

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: VMEBUS INTERNATIONAL TRADE ASSOCIATION. Doing business as: 929 WEST PORTOBELLO AVENUE. City or town, state or province, country, and ZIP or foreign postal code: MESA, AZ 85210

D Employer identification number: 86-0517991. E Telephone number: (978) 761-1389. G Gross receipts \$ 1,237,318

F Name and address of principal officer: DEAN C HOLMAN, 929 WEST PORTOBELLO AVENUE, MESA, AZ 85210

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No.

I Tax-exempt status: 501(c)(3) [checked], 501(c)(6) [insert no.], 4947(a)(1) or 527

J Website: WWW.VITA.COM

K Form of organization: Corporation [checked], Trust, Association, Other

L Year of formation: 1985. M State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: FOUNDED IN 1982 AS THE VMEBUS MANUFACTURERS GROUP, BECOMING THE VMEBUS INTERNATIONAL TRADE ASSOCIATION (VITA) IN 1984, AND SHORTENED TO VITA IN 2005, VITA BELIEVES IN AND CHAMPIONS OPEN SYSTEM ARCHITECTURES. THE FUNCTIONS PERFORMED BY VITA ARE TECHNICAL, PROMOTIONAL, AND USER RELATED, AIMED AT INCREASING THE TOTAL MARKET SIZE, PROVIDING VENDORS ADDITIONAL MARKET EXPOSURE AND PROVIDING USERS WITH TIMELY TECHNICAL INFORMATION AROUND THE WORLD. VITA IS REGISTERED AS A 501(C)6 NON-PROFIT BUSINESS ASSOCIATION. VITA'S MISSION IS PROMOTING THE CONCEPT OF OPEN TECHNOLOGY FOR CRITICAL EMBEDDED COMPUTING AS EMBODIED IN THE MANY STANDARDS DEVELOPED OR UNDER DEVELOPMENT WITHIN VITA.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue--add lines 8 through 11.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, employee benefits, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities.

22 Net assets or fund balances. Subtract line 21 from line 20 790,524 841,762

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 DEAN C HOLMAN PRESIDENT & EXECUTIVE DIRECTOR Date 2023-11-06

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, and Check if self-employed. Includes firm name HOGANTAYLOR LLP and address 1225 N BROADWAY AVENUE SUITE 200 OKLAHOMA CITY, OK 73103.

May the IRS discuss this return with the preparer shown above? See Instructions. [X] Yes [] No For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2022)

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: PROMOTING THE CONCEPT OF OPEN TECHNOLOGY FOR CRITICAL EMBEDDED COMPUTING AS EMBODIED IN THE MANY STANDARDS DEVELOPED OR UNDER DEVELOPMENT WITHIN VITA.

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

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

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 \$ including grants of \$) (Revenue \$) DISTRIBUTION OF OPEN ARCHITECTURE STANDARDS TO DESIGNERS OF CRITICAL EMBEDDED SYSTEMS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) DISTRIBUTION OF TECHNICAL HANDBOOKS AND STANDARDS PUBLICATIONS.

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a through f for questions 11, 12, and 14.

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and tax compliance.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with 3 main columns: Question/Section, Input field, and Yes/No column. Rows include sections 2a through 15, covering topics like employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and health insurance issuers.

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	No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	5	
1b	Enter the number of voting members included in line 1a, above, who are independent	4	
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?	Yes	
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 in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	b 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	Yes	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	a The organization's CEO, Executive Director, or top management official	Yes	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		No
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?		No
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

AZ

18 Section 6104 requires an organization to make its Form 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.

- Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in 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:
 ▶ DEAN C HOLMAN 4 JEFFERSON ROAD WESTFORD, MA 01886 (978) 761-1389

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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) RAY ALDERMAN CHAIRMAN	10.00	X		X				65,400	0	0
(2) DARRYL MCKENNEY DIRECTOR	0.25	X						0	0	0
(3) MIKE WALMSLEY DIRECTOR	0.25	X						0	0	0
(4) DAVID GIVENS DIRECTOR	0.25	X						0	0	0
(5) IVAN STRAZNICKY DIRECTOR	0.25	X						0	0	0
(6) MIKE MACPHERSON DIRECTOR	0.25	X						0	0	0
(7) DEAN HOLMAN PRESIDENT, EXECUTIVE DIREC	40.00			X				147,917	0	4,437

Other Revenue	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	600,000				
	Less: cost or other basis and sales expenses	7b	600,000				
	Gain or (loss)	7c	0				
	d Net gain or (loss) ▶			0			
	a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events ▶						
	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						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory ▶							
11a	Business Code						
b							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶			637,318	633,197	0	4,121	

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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	217,754			
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	76,323			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,254			
9 Other employee benefits	513			
10 Payroll taxes	22,476			
11 Fees for services (non-employees):				
a Management	99,000			
b Legal				
c Accounting	4,100			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,090			
12 Advertising and promotion	12,000			
13 Office expenses	1,713			
14 Information technology	9,429			
15 Royalties				
16 Occupancy	22,714			
17 Travel	8,767			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,734			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,864			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MARKETING RESEARCH	37,500			
b DUES AND SUBSCRIPTIONS	14,260			
c BANK FEES	541			
d POSTAGE AND SHIPPING	38			
e All other expenses	10			
25 Total functional expenses. Add lines 1 through 24e	586,080			
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 IX

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	127,767	1	172,690
2 Savings and temporary cash investments	671,293	2	675,112
3 Pledges and grants receivable, net		3	
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	

Assets	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
		b Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		11		
	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)		799,060	16	847,802
	Liabilities	17	Accounts payable and accrued expenses	8,536	17	6,040
		18	Grants payable		18	
		19	Deferred revenue		19	
		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	8,536	26	6,040	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		27		
	28	Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds	0	29	0	
	30	Paid-in or capital surplus, or land, building or equipment fund	0	30	0	
	31	Retained earnings, endowment, accumulated income, or other funds	790,524	31	841,762	
	32	Total net assets or fund balances	790,524	32	841,762	
33	Total liabilities and net assets/fund balances	799,060	33	847,802		

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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	637,318
2	Total expenses (must equal Part IX, column (A), line 25)	2	586,080
3	Revenue less expenses. Subtract line 2 from line 1	3	51,238
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	790,524
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	841,762

Part XII Financial Statements and Reporting

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

Accounting method used to prepare the Form 990: Cash Accrual Other

	Yes	No

1 Accounting method used to prepare the Form 990. Cash Accrual 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:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

b 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:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

c 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 in Schedule O.

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

2a		No
2b		No
2c		
3a		No
3b		

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Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (VMEBUS INTERNATIONAL TRADE ASSOCIATION) and Employer identification number (86-0517991)

Part I Questions Regarding Compensation

Main form area with questions 1a through 9 and Yes/No columns. Includes checkboxes for various compensation items and questions about substantiation and contingencies.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Table with 7 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (subdivided into Base, Bonus & incentive, and Other reportable), (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), and (F) Compensation in column (B) reported as deferred on prior Form 990. Row 1: DEAN HOLMAN, PRESIDENT, EXECUTIVE DIREC.

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	THE BOARD CONVENES A COMPENSATION COMMITTEE AFTER THE ANNUAL BOARD MEETING AT THE START OF THE YEAR.

Schedule J (Form 990) 2022

Additional Data

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Software ID:
Software Version:

efile Public Visual Render**ObjectID: 202333199349320183 - Submission: 2023-11-15****TIN: 86-0517991****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 990-EZ.

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

OMB No. 1545-0047

2022Open to Public
InspectionName of the organization
VMEBUS INTERNATIONAL TRADE ASSOCIATION

Employer identification number

86-0517991

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	VITA HAS APPROXIMATELY 150 MEMBER COMPANIES WITH APPROXIMATELY 4,000 EMPLOYEES OF THOSE MEMBER COMPANIES HAVING LOGIN PROFILES TO OUR MEMBER MANAGEMENT SITE.
FORM 990, PART VI, SECTION A, LINE 7A	EACH SPONSOR MEMBER COMPANY CAN APPOINT ONE (1) MEMBER TO OUR BOARD OF DIRECTORS AT THEIR DISCRETION.
FORM 990, PART VI, SECTION A, LINE 7B	REGULAR MEMBER COMPANIES CAN VOTE ON POLICY & PROCEDURE CHANGES.
FORM 990, PART VI, SECTION B, LINE 11B	BOARD MEMBERS ARE PROVIDED A COPY AND IF NECESSARY, DISCUSSION IS HELD AT OUR ANNUAL BOARD OF DIRECTORS MEETING.
FORM 990, PART VI, SECTION B, LINE 12C	ANY CONFLICTS ARE REVEIWD AT THE ANNUAL BOARD OF DIRECTORS MEETING.
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION BOARD, AS A SUBSET OF THE BOARD OF DIRECTORS, DECIDES PRESIDENT COMPENSATION AT THE ANNUAL BOARD OF DIRECTORS MEETING.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS ARE POSTED ON THE VITA WEBSITE. ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

Cat. No. 51056K

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