PERSON IN A POSITION OF AUTHORITY OVER THE VWMF MAY BENEFIT FINANCIALLY FROM A DECISION THAT COULD BE MADE IN THAT CAPACITY, INCLUDING INDIRECT BENEFITS TO FAMILY MEMBERS OR BUSINESSES WITH WHICH THE PERSON IS CLOSELY ASSOCIATED. THIS POLICY IS FOCUSED UPON MATERIAL FINANCIAL INTEREST OF, OR BENEFIT TO, SUCH PERSONS.

VWMF DIRECTORS SHOULD CONDUCT ALL ACTIVITIES, INCLUDING THOSE RELATING TO PERSONS OR BUSINESSES WITH WHOM THE DIRECTOR IS CLOSELY ASSOCIATED, IN SUCH A WAY THAT NO CONFLICT WILL ARISE BETWEEN THE OTHER INTERESTS AND THE

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

VIRGINIA WAR MEMORIAL FOUNDATION

31-1647903

POLICIES, OPERATIONS, OR INTERESTS OF THE VWMF. THE APPEARANCE OF SUCH CONFLICT SHOULD ALSO BE AVOIDED.

INDIVIDUALS COVERED

PERSONS COVERED BY THIS POLICY ARE THE VWMF'S OFFICERS, DIRECTORS, AND EMPLOYED EXECUTIVES. EACH PERSON SUBJECT TO THIS POLICY SHALL DISCLOSE ANY CONFLICT OF INTEREST OR PERCEIVED OR SUGGESTED CONFLICT OF INTEREST TO THE BOARD CHAIR. THE BOARD CHAIR WILL MANAGE ANY SUCH CONFLICTS AS SET FORTH BELOW.

THIS POLICY WILL BE REVIEWED ANNUALLY AND EACH DIRECTOR WILL SIGN THE POLICY INDICATING AN UNDERSTANDING OF THE POLICY AND AGREEMENT TO ABIDE BY THE TERMS OF THE POLICY.

PROCEDURES TO MANAGE CONFLICT

FOR EACH INTEREST DISCLOSED TO THE BOARD CHAIR, THE CHAIR WILL DETERMINE TO:

- TAKE NO ACTION,
- ASSURE FULL DISCLOSURE TO THE BOARD OF DIRECTORS AND OTHERS COVERED BY THIS POLICY,
- ASK THE PERSON TO BE EXCUSED FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS WITHIN THE VWMF, OR
- ASK THE PERSON TO RESIGN FROM HIS OR HER POSITION.

THE VWMF PRESIDENT WILL MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND DISCLOSE THEM TO THE BOARD CHAIR TO DEAL WITH POTENTIAL OR ACTUAL CONFLICTS.

Name of the organization

Employer identification number

VIRGINIA WAR MEMORIAL FOUNDATION

31-1647903

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THIS POLICY OF THE VIRGINIA WAR MEMORIAL FOUNDATION (VWMF) APPLIES TO THE COMPENSATION OF THE FOLLOWING PERSONS EMPLOYED BY THE VWMF: PRESIDENT, CONTRACTORS, AND OTHER KEY EMPLOYEES.

THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE OF THE VWMF, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL.

THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THIS POLICY OF THE VIRGINIA WAR MEMORIAL FOUNDATION (VWMF) APPLIES TO THE COMPENSATION OF THE FOLLOWING PERSONS EMPLOYED BY THE VWMF: PRESIDENT, CONTRACTORS, AND OTHER KEY EMPLOYEES.

THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE OF THE VWMF, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL.

THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

Name of the organization

Employer identification number

VIRGINIA WAR MEMORIAL FOUNDATION

31-1647903

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE VIRGINIA WAR MEMORIAL FOUNDATION WILL PROVIDE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS UPON REQUEST. IF THERE IS A WRITTEN OR TELEPHONE REQUEST THE FOUNDATION WILL MAKE COPIES AT THE RATE OF \$0.20 PER PAGE PLUS THE STAFF TIME REQUIRED TO MAKE THE COPIES. PAYMENT FOR ESTIMATED TIME, A MINIMUM OF ONE HOUR, WILL BE PAID UPFRONT.

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
PROGRAM EXPENSE: DISPLAYS	\$ 35,088	\$ 0	\$ 0
PROGRAM FILM PRODUCTION	\$ 24,500	\$ 0	\$ 0
PROGRAM: MIGHTY PEN	\$ 22,958	\$ 0	\$ 0
POSTAGE AND DELIVERY	\$ 3,869	\$ 7,405	\$ 0
PRESERVATION AND ACCESS	\$ 9,176	\$ 0	\$ 0
DUES AND SUBSCRIPTIONS	\$ 569	\$ 7,140	\$ 0
BANK & MERCHANT CHARGES	\$ 0	\$ 4,994	\$ 0
TRAVEL - MEALS	\$ 222	\$ 4,414	\$ 0

PAGE 3 OF 4

Schedule O (Form 990) 2022

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	Equipment	1/01/01	2,523			2,523	7 HY S/L	2,523	0
2	Equipment	6/01/02	7,195		X	5,036	7 HY S/L	7,195	0
3	Equipment	10/15/04	2,100		X	1,050	7 HY S/L	2,100	0
4	PastPerfect Software	9/28/09	1,118		X	559	3 HY S/L	1,118	0
5	Software	9/28/09	140		X	70	3 HY S/L	140	0
7	QuickBooks PoS Basic	8/28/15	1,050			1,050	3 HY S/L	1,050	0
8	QuickBooks PoS Cash Drawer	8/28/15	93			93	3 HY S/L	93	0
9	QuickBooks PoS Receipt Printer	8/28/15	187			187	3 HY S/L	187	0
10	QuickBooks PoS Bar Code Scanner	8/28/15	170			170	3 HY S/L	170	0
11	QuickBooks PoS Tag Printer	8/28/15	280			280	3 HY S/L	280	0
			<u>14,856</u>			<u>11,018</u>		<u>14,856</u>	<u>0</u>
Other Depreciation:									
6	Pop-Up Tent	4/14/14	1,032			1,032	7 MO S/L	1,032	0
	Total Other Depreciation		<u>1,032</u>			<u>1,032</u>		<u>1,032</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,032</u>			<u>1,032</u>		<u>1,032</u>	<u>0</u>
	Grand Totals		15,888			12,050		15,888	0
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>15,888</u>			<u>12,050</u>		<u>15,888</u>	<u>0</u>

31-1647903

VA Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
Prior MACRS:								
1	Equipment	1/01/01	2,523	2,523	2,523	0	0	0
2	Equipment	6/01/02	7,195	7,195	7,195	0	0	0
3	Equipment	10/15/04	2,100	2,100	2,100	0	0	0
4	PastPerfect Software	9/28/09	1,118	1,118	1,118	0	0	0
5	Software	9/28/09	140	140	140	0	0	0
7	QuickBooks PoS Basic	8/28/15	1,050	1,050	1,050	0	0	0
8	QuickBooks PoS Cash Drawer	8/28/15	93	93	93	0	0	0
9	QuickBooks PoS Receipt Printer	8/28/15	187	187	187	0	0	0
10	QuickBooks PoS Bar Code Scanner	8/28/15	170	170	170	0	0	0
11	QuickBooks PoS Tag Printer	8/28/15	280	280	280	0	0	0
			<u>14,856</u>	<u>14,856</u>	<u>14,856</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
6	Pop-Up Tent	4/14/14	1,032	1,032	1,032	0	0	0
	Total Other Depreciation		<u>1,032</u>	<u>1,032</u>	<u>1,032</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,032</u>	<u>1,032</u>	<u>1,032</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		15,888	15,888	15,888	0	0	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>15,888</u>	<u>15,888</u>	<u>15,888</u>	<u>0</u>	<u>0</u>	<u>0</u>

31-1647903

AMT Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
4	PastPerfect Software	9/28/09	1,118		X	559	3 HY S/L	1,118	0
7	QuickBooks PoS Basic	8/28/15	1,050			1,050	3 HY S/L	1,050	0
8	QuickBooks PoS Cash Drawer	8/28/15	93			93	3 HY S/L	93	0
9	QuickBooks PoS Receipt Printer	8/28/15	187			187	3 HY S/L	187	0
10	QuickBooks PoS Bar Code Scanner	8/28/15	170			170	3 HY S/L	170	0
11	QuickBooks PoS Tag Printer	8/28/15	280			280	3 HY S/L	280	0
			<u>2,898</u>			<u>2,339</u>		<u>2,898</u>	<u>0</u>
Other Depreciation:									
1	Equipment	1/01/01	0			0	0 HY	0	0
2	Equipment	6/01/02	0			0	0 HY	0	0
3	Equipment	10/15/04	0			0	0 HY	0	0
5	Software	9/28/09	0			0	0 HY	0	0
6	Pop-Up Tent	4/14/14	1,032			1,032	7 MO S/L	1,032	0
	Total Other Depreciation		<u>1,032</u>			<u>1,032</u>		<u>1,032</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,032</u>			<u>1,032</u>		<u>1,032</u>	<u>0</u>
	Grand Totals		3,930			3,371		3,930	0
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>3,930</u>			<u>3,371</u>		<u>3,930</u>	<u>0</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	Equipment	6/01/02	7,195	100	0	0	2,159	5,036
3	Equipment	10/15/04	2,100	100	0	0	1,050	1,050
4	PastPerfect Software	9/28/09	1,118		0	0	559	559
5	Software	9/28/09	140		0	0	70	70
Grand Total			<u>10,553</u>		<u>0</u>	<u>0</u>	<u>3,838</u>	<u>6,715</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	4	PastPerfect Software	0	0	0
Page 1	1	7	QuickBooks PoS Basic	0	0	0
Page 1	1	8	QuickBooks PoS Cash Drawer	0	0	0
Page 1	1	9	QuickBooks PoS Receipt Printer	0	0	0
Page 1	1	10	QuickBooks PoS Bar Code Scanner	0	0	0
Page 1	1	11	QuickBooks PoS Tag Printer	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	Equipment	1/01/01	2,523	0	0
2	Equipment	6/01/02	7,195	0	0
3	Equipment	10/15/04	2,100	0	0
4	PastPerfect Software	9/28/09	1,118	0	0
5	Software	9/28/09	140	0	0
7	QuickBooks PoS Basic	8/28/15	1,050	0	0
8	QuickBooks PoS Cash Drawer	8/28/15	93	0	0
9	QuickBooks PoS Receipt Printer	8/28/15	187	0	0
10	QuickBooks PoS Bar Code Scanner	8/28/15	170	0	0
11	QuickBooks PoS Tag Printer	8/28/15	280	0	0
			<u>14,856</u>	<u>0</u>	<u>0</u>
<u>Other Depreciation:</u>					
6	Pop-Up Tent	4/14/14	1,032	0	0
	Total Other Depreciation		<u>1,032</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,032</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>15,888</u>	<u>0</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>VA</u>
<u>Prior MACRS:</u>				
1	Equipment	1/01/01	2,523	0
2	Equipment	6/01/02	7,195	0
3	Equipment	10/15/04	2,100	0
4	PastPerfect Software	9/28/09	1,118	0
5	Software	9/28/09	140	0
7	QuickBooks PoS Basic	8/28/15	1,050	0
8	QuickBooks PoS Cash Drawer	8/28/15	93	0
9	QuickBooks PoS Receipt Printer	8/28/15	187	0
10	QuickBooks PoS Bar Code Scanner	8/28/15	170	0
11	QuickBooks PoS Tag Printer	8/28/15	280	0
			<u>14,856</u>	<u>0</u>
<u>Other Depreciation:</u>				
6	Pop-Up Tent	4/14/14	1,032	0
	Total Other Depreciation		<u>1,032</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,032</u>	<u>0</u>
	Grand Totals		<u>15,888</u>	<u>0</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name **VIRGINIA WAR MEMORIAL FOUNDATION INC.** Taxpayer Identification Number **31-1647903**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	3,970,788	1,339,849	-2,630,939
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	154,984	229,011	74,027
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	11,780	35,632	23,852
	8. Net income or (loss) from fundraising events	-7,381	1,788	9,169
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	1,529	1,873	344
	11. Other revenue	85,125	52,088	-33,037
	12. Total revenue. Add lines 1 through 11	4,216,825	1,660,241	-2,556,584
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	118,456	125,185	6,729
	16. Salaries, other compensation, and employee benefits	232,077	244,366	12,289
	17. Professional fundraising fees			
	18. Other professional fees	48,440	70,231	21,791
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	37		-37
	21. Other expenses	344,026	363,654	19,628
	22. Total expenses. Add lines 13 through 21	743,036	803,436	60,400
	23. Excess or (Deficit). Subtract line 22 from line 12	3,473,789	856,805	-2,616,984
Other Information	24. Total exempt revenue	4,216,825	1,660,241	-2,556,584
	25. Total unrelated revenue			
	26. Total excludable revenue	253,418	318,604	65,186
	27. Total assets	10,143,435	9,323,212	-820,223
	28. Total liabilities	17,375	48,125	30,750
	29. Retained earnings	10,126,060	9,275,087	-850,973
	30. Number of voting members of governing body	25	27	
31. Number of independent voting members of governing body	25	27		
32. Number of employees	5	4		
33. Number of volunteers	43	29		

Form 990	Tax Return History	2022
Name VIRGINIA WAR MEMORIAL FOUNDATION INC.		Employer Identification Number 31-1647903

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	5,486,786	2,058,220	1,317,072	3,970,788	1,339,849	
Membership dues						
Program service revenue						
Capital gain or loss	208	-1,881	5,209	11,780	35,632	
Investment income	9,371	13,608	35,834	154,984	229,011	
Fundraising revenue (income/loss)	26,331	34,301	1,431	-7,381	1,788	
Gaming revenue (income/loss)						
Other revenue	52,686	35,043	13,387	86,654	53,961	
Total revenue	5,575,382	2,139,291	1,372,933	4,216,825	1,660,241	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			9,538	118,456	125,185	
Other compensation			18,097	232,077	244,366	
Professional fees	17,994	28,492	27,206	48,440	70,231	
Occupancy costs		4,404				
Depreciation and depletion	368	148	147	37		
Other expenses	2,149,482	1,273,195	589,566	344,026	363,654	
Total expenses	2,167,844	1,306,239	644,554	743,036	803,436	
Excess or (Deficit)	3,407,538	833,052	728,379	3,473,789	856,805	
Total exempt revenue	5,575,382	2,139,291	1,372,933	4,216,825	1,660,241	
Total unrelated revenue						
Total excludable revenue	62,265	46,770	54,430	253,418	318,604	
Total Assets	5,236,723	5,369,739	6,289,940	10,143,435	9,323,212	
Total Liabilities	770,117	61,426	23,908	17,375	48,125	
Net Fund Balances	4,466,606	5,308,313	6,266,032	10,126,060	9,275,087	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 998					14
TOTAL	<u>\$ 998</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 231,082					14
CHARITALBE GIFT ANNUITY	-3,069					14
TOTAL	<u>\$ 228,013</u>					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES: CONSULTING	\$ 11,541	\$ 859	\$ 10,682	\$
PROFESSIONAL FEES: PAYROLL	2,238	167	2,071	
PROFESSIONAL FEES: BOOKKEEPER	9,866	734	9,132	
TOTAL	\$ 23,645	\$ 1,760	\$ 21,885	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROGRAM EXPENSE: DISPLAYS	\$ 35,088	\$ 35,088	\$	\$
PROGRAM FILM PRODUCTION	24,500	24,500		
PROGRAM: MIGHTY PEN	22,958	22,958		
POSTAGE AND DELIVERY	11,274	3,869	7,405	
PRESERVATION AND ACCESS	9,176	9,176		
DUES AND SUBSCRIPTIONS	7,709	569	7,140	
BANK & MERCHANT CHARGES	4,994		4,994	
TRAVEL - MEALS	4,636	222	4,414	
DATABASE MANAGEMENT	3,240		3,240	
WEBSITE HOSTING & DESIGN	3,059	3,059		
DOCENT SUPPORT	1,612	1,612		
STOCK TRANSFER FEES	1,423	1,423		
RENTAL OPERATIONS EXPENSE	1,407	506	901	
TOTAL	\$ 131,076	\$ 102,982	\$ 28,094	\$ 0

Federal Statements**Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
CONTRIBUTIONS INCOME:UNRES	\$ 533,912
OTHER INCOME-SPONSORSHIPS	48,500
CONTRIBUTIONS INCOME:RESTRICTED NORM	757,301
CONTRIBUTIONS INCOME: CAPITAL CAMPAI	<u>136</u>
TOTAL	<u>\$ 1,339,849</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BANK OF AMERICA	\$	\$
JOHN V. COGBILL, III		
MR. & MRS. DAVID A. CHRISTIAN	50,322	
HERNDON FOUNDATION		
NEWMARKET CORPORATION		
MR. & MRS RODERICK V DAVOUD		
ALEXANDER B MCMURTRIE		
RICHARD S REYNOLDS FOUNDATION		
WELLS FARGO BANK		
ALTRIA GROUP		
PRIORITY AUTO GROUP		
SHELTON H. SHORT, JR. TRUST		
MARKEL CORPORATION		
BLUE RIDGE BEVERAGE CO		
C. KENNETH AND DIANNE WRIGHT	3,400,000	3,102,390
CONRAD MERCER HALL		
DAVID CRAIG LANDIN		
DEBBIE JOHNSTONE		
E. BRUCE HEILMAN		
FRANK F. RENNIE, IV		
GOOD FEET		
JAY COFFMAN		
JOHN A. LUKE. JR.		
JOSEPH R INGE		
KATHY P. OWENS		
MRAZ CHARITABLE TRUST		
OLD DOMINION ELECTRIC COOPERATIVE		
RICHARD & CAROLINE T GWATHMEY		
RICHARD A HIGGINS		
RICHARD ST. JOHN. JR.		
ROLLER - BOTTIMORE FOUNDATION		
SERGE SCHREINER	26,000	
SOUTH RICHMOND ROTARY CLUB		
THE COMMONWEALTH FOUNDATIONS		
THE NEW MARKET FOUNDATION		
THE SHARP FAMILY FOUNDATION		
THOMAS E. CABANISS		
VIRGINIA CREDIT UNION, INC		
PAUL GALANTI		
THOMAS R. BROWN		
GEORGE C. FREEMAN, III		
E. CLAIBORNE ROBINS		
GERTRUDE M. CONDUFF FOUNDATION		
CONNIE SLEWITZKE TRUST		
MR. & MRS. BRUCE GOTTWALD	50,000	
ESTATE OF RUSSELL SCOTT	30,000	
FRANK D. HARGROVE SR TRUST	100,000	
ROBINS FOUNDATION	70,000	
ALFRED I. DUPONT TRUST	42,000	
DOMINION ENERGY CHARITABLE FDN	53,200	
ANONYMOUS	40,000	
E. BRUCE HEILMAN TRUST	529,189	231,579
THE MARY MORTON PARSONS FOUNDATION	150,000	
THOMAS E. CARPENTER	58,927	

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BOB AND ANNA LOU SCHABERG FOUNDATION	\$ 50,000	\$
E. CLAIBORNE ROBINS	200,000	
ALEXANDER B. MCMURTRIE	75,000	
C, KENNETH & DIANNE WRIGHT FOUNDATN	<u>2,000,050</u>	<u>1,702,440</u>
TOTAL	<u>\$ 6,924,688</u>	<u>\$ 5,036,409</u>

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 998
DIVIDENDS	231,082
CHARITALBE GIFT ANNUITY	-3,069
FACILITY RENTAL	52,088
TOTAL	\$ <u>281,099</u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
GIFT SHOP SALES	\$ 5,561
TOTAL	\$ <u>5,561</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS	\$ 32,099
TOTAL	\$ <u>32,099</u>

Virginia Diagnostics

Critical Messages

None

Informational Messages

- The electronic file has been suppressed

Informational: Input Screen Overrides

Virginia General Information

- Second officer name
- Individuals who approve budget
- How contributions used

Overrides

- Overridden field with data "0" on Form / Schedule 102
- Overridden field with data "0" on Form / Schedule 102
- Overridden field with data "0.0000" on Form / Schedule 102

Virginia Form 500 Return Summary

For calendar year 2022 or tax year beginning _____, ending _____
 VIRGINIA WAR MEMORIAL FOUNDATION 31-1647903

Taxable Income

Federal taxable income		
Total additions		
Total subtractions		
Savings and loan association's bad debt deduction		
Virginia taxable income		
Apportionment factor	100.00	
Taxable income		

Taxable Computation

Income tax		
Nonrefundable tax credits		
Adjusted corporate tax		

Payments and Penalties

Estimated income tax payments and overpayment credit		
Extension payment		
Refundable tax credits from Schedule 500CR		
Pass-through entity withholding from Schedule 500ADJ		
Penalty		
Interest		
Additional charge Form 500C		
Total payments and penalties		

Total Due 0

Overpayment credited to next year

Refund

Next Year's Estimates

1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		
Total		

Annual Registration Information

Gross contributions		1,339,849
Total fees		325
Registration / extended due date		ASAP

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

PO Box 526, Richmond, VA 23218-0526
Phone: 804-786-1343 • www.vdacs.virginia.gov

OCRP-102 Revised 11/21

**REMITTANCE FORM
CHARITABLE ORGANIZATION
FORM 102**

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: VIRGINIA WAR MEMORIAL FOUNDATION
INC.

Address: 621 SOUTH BELVIDERE STREET
RICHMOND VA 23220-6504

Federal Employer Identification Number: 31-1647903

REGISTRATION FEE AMOUNT

Your annual registration, which includes the annual fee payment, is due every year, on the fifteenth day of the fifth month from the end of the organization's most recently completed fiscal year, unless the organization has requested an extension of either three months or six months to file.

Initial: First time registrants pay a \$100 initial fee. If the organization has prior financial history, the organization is **also** required to pay an annual fee. Organizations with no financial history are **not** required to pay an annual fee.

Late: If your registration has lapsed, you will be required to pay the \$100 late fee **and** the annual registration fee. You will **never pay** an initial and late registration fee at the same time.

Annual: See page seven of Form 102 for annual registration fee calculations.

Initial Registration Fee (\$100): \$ _____ (910-02184)

Late Registration Fee (\$100): \$ _____ (910-02184)

Annual Registration Fee: \$ 325 (910-02619)
(See pg. 7 of Form 102)

Total Fees: \$ 325

To assist us in tracking your payment,
please enter your **Check Number:** _____

MAKE CHECKS PAYABLE TO: TREASURER OF VIRGINIA

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

PO Box 526, Richmond, VA 23218-0526
Phone: 804-786-1343 • www.vdacs.virginia.gov

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Form 102, Page 1

**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
FORM 102**

Please choose the type of registration:

<input type="checkbox"/>	Initial Registration
OR	
<input checked="" type="checkbox"/>	Annual Renewal

Unless otherwise noted, all information provided on this form and attachments must be for the **CURRENT** fiscal year. Financial reports (except budgets) will be for the most recently completed fiscal year. Any change in information filed must be submitted to the Office of Charitable and Regulatory Programs (OCRP) within seven (7) days of the change.

All questions **MUST** be answered. If a question does not apply, then indicate "NO" or "N/A". Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an incomplete registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

1. Organization's legal name:

VIRGINIA WAR MEMORIAL FOUNDATION

2. List any other names under which you may solicit contributions in Virginia:

3. Required primary address: 621 SOUTH BELVIDERE STREET

RICHMOND

City

VA

State

23220-6504

Zip Code

"Primary address" means the bona fide physical street address of the organization or sole proprietor. **P.O. Boxes will not be accepted.** Pursuant to §57-49.2 of the Code of Virginia, if the organization does not maintain an office, use the address of the person having custody of its financial records.

4. Does the organization maintain any other offices in Virginia?

Yes

No

If "Yes," then attach a list of the addresses and telephone numbers for those offices.

"Other offices" will include locations where the organization may administer a program or house administrative functions. "Other offices" will not include the names and addresses of chapters, branches or affiliates soliciting in Virginia, as provided in response to question 7 of this form.

5. Mailing address if different from primary address above: _____

City

State

Zip Code

6. Other contact information: 804-786-2060

Telephone, including area code

Fax, including area code

WWW.VAWARMEMORIAL.ORG

Internet URL

PSEAY@VAWARMEMORIAL.ORG

Organization's official e-mail address*

***The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here:** _____

VIRGINIA WAR MEMORIAL FOUNDATION 31-1647903
REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
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7. Locations of other chapters, branches, affiliates:

Does the organization have any chapters, branches or affiliates in Virginia Yes No

If "Yes,"

- i) Attach a list of the affiliates' names, addresses and telephone numbers.
- ii) Are the income and expenses of these affiliates included in your organization's financial statement?
 Yes No

If "Yes," a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization. **Please refer to 2VAC5-610-30 and the Rules Governing the Solicitation of Contributions for information regarding whether the parent qualifies to file a consolidated or joint registration.**

8. Please check one:

	Type of organization
<input checked="" type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify):

9. Date of incorporation or formation: 04/09/1999

10. In what city was the organization legally established? RICHMOND VA
 City State

11. What is the main purpose of the charitable organization?

SEE STATEMENT 1

12. Name and address of designated agent for receipt of process (service of legal documents) within the Commonwealth of Virginia. **NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.**

PAMELA R. SEAY
 Name and Company Name
621 SOUTH BELVIDERE STREET
 Address
RICHMOND VA 23220
 City State Zip Code

13. Organization's fiscal year:

a) Dates of the **CURRENT** fiscal year: From: _____ To: _____

b) Has the organization recently changed its fiscal year? Yes No

If "Yes," then provide the dates of the "short" fiscal year:

From: _____ To: _____

14. Is the organization exempt under the Internal Revenue Code? Yes No

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

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15. Key personnel:

a) Full name and title of the individuals having signatory power over the organization's funds:

SEE STATEMENT 2

b) Full name and title of the individuals who approve the organization's budget:

SEE STATEMENT 3

c) Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony?

 Yes No If "Yes," then attach a statement providing a description of the pertinent facts.d) For the **CURRENT** fiscal year, attach a listing of the organization's officers, directors, trustees, and principal salaried executive staff which includes names, addresses, and titles. We will **not** accept the listing provided in the IRS Form 990. **Note:** Your registration will be considered incomplete if the listing does not include **titles**. Addresses are not required if the named individuals are to be contacted at the organization's primary address. SEE STATEMENT 416. Financial statements – please complete the following calculations using your financials from the **most recently completed fiscal year**. In order to complete VDACS Form 102, organizations will need to refer to internal financials to list fundraising and management expenses:**16(A): Percentage of fundraising expenses:**

- 1) Total amount of contributions received directly from the public: (found on the IRS Form 990, Page 9, Part VIII, line 1h / 990EZ, Page 1, Part 1, Line 1 (less government grants) \$ 1,339,849
- 2) Total spent on fundraising, including contracts with professional fund-raising counsel or professional solicitors: (found on IRS Form 990, Page 10, Part IX, Line 25, Column D / 990EZ, Page 1, Part 1, Line 13) \$ 54,930
- 3) Percent of fundraising expenses: (found on this form, OCRP-102 Line 16A(2) divided by Line 16A(1)) 4.0997%
- 4) For federated fundraising organizations ONLY: State the percentage withheld from a donation designated for a member agency: 0.0000%

16(B): Percentage of charitable services expenses:

- 1) Total amount of expenses dedicated to providing charitable services: (found on IRS Form 990, Page 10, Part IX, Line 25, Column B / 990EZ, Page 2, Part III, Line 32) \$ 569,858
- 2) Total amount of expenses of the organization: (found on IRS Form 990, Page 10, Part IX, Line 25, Column A / 990EZ, Page 1, Part 1, Line 17) \$ 803,436
- 3) Percent of program services expenses: (found on this form, OCRP-102, Line 16B(1) divided by Line 16B(2)) 70.9276%

VIRGINIA WAR MEMORIAL FOUNDATION 31-1647903
REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
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16(C): Percentage of administrative expenses:

- 1) Total amount of expenses dedicated to administrative costs: (found on IRS Form 990, Page 10, Part IX, Line 25, Column C / 990EZ, Page 1, Part 1, Line 12) \$ 178,648
- 2) Total amount of expenses of the organization: (found on IRS Form 990, Page 10, Part IX, Line 25, Column A / 990EZ, Page 1, Part 1, Line 17) \$ 803,436
- 3) Percent of administrative expenses: (found on this form, OCP-102, Line 16C(1) divided by Line 16C(2)) 22.2355%

17. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

Yes No

18. Does the organization intend to have others outside the organization (e.g. volunteers, federated fundraising organizations, etc.) conduct solicitations on its behalf?

Yes No

19. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

Yes No **If "Yes," to question 19, please indicate the arrangement with your agency by checking below:**

X	Category	Type of Arrangement
	A	A bona fide, salaried officer or employee of the charitable organization or its parent organization
	B	An outside consultant or professional fundraising counsel
	C	A paid professional solicitor

If in Question 19 either B or C are checked, then please provide the following information:

a) List the name and address(es) of the professional fundraising counsel or professional solicitor(s) and note the date of each contract that was previously submitted to the Commissioner:

b) **Attach a copy of the organization's current fundraising contract(s) that were not previously submitted as required by Section 57-54 of the Code of Virginia.**

20. Please indicate how the organization will use the contributions received during the **CURRENT** fiscal year:

SEE STATEMENT 5

21. Has the organization been authorized by any other state or governmental agency to solicit contributions?

Yes No **If "Yes," then name all such agencies. Submit an attachment if necessary.**

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

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22. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

Yes No **If "Yes,"** then attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

23. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

Yes No **If "Yes,"** then attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

24. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year (**check** all that apply):

X	Type of Solicitation
	Telephone
X	Direct mail
X	Internet
X	Special events
	Door-to-door
X	Personal contact
	Other (Specify):

25. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide the required information, you may not solicit in Virginia. Any change in information filed must be submitted to OCRP within seven (7) days of the change. In order to assist you in determining whether you have provided the required information, please respond to the following:

i) Are all questions on the form answered?

Yes No **If "No,"** then the registration will be considered incomplete.

ii) Are all required attachments included (see page 7 for "Checklist of Required Attachments")?

Yes No **If "No,"** then the registration will be considered incomplete.

VIRGINIA WAR MEMORIAL FOUNDATION 31-1647903
REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
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26. OATH OR AFFIRMATION. (MUST BE WET INK SIGNATURES)

***Two (2) different officers must sign this registration form. The original signature page (page 6) must then be filed with the Office of Charitable and Regulatory Programs. Copies are not allowed.**

We, the undersigned chief fiscal officer (chief financial officer, or treasurer) and president (or other authorized officer, if president is unavailable to sign), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.

We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.

Wet ink signature of the **chief fiscal officer, chief financial officer, or treasurer**

BILL DAVIS

Print name

TREASURER

Title

Date

Wet ink signature of the **president or other authorized officer**

KATHLEEN OWENS

Print name

CHAIR

Title

Date

*The persons signing this form as chief fiscal officer (chief financial officer/treasurer) and president (or other authorized officer) **must be** designated by title on the current fiscal year's list of officers, directors, trustees, and principal salaried executive staff (see §57-49.D. of the Code of Virginia).

Section 57-61.1.A. of the Code of Virginia states that "Registrations by charitable organizations, professional solicitors, and professional fund-raising counsel **are effective, if complete, upon receipt** by the Commissioner." For more information on determining whether your registration is complete, see: <http://www.vdacs.virginia.gov/consumer/pdf/oca-102registration.pdf>.

Rules Governing the Solicitation of Contributions: <http://www.vdacs.virginia.gov/forms-pdf/cp/oca/charitable/ocasolicitationreg.pdf>.

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SCHEDULE OF REGISTRATION FEES

FEE CRITERIA*

- \$30 If your **gross contributions** for the preceding year do not exceed \$25,000
 \$50 If your **gross contributions** exceed \$25,000, but do not exceed \$50,000
 \$100 If your **gross contributions** exceed \$50,000, but do not exceed \$100,000
 \$200 If your **gross contributions** exceed \$100,000, but do not exceed \$500,000
 \$250 If your **gross contributions** exceed \$500,000, but do not exceed one million dollars
 \$325 If your **gross contributions** exceed one million dollars

- **“Gross contributions”** means the total contributions received by the organization from all sources, excluding government grants (this amount is found on Line E under Computation of Fee Criteria below).
- Organizations with no prior financial history filing an initial registration shall be required to pay an initial fee of \$100.
- Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 **in addition to the applicable annual registration fee.**

**** Any organization which allows its registration to lapse shall be required to pay a \$100 late fee in addition to the annual registration fee.**

***COMPUTATION OF FEE CRITERIA**

Due to the diversity in reporting, the following computation should be used as a guide for calculating the required annual registration fee.

Total contributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line 1h) A 1,339,849

Subtract

- Funds received from federated fundraising organization (FFO)**
 (IRS Form 990, Part VIII, Line 1a): B 0
- Government Grants (IRS Form 990, Part VIII, Line 1e) C 0

Total Deductions (add Lines B and C) D 0

GROSS CONTRIBUTIONS (subtract Line D from Line A) E 1,339,849

**The federated fundraising organization (FFO), as defined in §57-48 of the Code, must register annually with the Commissioner to qualify for subtraction of funds in the fee computation. Enter the complete name of the FFO below:

Name of FFO: _____

Virginia Statements**Statement 1 - Form 102, Page 2, Question 11 - Main Purpose of the Charitable Organization**Description

TO PROMOTE AND RAISE FUNDS FOR THE VIRGINIA WAR MEMORIAL, A STATE AGENCY OF VIRGINIA, WHICH WAS CREATED FOR THE PURPOSE OF HONORING PATRIOTIC VIRGINIANS WHO RENDERED FAITHFUL SERVICE AND SACRIFICE IN THE CAUSE OF FREEDOM AND LIBERTY FOR THE COMMONWEALTH AND THE NATION IN TIME OF WAR.

Statement 2 - Form 102, Page 3, Question 15a - Individuals Having Signatory Power Over FundsNameTitle

BILL DAVIS

TREASURER

Statement 3 - Form 102, Page 3, Question 15b - Individuals Who Approve the Organization's BudgetNameTitle

KATHLEEN OWENS

CHAIR

ALL

BOARD OF DIRECTORS

Virginia Statements

Statement 4 - Form 102, Page 3, Question 15d - Names of Organization's Officers, Directors, Trustees, and Principal Salaried Staff

Name	Address 1			Address 2
City	State	Zip	Foreign Province or State	Title
LINDA V. SCHREINER RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		IMMEDIATE PAST CHAIR
FRANK F. RENNIE, IV RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
KATHLEEN P. OWENS RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		CHAIR
RICHARD ST. JOHN, JR RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		1ST VICE CHAIR
JOSEPH C. BARTO, III RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		SECRETARY
BILL DAVIS RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		TREASURER
ROBERT A. ARCHER RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
JUDY BROWN RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
DAVID A. CHRISTIAN RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
JOHN COGBILL, III RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
STEPHEN DICKINSON RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
ROBERT M. DYESS, JR. RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
PAUL E. GALANTI RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
WILLIAM J. HOWELL RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
JOSEPH R. INGE RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
ALISON M. KAUFMANN RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
MICHAEL A. KORD RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR

Virginia Statements

Statement 4 - Form 102, Page 3, Question 15d - Names of Organization's Officers, Directors, Trustees, and Principal Salaried Staff (continued)

Name	Address 1			Address 2
City	State	Zip	Foreign Province or State	Title
SHARI E. LITOW RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
JOHN A. LUKE, JR. RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
ALEXANDER B. MCMURTRIE, JR. RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
JOHN M. O'BANNON RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
MICHAEL L. SANTORO, JR. RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		2ND VICE CHAIR
JAMAL A. THOMAS RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
RONALD O. WHITE RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
PAMELA R. SEAY RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		PRESIDENT
ROBERT B. FLOWERS RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
LH GINN RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR
MICHAEL M. RAND RICHMOND	VA	621 SOUTH BELVIDERE STREET 23220		DIRECTOR

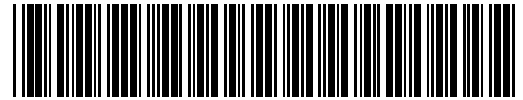
Statement 5 - Form 102, Page 4, Question 20 - Explanation of How Organization Will Use Contributions Received

Description

TO SUPPORT THE WORK OF THE VIRGINIA WAR MEMORIAL, TO PRESERVE THE STORIES OF VETERANS WHO MADE THE ULTIMATE SACRIFICE, TO HONOR ALL VETERANS AND TO INSPIRE LOVE OF COUNTRY THROUGH EDUCATION

2022 Virginia Schedule 500A

Corporation Allocation and Apportionment of Income



Name as shown on Form 500 VIRGINIA WAR MEMORIAL FOUNDATION	FEIN 31-1647903
--	---------------------------

- Check if you are Filing a consolidated or combined return.
- A certified company conducting business in certain disadvantaged localities electing to use a modified apportionment method (enclose Schedule 500AP).
- A property information and analytics firm that has entered into a memorandum of understanding with VEDP and meets the criteria outlined in Va. Code § 58.1-422.4.

Section A - Apportionment Method

- | | |
|--|--|
| <p>1. Motor Carrier Mileage Factor <input type="checkbox"/></p> <p>If an exception applies, check the applicable box below</p> <p style="padding-left: 20px;"><input type="checkbox"/> Exception 1 <input type="checkbox"/> Exception 2</p> <p>2. Financial Corporation Cost of Performance Factor <input type="checkbox"/></p> <p>3. Construction Corporation Completed Contract Basis Sales Factor <input type="checkbox"/></p> <p>4. Railway Company Revenue Car Miles <input type="checkbox"/></p> <p>5. Retail Company Apportionment <input type="checkbox"/></p> <p>6. Debt Buyers Apportionment <input type="checkbox"/></p> | <p>7. Manufacturer's Modified Apportionment Method Sales Factor <input type="checkbox"/></p> <p>(a) Enter beginning date of election year _____</p> <p>(b) Wage and employment certification required each year: Check to certify that the average weekly wages of the full-time employees is greater than the lower of the state or local average weekly wages for its industry, and that the average annual number of full-time employees of the manufacturing company is at least 90% of the base year employment. <input type="checkbox"/></p> <p>8. Enterprise Data Center Operation <input type="checkbox"/></p> <p>9. Multi-Factor Formula With Double-Weighted Sales <input checked="" type="checkbox"/></p> |
|--|--|

Section B - Apportionment Computation

	Column A Total	Column B Virginia	Column C Percentage
1. Single Factor Computation Motor carriers, financial corporations, construction corporations, railway companies, retail companies, debt buyers, manufacturers who elected the modified apportionment method in Section A, and certain enterprise data center operations 1	.00	.00	%
2. Multi-Factor Computation			
(a) Property Factor 2(a)	15,888 .00	15,888 .00	100.00 %
(b) Payroll Factor 2(b)	0 .00	0 .00	%
(c) Sales Factor 2(c)	0 .00	0 .00	0.00 %
(d) Double-Weighted Sales Factor Apportionment: Multiply the sales factor from Line 2(c) by 2 2(d)			0.00 %
(e) Sum of Percentages. Add Lines 2(a), 2(b), and 2(d) 2(e)			100.00 %
(f) Multi-Factor Percentage (Double-Weighted Sales): Divide Line 2(e) by 4, reduced by the number of factors, if any, having no denominator 2(f)			100.00 %
3. Income Subject to Virginia Tax			
(a) Virginia Taxable Income from Form 500, Line 7 3(a)			0 .00
(b) Total Dividends (total amount of allocable income) 3(b)			.00
(c) Nonapportionable Investment Function Income. Enter on Form 500, Line 8(c) 3(c)			.00
(d) Add Lines 3(b) and 3(c) 3(d)			.00
(e) Nonapportionable Investment Function Loss. Enter on Form 500, Line 8(d) 3(e)			.00
(f) Total Nonapportionable Income. Line 3(d) minus Line 3(e) 3(f)			.00
(g) Income Subject to Apportionment. Line 3(a) minus Line 3(f) 3(g)			0 .00
(h) Income Apportioned to Virginia. Multiply the percentage from Line 1 or Line 2(f) by Line 3(g) 3(h)			.00
(i) Dividends Allocated to Virginia. Portion of dividends reported on Line 3(b) 3(i)			.00
(j) Income Subject to Virginia Tax. Add Lines 3(h) and 3(i). Enter on Form 500, Line 8(a) 3(j)			0 .00