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

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ΑI	For the	2023 calendar year, or tax year beginning UL 1, 2023 and ending	g JU	JN 30, 2024	
В	Check if	C Name of organization		D Employer identific	cation number
á	applicable	:			
	Addres change				
	Name change	Doing business as		54-05157	53
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/	/suite	E Telephone number	 r
	Final return/	PO BOX 932		540-464-	7383
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,160,430.
	Amend return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: CK1551 5. EUU1011			? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
Τ.	Tax-exe	empt status: $\mathbf{X}$ 501(c)(3) $\mathbf{D}$ 501(c)( ) (insert no.) $\mathbf{D}$ 4947(a)(1) or $\mathbf{D}$	527	If "No," attach a	list. See instructions
J	Websit	e: WWW.VMIALUMNI.ORG		H(c) Group exemptio	n number
K	orm of	organization: X Corporation Trust Association Other L	. Year of	f formation: 1934 N	<b>∥</b> State of legal domicile: <b>VA</b>
Pa	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ASSIS	ST I	HE VIRGINIA	A MILITARY
Governance		INSTITUTE (VMI), A STATE SCHOOL, BY DEVELOPI			
rna	2	Check this box if the organization discontinued its operations or disposed of i	more tl	han 25% of its net ass	sets.
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	26
		Number of independent voting members of the governing body (Part VI, line 1b)		4	26
S S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			7
/itie	6	Total number of volunteers (estimate if necessary)			0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		1,000,024.	1,159,267.
ğ	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	1,163.
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,298.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,001,322.	1,160,430.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		58,267.	42,371.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		518,439.	535,516.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  158,356.		0.	0.
<u>B</u>	. b	Total fundraising expenses (Part IX, column (D), line 25)158,356.			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		423,317.	581,380.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,000,023.	1,159,267.
	19	Revenue less expenses. Subtract line 18 from line 12		1,299.	1,163.
Net Assets or	9		Begi	inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		581,109.	663,779.
t As	21	Total liabilities (Part X, line 26)		414,000.	495,507.
		Net assets or fund balances. Subtract line 21 from line 20		167,109.	168,272.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer h	as any knowledge.	
Sig		Signature of officer		Date	
Hei	e e	CRISSY S. ELLIOTT, CHIEF FINANCIAL OFFICER			
		Type or print name and title	I Da	.+o	DTIN
_		Print/Type preparer's name Preparer's signature	Da	: L	PTIN
Paid	The state of the s	LAKRISHA J. CASTLEBERRY LAKRISHA J. CASTLEE	3E  11		
	parer	Firm's name FORVIS MAZARS, LLP		Firm's EIN 4	4-0160260
Use	Only	Firm's address 901 EAST CARY STREET, SUITE 1000			04) 000 5606
_		RICHMOND, VA 23219		Phone no. (8	04) 282-7636
Ma	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Page 2

Га	Otal (10 to 10 to
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PURPOSE OF THE VMI ALUMNI ASSOCIATION IS TO ORGANIZE THE ALUMNI OF
	VMI INTO ONE GENERAL BODY.
_	Did the experientian undertake any eignificant program continued during the year which were not listed on the
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	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$
ти	PREPARATION OF ALUMNI NEWSLETTERS AND PUBLICATIONS TO RECRUIT NEW
	MEMBERS AND BUILD ALUMNI UNITY AND PRIDE, ALUMNI RECRUITING AND ALUMNI
	CONVENTIONS.
4b	(Code:) (Expenses \$
TU	(Code:) (Expenses \$
4c	(Code:) (Expenses \$) (Revenue \$)
40	(Code:) (expenses \$
	-
4.7	Otherways are services (Describe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 456,738.
	Form <b>990</b> (2023)

# Form 990 (2023) VMI ALUMNI ASSOCIATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		<del></del>
0	, ,	8		x
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>.</b>
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Government on the transposition (1) in the transposition of the transpos			L

Form 990 (2023) VMI ALUMNI ASSOCIATION

Part IV | Checklist of Required Schedules (continued)

I ai	Officerist of nequired Scriedules (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? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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? If "Yes," complete			
	Schedule J	23	Х	<del></del>
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		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	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
25	(gambling) winnings to prize winners?	1c		
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Form 990 (2023) VMI ALUMNI ASSOCIATION

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

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 7							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х					
За	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? If "No" to line $3b$ , provide an explanation on Schedule	O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ad	ccounts (FBAR).							
			5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		X				
	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				<b> </b> ₩				
	•		6a		X				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions and the distribution of the state of the								
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		6b						
7		vices provided to the payor?	7a		Х				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		125				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	es required	10						
·	to file Form 8282?		7c		x				
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х				
g									
•	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	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?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	1 1							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4						
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:	1 I							
	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	1,0						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	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.  Is the organization licensed to issue qualified health plans in more than one state?		13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.		154						
h	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							
С	Enter the amount of reserves on hand	13c							
			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?		15	L	х				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

332005 12-21-23

Form **990** (2023)

VMI ALUMNI ASSOCIATION Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 26 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 26 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

THE ORGANIZATION - 540-464-7383

PO BOX 932, LEXINGTON, VA

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and title	(B) Average hours per	box	not c , unles cer an	ss per	ition more son i	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DAVID L. PRASNICKI	2.00	-		Х				0.	270 012	15 400
CHIEF EXECUTIVE OFFICER (2) CRISSY S. ELLIOTT	2.00			Λ					278,012.	15,400.
CHIEF FINANCIAL OFFICER	44.00	1		Х				0.	178,639.	34,045.
(3) MR. EDWARD A JOHNSON	40.00								170,033.	34,043.
CHIEF OPERATING OFFICER	40.00	1		Х				117,132.	0.	12,704.
(4) KEVIN A. RYAN	2.00							117,132.	•	12,704.
FINANCIAL CONTROLLER	44.00	1		х				0.	90,417.	6,313.
(5) MR. ANTHONY U. MOORE	2.00								20,111	
PRESIDENT	5.00	Х						0.	0.	0.
(6) MR. MATTHEW HEMENEZ	2.00								-	
BOARD MEMBER	5.00	Х						0.	0.	0.
(7) COLONEL ANTHONY J. MACDONALD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) COLONEL CHARLES W. SACHS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) COLONEL JAMES R. CHALKLEY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DR. DAVID P. LODUCA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DR. WILLIAM R. SHANNON	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(12) LT. COL. LUCAS E. HALE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) MR. CHARLES H. STORY, JR.	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(14) MR. DENNIS V. MAGUIRE	2.00	.,							_	_
BOARD MEMBER	1 2 00	Х						0.	0.	0.
(15) MR. GARLAND GRAY III	2.00	х						0.	_	_
BOARD MEMBER (16) MR. GRANT T. HARRIS	2.00	^				$\vdash$	$\vdash$	1	0.	0.
BOARD MEMBER	<b>4.00</b>	Х						0.	0.	0.
(17) MR. GUY F. CONTE	2.00	^				$\vdash$		1	0.	<b>.</b>
BOARD MEMBER	2.00	Х						0.	0.	0.
332007 12-21-23		77	I		l		I		0.	Form <b>990</b> (2023)

Form 990	(2023) VMI	ALUMN	NI ASSOC	!IA	TI	ON	Ī				54-0515	753 Page <b>8</b>
Part VII	Section A. Officers, Direct	ors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
	(A)		(B)				C)			(D)	(E)	(F)
Name and title			Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC/	Estimated amount of other compensation from the
			related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations
	JAMES E. HENRY, JR.		2.00								•	
BOARD ME			2 22	Х						0.	0.	0.
(19) MR. BOARD ME	JEFF WASHINGTON EMBER		2.00	х						0.	0.	0.
(20) MR.	JOEL W. ANDRUS		2.00							-	-	-
BOARD ME	EMBER			Х						0.	0.	0.
(21) MR.	MAX H. HOPKINS		2.00									
BOARD ME	EMBER			Х						0.	0.	0.
(22) MR. BOARD ME	MICHAEL C. ZIRKLE		2.00	х						0.	0.	0.
(23) MR. BOARD ME	PATRICK J. GRIFFIN		2.00	х						0.	0.	0.
(24) MR. BOARD ME	RICHARD C. COUPLAND,	III	2.00	Х						0.	0.	0.
(25) MR. BOARD ME	TODD M. BALDWIN		2.00	Х						0.	0.	0.
(26) MR.	WILLIAM C. COLLIER		2.00									
BOARD ME	EMBER			Х						0.	0.	0.
1b Sub	total									117,132.	547,068.	68,462.
c Tota	al from continuation sheets t	to Part VII	, Section A							0.	0.	0.
d Tota	al (add lines 1b and 1c)									117,132.	547,068.	68,462.
	al number of individuals (includ	•	ot limited to the	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	1

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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	NONE	(B) Description of services	(C) Compensation
2 Total number of indepe				

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

\$100,000 of compensation from the organization

Form 990 VMI ALUMI	NI ASSOC	!IA	TI	ON	[				54-051	5753
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(check all th					ly)	compensation	compensation	amount of
	per					Ė		from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old we		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		e e	bens				and related
	organizations below	ual tr	tional		yoldı	tcom	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MRS. ABIGAIL D. WATERBURY	2.00	_	-		_	-	_			
BOARD MEMBER	2.00	Х						0.	0.	0.
(28) MS. JACQUELINE M. BRISKI	2.00									•
BOARD MEMBER		х						0.	0.	0.
(29) MR. DANIEL P. THORNTON	2.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(30) MR. ERNESTO V. SAMPSON, JR.	2.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
		ł								
T										
Total to Part VII, Section A, line 1c										

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

			Check if Schedule O contains a	a response o	or note to anv lin	e in this Part VIII			
					<b>,</b>	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues						
S S			Fundraising events	1c					
fts,			Related organizations		159,267.				
ij gi					133,207.				
ns, Sirr			Government grants (contributions)	1e					
utic		T	All other contributions, gifts, grants, and	1 1					
ĕ			similar amounts not included above $\dots$						
ont		•	Noncash contributions included in lines 1a-1f	1g  \$		1 150 267			
O g		n	Total. Add lines 1a-1f			1,159,267.			
					Business Code				
ce	2	а							
Program Service Revenue		b							
S		С							
ran Sev		d							
.0g		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	ends, intere	st, and				
			other similar amounts)			1,163.			1,163.
	4		Income from investment of tax-exer						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Not rental income or (loss)						
	7		` '	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>e</u>			and sales expenses <b>7b</b>						
her Revenue		c	Gain or (loss) 7c						
Şe.			Net gain or (loss)						
e F	Q		Gross income from fundraising events	I					
Ğ.	Ü	u	including \$	•					
			contributions reported on line 1c).	_					
			Part IV, line 18						
		h	Less: direct expenses						
			Net income or (loss) from fundraisir						
	a		Gross income from gaming activitie	_					
	9	а	Part IV, line 19	I .					
		h	Less: direct expenses						
			Net income or (loss) from gaming a						
	40								
	10	а	Gross sales of inventory, less return	I .					
			and allowances	I					
			Less: cost of goods sold						
-		С	Net income or (loss) from sales of in	nventory	Business Code				
SI					Business Code				
eor re	11	-							
Miscellaneous Revenue									
Se.		С							
Ξ			All other revenue						
			Total. Add lines 11a-11d			1 1 6 0 4 3 0	^	^	1 162
	12		<b>Total revenue.</b> See instructions			1,160,430.	0.	0.	1,163.

332009 12-21-23

Form **990** (2023)

#### 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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 42,371. 42,371. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 62,701. 62,701. 125,402. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 305,588. 152,794. 152,794. Other salaries and wages 7 Pension plan accruals and contributions (include 34,276. 17,138. 17,138. section 401(k) and 403(b) employer contributions) 18,812. 37,624. 18,812. Other employee benefits 9 32,626. 16,313. 16,313. 10 Payroll taxes Fees for services (nonemployees): Management 209,478. 209,478. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 12,249. 1,225. 11,024. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 28,994. 17,898. 11,096. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 32,908. 16,454. 16,454. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,355. 1,355. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 109,782. 156,831. 31,366. 15,683. SPECIAL FUNCTIONS ALUMNI EVENTS 96,861. 77,489. 19,372. 37,550. 37,550. **FUNDRAISING** 3,402. 1,752. 5,154. d MISCELLANEOUS e All other expenses 1,159,267. 456,738. 544,173. 158,356. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form 990 (2023)

Check here

educational campaign and fundraising solicitation.

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

Form 990 (2023)
Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			21,980.	1	119,648.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			28,614.	4	18,137.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial c	ntributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disqu	ualified per	ons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sect	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	69,964. 65,635.			
	b	Less: accumulated depreciation	5,684.	10c	4,329.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets	F04 024	14	F01 66F		
	15	Other assets. See Part IV, line 11			524,831.	15	521,665.
	16	Total assets. Add lines 1 through 15 (must e			581,109.	16	663,779.
	17	Accounts payable and accrued expenses		414,000.	17	495,507.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su		·		00	
Lia	00	controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23 24	
	24 25	Unsecured notes and loans payable to unrelative Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on li					
			•			25	
	26	Total liabilities. Add lines 17 through 25			414,000.	26	495,507.
	20	Organizations that follow FASB ASC 958, o	check here	X	121,000	20	23373071
es		and complete lines 27, 28, 32, and 33.					
Juc	27				167,109.	27	168,272.
Bala	28				•	28	,
ρl		Organizations that do not follow FASB ASG					
Fu		and complete lines 29 through 33.	·,				
ō	29	Capital stock or trust principal, or current fun			29		
ets	30	Paid-in or capital surplus, or land, building, or			30		
Ass	31	Retained earnings, endowment, accumulated	Г		31		
Net Assets or Fund Balances	32				167,109.	32	168,272.
~	33	Total liabilities and net assets/fund balances			581,109.	33	663,779.

Form **990** (2023)

Pai	rt 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	1,16	0,4	<u>30.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,15	9,2	<u>67.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3		1,1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	7,1	09.			
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 on 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	16	8,2	72.			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	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?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VMT ALUMNT ASSOCIATION

Employer identification number

		ALUMNI ASS						4-0515753	
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.		
The organ	nization is not a private found								
1 🔲	A church, convention of ch	urches, or associatio	on of churches described	in <b>sectio</b>	n 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 orga	anization described in se	ection 170	(b)(1)(A)(i	ii).			
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
	city, and state:								
5 X	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental un	it describe	ed in	
	section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general ¡	public described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Part	t II.)					
9 🗌	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a l	and-grant	college	
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of t	he college	or	
	university:								
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from	
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment	
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.	
	See section 509(a)(2). (Co	mplete Part III.)							
11 🖳	An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).			
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or	
	more publicly supported or	~						Check the box on	
	lines 12a through 12d that	* *					-		
a	_ Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	-				
	the supported organization			majority o	of the direc	ctors or trustee	s of the su	upporting	
	organization. You must o								
b	Type II. A supporting org	•				-		-	
	control or management o			ame perso	ns that co	ntrol or manag	e the supp	oorted	
	organization(s). You mus							1 20	
с _							y integrate	ea witn,	
	its supported organization		·						
d L							-		
	that is not functionally int	-		•		-	an attentiv	veriess	
<u> </u>	requirement (see instruct	•					Type III		
e	Check this box if the orga functionally integrated, or					Type I, Type II	, Type III		
<b>f</b> Ent	er the number of supported of	* *	nally integrated supporting	ig organiz	ation.				
	vide the following information	•	d organization(s).					L	
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)	
			above (see mondonomy)						
Total						Ī			

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1199647.	1044991.	1380292.	1000024.	1159267.	5784221.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1199647.	1044991.	1380292.	1000024.	1159267.	5784221.
5	The portion of total contributions						
Ŭ	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,						
_							5784221.
	Public support. Subtract line 5 from line 4.						3704221.
		(=) 2010	(h) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2019 1199647.	(b) 2020 1044991.	(c) 2021 1380292.	(d) 2022 1000024.	(e) 2023 1159267.	(f) Total 5784221.
	Amounts from line 4	1199047.	1044331.	1300292.	1000024.	1139207.	3704221.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10 217	16 050	7 407	1 200	1 162	45 225
	and income from similar sources	19,317.	16,050.	7,407.	1,298.	1,163.	45,235.
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.)						
11	<b>Total support.</b> Add lines 7 through 10						5829456.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I					14	99.22 %
	Public support percentage from 2022					15	98 <b>.</b> 77 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, ched	ck this box and st	t <b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
	<u> </u>		•	. ,			(Form 990) 2023

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

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

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

332023 12-21-23

Schedule A (Form 990) 2023

# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
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	3b		
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	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	- 30		
	10a		
_	10b	000	
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Pa	TIV Supporting Organizations (continued)			
		$\rightarrow$	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
	,	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		1c		
Sec	tion B. Type I Supporting Organizations	<del></del>	1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 englineations and multiported to each period adming the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations	$\overline{}$	V	
4	Ways a majority of the expeniention's divectors by twistops during the toy year also a majority of the divectors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u>.                                      </u>		
	and 217 in Type in Cupper in g Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	, ,	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? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Ba		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role placed by the organization in this regard.	3b		

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	

8

1

2

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

instructions).

Section C - Distributable Amount

Enter 0.85 of line 1.

Minimum Asset Amount (add line 7 to line 6)

1 Adjusted net income for prior year (from Section A, line 8, column A)

Schedule A (Form 990) 2023

Current Year

Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

VMI ALUMNI ASSOCIATION 54-0515753 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules

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 \$

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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;

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.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# VMI ALUMNI ASSOCIATION

54-0515753

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,159,267.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization

Employer identification number

# VMI ALUMNI ASSOCIATION

54-0515753

	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

- 1

Schedule B (Form 990) (2023)

Name of organization Employer identification number

	LUMNI ASSOCIATION				54-0515753			
rt III	Exclusively religious, charitable, etc., contribution				t total more than \$1,000 for the ye			
	from any one contributor. Complete columns (a)	through (e) and the following line er	itry. For or	rganizations	. ¢			
	completing Part III, enter the total of exclusively religious, of	haritable, etc., contributions of \$1,000 or	less for th	he year. (Enter this info. on	ce.) Ψ			
NI- T	Use duplicate copies of Part III if additional s	space is needed.		ı				
No. om	(h) Dumana of wift	(a) Has of sift		(d) Dagge	intian of hour sift is hold			
rt I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held			
			—— !					
			!					
		(e) Transfer of g						
		(e) Transier or g	<i></i>					
L	Transferee's name, address, a	nd ZIP + 4	R	Relationship of tran	sferor to transferee			
Γ								
No. om								
om irt l	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held			
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H		( ) =						
		(e) Transfer of g	ift					
	Transferee's name, address, a	nd ZIP + 4	R	Relationship of tran	sferor to transferee			
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rt I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held			
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ŀ		(a) Transfer of a						
		(e) Transfer of g	π					
L	Transferee's name, address, a	nd ZIP + 4	R	lelationship of tran	sferor to transferee			
- 1								
No. m rt I			7					
m	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held			
				l ———				
			_					
				-				
	(e) Transfer of gift							
ſ								
	Transferee's name, address, a	nd ZIP + 4	R	telationship of tran	sferor to transferee			
	Transferee's name, address, a	nd ZIP + 4	R	delationship of tran	sferor to transferee			
	Transferee's name, address, a	nd ZIP + 4	R	delationship of tran	sferor to transferee			

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

VMI ALUMNI ASSOCIATION

**Employer identification number** 54-0515753

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i unus and other accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ear	•	•
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
U	Stan and volunteer riours devoted to monitoring, inspecting,	Transiting of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3,		g ,
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

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

Par	t III Organizations Maintaining Col	lections of Art	t, Histo	orical Tre	asures, o	r Other	Simila	r Asset	(contin	nued)	.gc –
3	Using the organization's acquisition, accession,								(OOTHER)	uou,	
	collection items (check all that apply).	, a	o, oo	a, o	onormig and		9				
а	Public exhibition	d		I oan or exc	hange progra	am					
b	Scholarly research	e			nango progre						
c	Preservation for future generations	J									
4	Provide a description of the organization's colle	ctions and explain	how th	ev further th	ne organizatio	nn's exen	nnt nurna	nse in Part	XIII		
5	During the year, did the organization solicit or re	•		•	ŭ			Joo IIII air	AIII.		
·	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange										110
1 0	reported an amount on Form 990, Part		to ii tiio	organization	ransworca	103 0111	01111 000	,, 1 (1111), 1	110 0, 01		
	Is the organization an agent, trustee, custodian		liary for	contribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII and								_ 103		, 140
b	ii res, explain the arrangement iii art Alli air	a complete the lor	lowing t	abie.					Amount	<u> </u>	
С	Beginning balance						1c		,	-	
u o	Additions during the year										
f	Distributions during the year										
	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch								_ 165		] <b>NO</b>
Par							<u> </u>				
		(a) Current year		rior year	(c) Two yea			years back	(e) Four	vears	hack
4.		(a) Carrein year	(6)	nor year	(O) Two you	10 buok	(4) 111100	youro buon	(C) i oui	youro	Juon
	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curren	t year end balance		g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should	•									
3a	Are there endowment funds not in the possessi	on of the organiza	tion tha	t are held ar	nd administer	red for th	е		Г	· I	
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the or		wment f	unds.							
Pai	t VI Land, Buildings, and Equipmer										
	Complete if the organization answered "	Yes" on Form 990	), Part IV			, Part X,	line 10.				
	Description of property	(a) Cost or o		` '	or other		ccumulat	II.	(d) Bool	k value	<b>;</b>
		basis (investr	nent)	basis	(other)	der	oreciation	1			
1a	Land										
b	Buildings										
С	Leasehold improvements				• • • •						
d	Equipment			6	9,964.		65,6	35.	- 4	4,32	<u> 19.</u>
е	Other										
Total	. Add lines 1a through 1e. (Column (d) must eau	al Form 990. Part	X line 1	Oc. column	(B))				4	4,32	₹9.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 VMI ALUMNI	ASSOCIATION		54-0515753 Page 3
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	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	5 000 B + 11/4 11	14 O E 000 D IV II 40	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) DUE FROM RELATED PARTY	<u> </u>		521,665
(2)			022,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	l. (B))		521,665
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	e 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
			1

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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.

Schedule D (Form 990) 2023

(8) (9)

X

Pai	rt XI Reconciliation of Revenue per Audited Financial Stat		ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII   Reconciliation of Expenses per Audited Financial Sta	tomonto With Evno	5	
Pa			nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	•		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information	<u>8.)</u>	5	
		I. Dort IV lines 1h and 0h.	Dort V. line 4: Dort V. line 9: Dort VI	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar		Part V, line 4, Part X, line 2, Part XI	,
imes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	iy additional information.		
DAI	RT X, LINE 2:			
LAI	AI A, DINE Z.			
тнт	E ORGANIZATION IS EXEMPT FROM FEDERAL AN	ID STATE INCOM	ME TAXES AS A	
1111	ONOMITATION ID EXEMIT TROM TEDERAL AL	VD DIAIL INCOL	IL IMMED AD A	
NON	NPROFIT ORGANIZATION UNDER SECTION 501(	7)(3) OF THE	INTERNAL REVENUE	
1101	AIROITI GROIMIDIIIION GROUN DUCITON SOIT	5/(5/ OI IIII I		
COI	DE AND THE TAX STATUTES OF THE COMMONWER	ALTH OF VIRGI	NTA. TN ADDITTON	
<del></del>	JE IND IND IND DITTOLD OF THE COMMONWER	IDIII OI VIICOII	111111111111111111111111111111111111111	
тнт	E ORGANIZATION HAS BEEN CLASSIFIED AS AN	I ORGANIZATION	N THAT IS NOT A	
		· Oltoliit i Dilli i Ol	111111 10 1(01 11	
PR	IVATE FOUNDATION UNDER SECTION 509(A) OF	THE TNTERNAL	REVENUE CODE.	
			112,11102 00221	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	T ACCOCTA	TIT ON					Employer identification number $54-0515753$
VMI ALUMN Part I General Information on Grants a		TION					54-0515/53
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro	to substantiate the stance?						on X Yes No
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
VIRGINIA MILITARY INSTITUTE 319 LETCHER AVENUE	54-6001803	115	10 072	0			NEW GARRES DECRUITING
VIRGINIA MILITARY INSTITUTE 319 LETCHER AVENUE LEXINGTON, VA 24450	54-6001803		18,972. 9,376.	0.			NEW CADET RECRUITING  MOODY HALL OPERATIONS
VIRGINIA MILITARY INSTITUTE 319 LETCHER AVENUE LEXINGTON, VA 24450	54-6001803	115	14,023.	0.			PLACEMENT
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations	-						1.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
rt IV Supplemental Information. Provide the informat	ion required in Part I, line	e 2; Part III, columr	n (b); and any other ad	ditional information.	
RT I, LINE 2:					
I ALUMNI ASSOCIATION AWARDS A	SSISTANCE ON	LY TO VIR	GINIA MILIT.	ARY	
STITUTE, A STATE-SUPPORTED SC	HOOL. FUNDS	AWARDED A	RE BASED ON	THE	
STITUTE'S NEED AND REQUEST FO					
~					

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

VMI ALUMNI ASSOCIATION

Employer identification number 54-0515753

D		113/3		
Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	. 1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	. 2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4.		X
c	Participate in or receive payment from an equity-based compensation arrangement?			X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	.		
	Too to any or lines at 6, not the persons and provide the applicable amounts for each term in at the			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u>                                   </u>		
0	1	8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9		9		
	Regulations section 53.4958-6(c)?	ן פ		

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

Schedule J (Form 990) 2023

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

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

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

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

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
TYPE OF BENEFIT: TRAVEL FOR COMPANIONS
LISTED PERSON WHO RECEIVED THE BENEFIT: COO OF VMI ALUMNI ASSOCIATION
WAS THE BENEFIT TREATED AS TAXABLE TO LISTED PERSON? TRAVEL FOR COMPANIONS
IS TREATED AS TAXABLE INCOME ONLY IF THERE IS OVERSEAS TRAVEL INVOLVED.
THERE WAS NOT ANY SUCH TRAVEL FOR THIS FISCAL YEAR.
PART I, LINE 3:
THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ALL SALARIES.
COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.

# **SCHEDULE 0** (Form 990)

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

**Employer identification number** 

54-0515753 VMI ALUMNI ASSOCIATION FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELATIONS. FORM 990, PART VI, SECTION A, LINE 6: THE VMI ALUMNI ASSOCIATION HAS MEMBERS CONSISTING OF THOSE WHO GRADUATED AND ATTENDED VMI. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ALUMNI ASSOCIATION ELECT DIRECTORS OF THE ALUMNI ASSOCIATION. FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO ITS FILING, A PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS MADE AVAILABLE TO BOARD MEMBERS. SINCE A COMPLETE COPY OF THE FORM 990 WAS NOT THE ASSOCIATION HAS ANSWERED "NO" TO FORM 990, PROVIDED TO THE BOARD, VI, QUESTION 11A. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY ALL BOARD MEMBERS. ADDITIONALLY, A CONFLICT OF INTEREST POLICY WHICH GOVERNS ALL BOARD MEMBERS IS IN PLACE AND REVIEWED AND UPDATED ANNUALLY FOR EXISTING AND NEW BOARD MEMBERS. IF A CONFLICT BETWEEN THE ORGANIZATION AND A BOARD MEMBER ARISES, THAT BOARD MEMBER RECUSES HIMSELF FROM VOTING OR OTHERWISE INFLUENCING POLICY ON THAT MATTER.

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** VMI ALUMNI ASSOCIATION 54-0515753 THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ALL SALARIES. COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSITE AND ARE ALSO AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS AN AUDIT COMMITTEE IN PLACE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE AUDITED FINANCIAL STATEMENTS ARE REVIEWED AT A SCHEDULED MEETING EACH YEAR.

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-0515753

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-year	assets	Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	 lizations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34,	pecause it had one	or more	related tax-exe	mpt	
(a)	(b)	(c)	(d)	(-)				
\ <i>\</i>	(D)	(6)	(~)	(e)		(f)	(9	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Dired	(f) et controlling entity		<b>g)</b> 512(b)(13) rolled :ity?
Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity	Direc	ct controlling	contr	rolled tity?
Name, address, and EIN of related organization		Legal domicile (state or	Exempt Code	Public charity status (if section	Direc	ct controlling	contr ent	rolled
Name, address, and EIN of related organization  MI FOUNDATION - 54-0505966	Primary activity	Legal domicile (state or	Exempt Code	Public charity status (if section	Direc	ct controlling	contr ent	rolled rity?
Name, address, and EIN of related organization  MI FOUNDATION - 54-0505966 PO BOX 932	Primary activity  SUPPORT VIRGINIA MILITARY	Legal domicile (state or	Exempt Code	Public charity status (if section	Direc	ct controlling	contr ent	rolled tity?
Name, address, and EIN	Primary activity  SUPPORT VIRGINIA MILITARY INSTITUTE, A	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direc	ct controlling	contr ent	rolled rity?
Name, address, and EIN of related organization  VMI FOUNDATION - 54-0505966 PO BOX 932 LEXINGTON, VA 24450	Primary activity  SUPPORT VIRGINIA MILITARY INSTITUTE, A	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direc	ct controlling	contr ent	rolled rity?
Name, address, and EIN of related organization  MI FOUNDATION - 54-0505966 PO BOX 932  LEXINGTON, VA 24450  MI KEYDET CLUB - 52-1300039 PO BOX 932	Primary activity  SUPPORT VIRGINIA MILITARY  INSTITUTE, A  STATE-SUPPORTED SCHOOL	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direc	ct controlling	contr ent	rolled rity?
Name, address, and EIN of related organization  MI FOUNDATION - 54-0505966  PO BOX 932  LEXINGTON, VA 24450  MI KEYDET CLUB - 52-1300039  PO BOX 932  LEXINGTON, VA 24450	Primary activity  SUPPORT VIRGINIA MILITARY INSTITUTE, A STATE-SUPPORTED SCHOOL  SUPPORT INTERCOLLEGIATE ATHLETIC PROGRAMS AT VMI	Legal domicile (state or foreign country)  VIRGINIA	Exempt Code section	Public charity status (if section 501(c)(3))	Direc	ct controlling	contr ent	No X
Name, address, and EIN of related organization  MI FOUNDATION - 54-0505966 PO BOX 932 LEXINGTON, VA 24450 MI KEYDET CLUB - 52-1300039	Primary activity  SUPPORT VIRGINIA MILITARY INSTITUTE, A STATE-SUPPORTED SCHOOL  SUPPORT INTERCOLLEGIATE ATHLETIC PROGRAMS AT VMI	Legal domicile (state or foreign country)  VIRGINIA	Exempt Code section	Public charity status (if section 501(c)(3))	Direc	ct controlling	contr ent	No X

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

VMI ALUMNI ASSOCIATION

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,					_			_		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Per	rcentage
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	tions?	amount in box	partn	er? OW	rcentage wnership
		country)		sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										$\vdash$		
-												
										$\vdash$		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

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Yes No

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	<b>b</b> Giπ, grant, or capital contribution to related organization(s)				מו				
					1d	Х			
					1e		Х		
f	Dividends from related organization(s)				1f		X		
g	g Sale of assets to related organization(s)				1g		X		
h	n Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	C Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by or for related organization(s)  f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets with related organization(s)  i Exchange of assets with related organization(s)  k Lease of facilities, equipment, or other assets to related organization(s)  r Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations for related organization(s)  n Sharing of paid employees with related organization(s)  P Reimbursement paid to related organization(s) for expenses  R Reimbursement paid to related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  Method of determining amount involtype (a-s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х			
					10	Х			
р	Reimbursement paid to related organization(s) for expenses				1p		X		
q	p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses								
r	Other transfer of cash or property to related organization(s)				1r		X		
s	S Other transfer of cash or property from related organization(s)				1s		X		
		tion			olved				
1)									
2)									
•									
3)									
4)									
5)									
6)	·								
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000