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 Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change VMI KEYDET CLUB Name change 52-1300039 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (540) 464-7383 PO BOX 932 8,205,074. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 24450 LEXINGTON, VA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CRISSY S. Yes X No for subordinates? SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.VMIALUMNI.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1973 M State of legal domicile: VA Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE VMI KEYDET Activities & Governance CLUB IS TO SUPPORT, STRENGTHEN, AND DEVELOP THE INTERCOLLEGIATE if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 355,257. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 285,192 7h **Prior Year Current Year** 9,849,635. 5,998,339. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 2,241,031. 2,201,901. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 8,860. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,834. 11 12,099,526. 8,205,074. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 6,837,067. 9,932,048. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 286,630. 228,104. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,099,360. 494,389. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,654,541. 8,223,057. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,876,469. -2,449,467. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 105,473,521. 111,868,702 Total assets (Part X, line 16) 7,393,931. 7,629,807 21 Total liabilities (Part X, line 26) 三年 98,079,590. 104,238,895 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CRISSY S. ELLIOTT, CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature LAKRISHA J. CASTLEBE 11/15/24 LAKRISHA J. CASTLEBERRY P01677333 Paid self-employed Firm's EIN $44-0\overline{160260}$ Firm's name FORVIS MAZARS, LLP Preparer SUITE 1000 Firm's address 901 EAST CARY STREET, Use Only Phone no. (804) 282-7636RICHMOND, VA 23219

X Yes

Pa	Check if Schoolule O contains a grandon or note to applying in this Port III
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF VMI KEYDET CLUB IS TO SUPPORT, STRENGTHEN, AND DEVELOP
	THE INTERCOLLEGIATE ATHLETIC PROGRAM AT VIRGINIA MILITARY INSTITUTE.
	THE INTERCORDEGIATE ATHRETTE TROGRAM AT VIRGINIA MIRITARY INDITIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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 \$10 , 071 , 547including grants of \$9 , 932 , 048) (Revenue \$\$
	ATHLETIC SCHOLARSHIPS AND SUPPORT OF VIRGINIA MILITARY INSTITUTE.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
40	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 10,071,547.
	Form 990 (2023

Form 990 (2023) VMI KEYDET CLUB 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>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			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		v	
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	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,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21			Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

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Ра	rt IV Checklist of Required Schedules (continued)		ı	
			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	I		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curren	t		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		₹.	
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	e		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	045		x
h	Schedule K. If "No," go to line 25a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C		24c		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	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		х
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		Х
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% control	l l		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			Х
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			X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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			٠,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4	Х	
25-	Part V, line 1	0-	_ ^	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Α
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36				x
37	If "Yes," complete Schedule R, Part V, line 2	36		1
31	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?			 **
55		38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	,,,,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	1.55	<u> </u>
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

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Par	TV 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 2a2										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
_	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
•	to file Form 8282?	7c		x							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х							
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
Ū		8									
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.										
а	Did the conversion consideration and a constant to the first that is a sunday and the 40000	9a									
b		9b									
10	Section 501(c)(7) organizations. Enter:	35									
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1									
11	Section 501(c)(12) organizations. Enter:	1									
	Gross income from members or shareholders										
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1									
b	amounts due or received from them.)										
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
		IZa									
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
	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.	13a									
h	Enter the amount of reserves the organization is required to maintain by the states in which the										
b											
_		1									
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tay year?	1/10		Х							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a									
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v							
	excess parachute payment(s) during the year?	15		X							
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
4-	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									

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If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 27			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
·	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal Nevenue Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		l
17	List the states with which a copy of this Form 990 is required to be filed VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only	availal	
10	for public inspection. Indicate how you made these available. Check all that apply.	Or iiy)	uvandi	JIG
40	(**************************************	fier-	sia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iinand	ial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (540) 464-7383			
	PO BOX 932, LEXINGTON, VA 24450			

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

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

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

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

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 week	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DAVID L. PRASNICKI CHIEF EXECUTIVE OFFICER	2.00			Х				0.	278,012.	15,400.
(2) CRISSY S. ELLIOTT	2.00									
CHIEF FINANCIAL OFFICER	44.00			x				0.	178,639.	34,045.
(3) ANDREW C. DEAL	40.00								.,	,
CHIEF OPERATING OFFICER				Х				135,779.	0.	18,400.
(4) KEVIN A. RYAN	2.00									•
FINANCIAL CONTROLLER	44.00			Х				0.	90,417.	6,313.
(5) MR. DANIEL P. THORNTON	2.00									
PRESIDENT	7.00	Х						0.	0.	0.
(6) DR. BLAND MASSIE, JR.	2.00									
IMMEDIATE PAST PRESIDENT		Х						0.	0.	0.
(7) MR. FRANCIS R. BOEHLING	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MR. JULIAN J. BOWERS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MR. ROBERT R. CHAPMAN III	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(10) MR. RALPH L. COSTEN, JR.	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) MR. MATTHEW F. DANIEL	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(12) MR. DUSTIN H. DEVORE	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(13) LT. COL. R. PEEL DILLARD	2.00									
BOARD MEMBER	 	Х						0.	0.	0.
(14) MR. JOHN D. DODGE II	2.00	l								•
BOARD MEMBER		Х						0.	0.	0.
(15) MR. KEITH B. GABRIEL	2.00	.,								•
BOARD MEMBER	1 2 00	Х						0.	0.	0.
(16) MR. STEPHEN E. HUPP, SR.	2.00	. ,							_	^
BOARD MEMBER	2 00	Х					_	0.	0.	0.
(17) MR. JEREMY W. INGRAM	2.00	₩.						0.	0.	0.
BOARD MEMBER		X		l				1 0.	U •	990 (2022)

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Part VII Section A. Officers, Directors, True	stees, Key Emp	oloy	ees,	and	ΙΗiς	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MR. CARSON C. IRVINE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(19) MS. SIMONE R. JIMENEZ BOARD MEMBER	2.00	Х						0.	0.	0.
(20) MR. MICHAEL B. KEMP	2.00									
BOARD MEMBER		Х						0.	0.	0.
(21) MR. JOSEPH W. KEYES, JR.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(22) MR. J. COLEMAN LAWRENCE BOARD MEMBER	2.00	Х						0.	0.	0.
(23) MR. PABLO A. MARTINEZ BOARD MEMBER	2.00	Х						0.	0.	0.
(24) MR. GRAHAM A. NUTTYCOMBE	2.00							-	-	
BOARD MEMBER		Х						0.	0.	0.
(25) MR. LEZSHELL A. PAULING	2.00									
BOARD MEMBER		Х						0.	0.	0.
(26) MR. C. LEWIS REYNOLDS, JR.	2.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								135,779.	547,068.	74,158.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								135,779.	547,068.	74,158.

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

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
	INVESTMENT MANAGEMENT	263,291.
2 Total number of independent contractors (including but not limited to those listed		

Form 990 (2023)

orm 990 VMI KEYDET CLUB 52-1300039

Form 990 VMI KEYDE	ET CLUB								52-130	0039		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated		
	hours	(cl	check all that apply)					compensation	compensation	amount of		
	per							from	from related	other		
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the		
	hours for	direct				d em j		(W-2/1099-MISC)	(***2/1099*****180)	organization		
	related	ee or	stee			nsate		(** 27 1000 141100)		and related		
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations		
	below	vidual	tution	Ja .	emplo	est c	ner					
	line)	ındi	Insti	Officer	Key	High	Former					
(27) MR. ERIK S. SIEBERT	2.00											
BOARD MEMBER		Х						0.	0.	0.		
(28) MR. KELLY M. SWEPPENHISER	2.00											
BOARD MEMBER		Х						0.	0.	0.		
(29) MR. WILLIAM H. TALLEY V	2.00											
BOARD MEMBER		Х						0.	0.	0.		
(30) MR. ANDRE W. THORNTON	2.00											
BOARD MEMBER	5.00	Х						0.	0.	0.		
(31) MR. GORDON E. WILLIAMS	2.00							-	-	-		
BOARD MEMBER		Х						0.	0.	0.		
								-	-	-		
			\vdash									
		l										
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		1										
		<u> </u>										
Total to Part VII, Section A, line 1c												

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Form 990 (2023)
Part VIII

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
40							00000010 012 011
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
Sra Dou		Membership dues 1b					
S, (Fundraising events 1c					
a ii	d	Related organizations 1d					
s, (е	Government grants (contributions) 1e					
r S	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	5,998,339.				
ĒŌ	q	Noncash contributions included in lines 1a-1f					
줐띭	_	Total. Add lines 1a-1f		5,998,339.			
			Business Code				
	2 2						
<u>i</u>	2 a						
e e	b						
Program Service Revenue	С						
e a	d						
ò.	е						
<u>a</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		2,201,901.		355,257.	1846644.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6 2		()				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
Revenue	С	Gain or (loss) 7c					
Re	d	Net gain or (loss)					
ther	8 a	Gross income from fundraising events (not					
퉏		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	h	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	Эа	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a	1				
	b	Less: cost of goods sold10b)				
	С	Net income or (loss) from sales of inventory					
,			Business Code				
Sno (11 a	ADMINISTRATIVE FEES	900099	4,834.			4,834.
ine Due	b						
Miscellaneous Revenue	c						
ŠŠ		All other revenue					
Σ		Total. Add lines 11a-11d		4,834.			
				8,205,074.	0.	355,257.	1851478.
	12	Total revenue. See instructions		0,200,014.	<u> </u>	1 333,237.	1331170.

332009 12-21-23

Form **990** (2023)

Form 990 (2023) VMI KEYDET CLUB Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	9,932,048.	9,932,048.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	161 000	22 260	24 270	105 170
	trustees, and key employees	161,800.	32,360.	24,270.	105,170.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	5,377.	1,075.	807.	3,495.
7	Other salaries and wages	5,311.	1,0/3.	00/•	3,433.
8	Pension plan accruals and contributions (include	20,259.	4 052	3,039.	13,168.
•	section 401(k) and 403(b) employer contributions)	27,693.		4,154.	
9 10	Other employee benefits	12,975.	2,595.	1,946.	18,000. 8,434.
10 11	Payroll taxes	14,313.	4,333.	1,340.	0,434.
	Fees for services (nonemployees):				
_	Management				
b	Legal				
	Accounting				
e e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	263,391.		263,391.	
g g	Other. (If line 11g amount exceeds 10% of line 25,	200,0320		200,0020	
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	6,952.	372.	2,741.	3,839.
14	Information technology				
15	Royalties				
16	Occupancy	10 400		1 040	11 024
17	Travel	12,482.		1,248.	11,234.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	70 002	62 005	7 000	
19	Conferences, conventions, and meetings	70,983.	63,885.	7,098.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses, Itemize expenses not covered				
4 4	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SPECIAL FUNCTIONS	137,537.	27,507.	13,754.	96,276.
b	DUES & SUBSCRIPTIONS	2,550.	2,040.	,	510.
C	MISCELLANEOUS	494.	74.		420.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,654,541.	10,071,547.	322,448.	260,546.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022)

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			11,110,745.	2	11,160,704.
	3	Pledges and grants receivable, net			7,284,606.	3	6,046,139.
	4	Accounts receivable, net			793.	4	793.
	5	Loans and other receivables from any current	or form	er officer, director,			
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese per	sons		5	
	6	Loans and other receivables from other disqu	alified p	ersons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			0.	9	9,292.
	10a	Land, buildings, and equipment: cost or other		4 4 5 0			
		basis. Complete Part VI of Schedule D	10a	1,179. 1,179.			
	b	Less: accumulated depreciation		· · · · · · · · · · · · · · · · · · ·	0.		0.
	11	Investments - publicly traded securities			06 550 000	11	04 006 500
	12	Investments - other securities. See Part IV, line 11			86,553,290.	12	94,086,539.
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			F04 00F	14	F.C.F. 0.2.F
	15	Other assets. See Part IV, line 11			524,087.	15	565,235.
	16	Total assets. Add lines 1 through 15 (must ed			105,473,521.	16	111,868,702.
	17	Accounts payable and accrued expenses Grants payable Deferred revenue		56,326.	17	0.	
	18				18		
	19				19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
ij		trustee, key employee, creator or founder, sub				00	
Liabilities		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unr				23 24	
	24 25	Unsecured notes and loans payable to unrela Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on lir					
				•	7,337,605.	25	7,629,807.
	26	of Schedule D Total liabilities. Add lines 17 through 25			7,393,931.	26	7,629,807.
	20	Organizations that follow FASB ASC 958, c			7,7030,73021	20	7,023,007.0
es		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			-2,878,163.	27	-2,878,163.
Bala	28	Net assets with donor restrictions			100,957,753.	28	107,117,058.
힏		Organizations that do not follow FASB ASC					
교		and complete lines 29 through 33.	,				
Ģ	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			98,079,590.	32	104,238,895.
_	33	Total liabilities and net assets/fund balances			105,473,521.	33	111,868,702.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,			
3	Revenue less expenses. Subtract line 2 from line 1	3			9,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	98,	07	9,5	90.
5	Net unrealized gains (losses) on investments	5	8,	62	6,4	15.
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		-1'	7,6	43.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	104,	23	8,8	95.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	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,				1
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule 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?		<u>L</u>	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			ľ	Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Ope

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

VMI KEYDET CLUB 52-1300039 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6864515.	6120436.	8275314.	9849635.	5998339.	37108239.
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	6864515.	6120436.	8275314.	9849635.	5998339.	37108239.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3433138.
6	Public support. Subtract line 5 from line 4.						33675101.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	6864515.	6120436.	8275314.	9849635.	5998339.	37108239.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	693,442.	1060962.	1107683.	2241031.	2201901.	7305019.
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.)	73,755.	4,792.	166,408.	8,860.	4,834.	258,649.
11	Total support. Add lines 7 through 10	,	•	•	,	·	44671907.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for the	<u></u>		ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	75.38 %
15	Public support percentage from 2022	Schedule A, Part	I, line 14			15	78.30 %
	33 1/3% support test - 2023. If the					ore, check this bo	x and
	stop here. The organization qualifies						T
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual			4.5			
17a	10% -facts-and-circumstances test	•	• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te				•		
b	10% -facts-and-circumstances test	· ·				7a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-	•			s
			, ,	. , , , , . ,			(Form 990) 2023

Schedule A (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.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
ŀ	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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi					т т	
15	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
16	Public support percentage from 2022					16	%
	ction D. Computation of Inves					Т Т	
	Investment income percentage for 20					17	<u>%</u>
18	, ,					18	<u>%</u>
19	a 33 1/3% support tests - 2023. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						

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.
- 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.
- 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
	4		
	1		
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	2		
	20		
	3a		
	3b		
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	14		
	4b		
	4c		
	5a		
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	9a		
	9b		
	9c		
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	10a		
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332024 12-21-23

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
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>	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during 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,	2		
Sec	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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			
	supported organizations played in this regard.	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).	ı		
a	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI-
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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> La</u>		
D	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				
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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 played by the organization in this regard.

3b

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ed)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u> i </u>	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
0	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022 Excess from 2023				
	LAGGGG HUIII ZUZU				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Schedule B (Form 990) (2023)

Name of the organization

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

Schedule of Contributors

Employer identification number

	VMI KEYDET CLUB	52-1300039
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ion
	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	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a S _l	pecial Rule. See instructions.
_	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a co	
Special Rules		
sections 509(a)(contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	or 16b, and that received from any one
contributor, duri literary, or educa	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiving the year, total contributions of more than \$1,000 exclusively for religious, cha ational purposes, or for the prevention of cruelty to children or animals. Complete (b) instead of the contributor name and address), II, and III.	uritable, scientific,
year, contributio is checked, ente purpose. Don't c	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receives exclusively for religious, charitable, etc., purposes, but no such contributions for here the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization beable, etc., contributions totaling \$5,000 or more during the year	totaled more than \$1,000. If this box ly religious, charitable, etc., ecause it received nonexclusively
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Scheine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form ling requirements of Schedule B (Form 990).	

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

VMI KEYDET CLUB 52-1300039

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

_ ^

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

VMI KEYDET CLUB

52-1300039

Part II	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
	VARIOUS STOCKS		
2			
		\$\$	12/19/23
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
art I	DOLLAR TREE STOCK	, , ,	
4	DOUBLAR TREE STOCK		
		\$\$	12/11/23
(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

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** VMI KEYDET CLUB 52-1300039 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

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 KEYDET CLUB

Employer identification number 52-1300039

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	Complete if th	ie
		(a) Donor advis	ed funds	(b) Funds	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during 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 w	vriting that the assets h	eld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose o	conferring		
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org	anization answered "Ye	es" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply)				
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically in	nportant land area	1
	Protection of natural habitat		Preservation of	a certified histo	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form o	of a conservation	n easement on th	e last
	day of the tax year.				eld at the End of th	
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006,				
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ring the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing cons	ervation easem	ents during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and e	nforcing conservat	ion easements	during the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirement	s of section 170(h)	(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial stateme	ents that describ	oes the	
	organization's accounting for conservation easements.					
Pai	rt III Organizations Maintaining Collections of		easures, or Ot	her Similar <i>i</i>	Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	venue statement a	nd balance she	et works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, education	n, or research in fu	rtherance of pu	blic	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ie statement and b	alance sheet w	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, of	or research in furth	erance of public	c service,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X			\$		
2	If the organization received or held works of art, historical trea	sures, or other similar	assets for financial	gain, provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to these	e items:			
а	Revenue included on Form 990, Part VIII, line 1			\$		
				\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		S	chedule D (Form	990) 2023

	t III Organizations Maintaining Co		. Historical Tre	asures. or	Other			(continu		ge ∠
3	Using the organization's acquisition, accessic							COILLING	icu)	
Ū	collection items (check all that apply).	in, and other records	, or containy or the r	onowing that	παιτο σι	grimoarie	200 01 110			
а	Public exhibition	d	Loan or excl	hange progra	ım					
b	Scholarly research	e	Other	nango progra						
c	Preservation for future generations	Ü								
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exem	nt nurno	se in Part '	XIII		
5	During the year, did the organization solicit or						oo iiii ait i	· Cili.		
Ū	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									110
	reported an amount on Form 990, Par		on the organization	anoworda		o 000,	, a.c.,	10 0, 01		
1a	Is the organization an agent, trustee, custodia	an, or other intermedi	iarv for contribution	s or other as	sets not i	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
-	ree, explain are arraingement in arrying		ormig taloror					Amount		_
c	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					·y ·] 100	Ħ	
Par).				
	Sempleto II	(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	vears b	ack
1 a	Beginning of year balance	89,106,660.	81,701,341.	84,032			07,284.		366,6	
	Contributions	2,836,830.	4,009,274.		,988.		93,557.		006,8	
	Net investment earnings, gains, and losses	10,210,979.	7,675,997.	-1,098			13,552.		349,2	
	Grants or scholarships		7		,		, , , , , ,		,	
	Other expenditures for facilities									
C		4,396,580.	4,279,952.	3 477	7,178.	3 7	98,671.	2	316,9	76.
	and programs Administrative expenses	2,323,233	-,,	-,	,=::•	- , .	, , , , , ,		,-	
g		97,757,889.	89,106,660.	81,701	341.	235 9	15,722.	67 :	207,2	84.
2	End of year balance [Provide the estimated percentage of the curre		· · ·		, •		,,	,-	,-	<u> </u>
	Board designated or quasi-endowment	crit year erid balarice	%) ficia as.						
b	Permanent endowment 100	%								
·	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses	•	ion that are held an	ıd administer	ed for the	۵				
ou	organization by:	olori or the organizat	ion that are note an	a aarministor	00 101 111	5		[-	Yes	No
								3a(i)		X
									х	
h	If "Yes" on line 3a(ii), are the related organization							3b	X	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme		vinorie rarias.							
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value	
	y	basis (investm		I .		reciation		(-,		
1a	Land			·						
	Buildings									
	Leasehold improvements									
	Equipment			1,179.		1,1	79.			0.
	Other			,						
	. Add lines 1a through 1e. (Column (d) must ed		(line 10c column	(B))						0.
	S .Solaiiii lai iilast Ct									

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 VMI KEYDET	CLUB	52	-1300039 Page 3
Part VII Investments - Other Securities	0100	32	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) SECURITIES - POOLED FUND	93,721,243.	END-OF-YEAR MARKET	VALUE
(B) OTHER INVESTMENTS	365,296.	END-OF-YEAR MARKET	
(C)	, 1		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	94,086,539.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, column Y Other Liabilities	<i>l. (B))</i>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO RELATED ENTITIES			7,619,474.
(3) LIABILITIES UNDER CHARITA	BLE GIFT		
(4) ANNUITIES			10.333.

7,629,807. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(5) (6) (7) (8)

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Ref	turn
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net u	nrealized gains (losses) on investments	2a	
b	Donat	ted services and use of facilities	2b	
С	Recov	veries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	
е		ines 2a through 2d		2e
3	Subtr	act line 2e from line 1		3
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а		tment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
С		ines 4a and 4b		4c
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	to With Evnance nor D	5
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	its with Expenses per H	eturn
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1		expenses and losses per audited financial statements		1
2		unts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
a		ted services and use of facilities	2a	
b		year adjustments	2b	
С		losses	2c	
d		(Describe in Part XIII.)	· •	0.
_		ines 2a through 2d		2e
3		act line 2e from line 1		3
4		ınts included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b	4a	
a b		(Describe in Part XIII.)	4b	
			'	4c
5		ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		5
	rt XIII	Supplemental Information		<u> </u>
Provi	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b and 2b; Part V, line 4	; Part X, line 2; Part XI,
		d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition		, ,
PAI	RT V	, LINE 4:		
THE	IN IN	TENDED USE OF THE ENDOWMENT FUNDS IS TO	SUPPORT THE	
TN.	LEKC	OLLEGIATE ATHLETIC PROGRAMS AT VIRGINIA	MILITARY INSTIT	UTE (VMI), A
cm 7	· mp	GUDDODMED GGUOOI		
517	7.T.F. –	SUPPORTED SCHOOL.		
PAF	א ידי	, LINE 2:		
	·			
THE	e or	GANIZATION IS EXEMPT FROM FEDERAL AND ST	TATE INCOME TAXE	S AS A
100	NPRO	FIT ORGANIZATION UNDER SECTION 501(C)(3)	OF THE INTERNA	L REVENUE
<u>C</u> OI	DE A	ND THE TAX STATUTES OF THE COMMONWEALTH	OF VIRGINIA. I	N ADDITION,
THE	OR	GANIZATION HAS BEEN CLASSIFIED AS AN ORG	SANIZATION THAT	IS NOT A
DR 1	Γ 177 Δ Π	E FOUNDATION UNDER SECTION 509/A) OF THE	TNTERNAT, REVENT	IIE CODE

Schedule D	(Form 990) 2023	VMI	KEYDET	CLUB			52-130	0039	Page 5
Part XIII	(Form 990) 2023 Supplemental	Information	(continued)						
	• • •		(continued)						

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** VMI KEYDET CLUB 52-1300039 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA. ARUBA, BAHAMAS, INVESTMENTS 2,632,877. 0 0 2,632,877. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2023

2,632,877.

and 3b)

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is r	eeded.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3	Enter total	number	of other	organizations	or entities
---	-------------	--------	----------	---------------	-------------

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

ditional space is neede	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	(c) Number of	(c) Number of (d) Amount of		(b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash	(b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of cash disbursement noncash noncash assistance

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

Schedule F (Form 990) 2023

SCHEDULE I (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Inspection **Employer identification number** Name of the organization 52-1300039 VMI KEYDET CLUB Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) VIRGINIA MILITARY INSTITUTE 319 LETCHER AVENUE 54-6001803 115 3,219,965, 0 ATHLETIC SCHOLARSHIPS LEXINGTON, VA 24450 VIRGINIA MILITARY INSTITUTE 319 LETCHER AVENUE 54-6001803 115 0. LEXINGTON, VA 24450 15,111, INSURANCE PREMIUMS VIRGINIA MILITARY INSTITUTE 319 LETCHER AVENUE LEXINGTON VA 24450 54-6001803 115 6,396,658 0. INTERCOLLEGIATE ATHLETICS VMT ALUMNT AGENCIES BOARD PO BOX 932 54-1429093 501(C)(3) LEXINGTON VA 24450 295 754 0. ADMINISTRATIVE SUPPORT 2. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2023

52-1300039 VMI KEYDET CLUB Schedule I (Form 990) 2023 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (d) Amount of non-(a) Type of grant or assistance (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: VMI KEYDET CLUB AWARDS ASSISTANCE ONLY TO VIRGINIA MILITARY INSTITUTE, A STATE-SUPPORTED SCHOOL AND RELATED AGENCIES. FUNDS AWARDED ARE BASED ON THE INSTITUTE'S NEED AND REQUEST FOR FUNDS.

39

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 KEYDET CLUB Employer identification number 52-1300039

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1 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 X 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	Х	
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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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:			37
	The organization?	<u>5a</u>		X
b	Any related organization?	5b		X
	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:	_		37
	The organization?	6a		X
b	Any related organization?	6b		
_	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			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			177
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53 4958-6(c)?	l a	ı	1

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits			
		(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)	270,200.	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)	172,797.	5,100.	742.	30,000.	4,045.	212,684.	0.	
(3) ANDREW C. DEAL	(i)	131,050.	4,500.	229.	15,189.	3,211.	154,179.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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: CEO & COO OF VMI KEYDET CLUB

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.

TYPE OF BENEFIT: HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

LISTED PERSON WHO RECEIVED THE BENEFIT: COO OF VMI KEYDET CLUB

WAS THE BENEFIT TREATED AS TAXABLE TO LISTED PERSON? YES

PART I, LINE 3:

THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ALL SALARIES.

COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	VMI KEYDET C	LUB				52-1	.300	039	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d) Method of do oncash contrib	etermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	47	1,006,144.	FAI	R MARKET	' VA	LUE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, t	hat it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for				
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions?		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash					
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

VMI KEYDET CLUB

Employer identification number 52-1300039

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
ATHLETIC PROGRAM AT VMI.							
FORM 990, PART VI, SECTION A, LINE 6:							
THE VMI ALUMNI ASSOCIATION HAS MEMBERS CONSISTING OF THOSE GRADUATED FROM							
VMI. THE MEMBERS OF THE VMI ALUMNI ASSOCIATION BOARD OF DIRECTORS SERVE AS							
MEMBERS OF THE KEYDET CLUB.							
FORM 990, PART VI, SECTION A, LINE 7A:							
THE ORGANIZATION'S BOARD MEMBERS NOMINATE, VOTE, AND ELECT NEW BOARD							
MEMBERS.							
FORM 990, PART VI, SECTION A, LINE 7B:							
DECISIONS MADE BY THE BOARD ARE PUT TO A VOTE AT BOARD MEETINGS, AND MUST							
SATISFY BOARD VOTING RULES PRIOR TO DECISION APPROVAL.							
FORM 990, PART VI, SECTION B, LINE 11B:							
PRIOR TO ITS FILING, A PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS MADE							
AVAILABLE TO BOARD MEMBERS. SINCE A COMPLETE COPY OF THE FORM 990 WAS NOT							
PROVIDED TO THE BOARD, THE ORGANIZATION HAS ANSWERED "NO" TO FORM 990, PART							
VI, QUESTION 11A.							
FORM 990, PART VI, SECTION B, LINE 12C:							
ANNUAL CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY ALL BOARD MEMBERS.							
ADDITIONALLY, A CONFLICT OF INTEREST POLICY WHICH GOVERNS ALL BOARD MEMBERS							
TO THE DESCRIPTION AND REPORTED AND RELEASED AND RELEASED TO THE TOTAL AND NEW BOADD							

332211 11-14-23

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** 52-1300039 VMI KEYDET CLUB MEMBERS. FORM 990, PART VI, SECTION B, LINE 15: 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 XI, LINE 9, CHANGES IN NET ASSETS: ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY OBLIGATIONS -17,643. 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

VMI KEYDET CLU	IB .					52-13000	139			
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 3	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity			Primary activity Legal domicile (state or Total incor		(e) me End-of-year	assets	Direct o	(f) controlling ntity	9
	-									
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ttions. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or more	related tax-exer	mpt			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Public charity Direct contactus (if section entity		Public charity Direct constatus (if section entity		cont	g) 512(b)(13) rolled tity?
VMI FOUNDATION - 54-0505966 PO BOX 932 LEXINGTON, VA 24450	SUPPORT VIRGINIA MILITARY INSTITUTE, A STATE-SUPPORTED SCHOOL	VIRGINIA	501(C)(3)	LINE 7			res	X		
VMI ALUMNI AGENCIES BOARD, INC 54-1429093 PO BOX 932	RECEIVE AND MANAGE ASSETS									
LEXINGTON, VA 24450 VMI ALUMNI ASSOCIATION - 54-0515753 PO BOX 932 LEXINGTON, VA 24450	FOR THE SUPPORT OF VMI ORGANIZE ALUMNI INTO ONE ASSOCIATION	VIRGINIA VIRGINIA	501(C)(3) 501(C)(3)	LINE 12B, II LINE 7				X		

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

Schedule R (Form 990) 2023

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Legal omicile state or entity	Predominant income (related, unrelated,	Share of total income	Share of total	Share of total	Share of end-of-year	1	proportionate	Code V-UBI	General managir	Percentage ownership
orrelated organization		(state or foreign	5	(related, unrelated, excluded from tax under sections 512-514)		assets	alloca	itions?	20 of Schedule	partner	1		
		country)		sections 512-514)			Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N			
-													
							<u> </u>						
-													

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

1a

Page 3

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	Gift, grant, or capital contribution to related organization(s)				1b		_ <u></u>
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		X
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
	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_
	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>
	Performance of services or membership or fundraising solicitations for related organ				11	Х	
m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)				10	Х	
p Reimbursement paid to related organization(s) for expenses							<u>X</u>
q	Reimbursement paid by related organization(s) for expenses				1q		<u>X</u>
							37
	Other transfer of cash or property to related organization(s)				1r		<u>X</u>
	Other transfer of cash or property from related organization(s)				1s		<u>X</u>
2	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," and "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," and "Yes," see the instruction of the above is "Yes," see the above is "Yes," and "Yes," see the above is "Yes," see the above is "Yes," see the above is "Yes," and "Yes," see the above is "Yes," see the	ho must complete th I	nis line, including covered rela	ationships and transaction thresholds.			
	(a) Name of related organization	_ (b)	(c)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	voivea		
		13 po (a 5)					
<i>(</i> 4)							
(1)	·						
(0)							
(2)							
(2)							
(3)							
(4)							
(4)					-		
(5)							
(<u>U)</u>							
(6)							
	09-28-23	1		Schedule	R (For	n 990\	2023
JJC		4.0		Concaulo	,. 5	555)	

Schedule R (Form 990) 2023 VMI KEYDET CLUB 52-1300039 Page 4

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

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

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

Form **8879-TE**

THIS IS NOT A FILEABLE COPY ***** IRS E-file Signature Authorization

for a	Tax Exempt	Entity		
	1	TTT3.T	2.0	

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	<u> </u>		EIN or SSN
VMI KEYDET CLUB			52-1300039
,	CRISSY S ELLIOTT CHIEF FINANCIAL OFFIC	ER	
Part I Type of Return and Retu			
Check the box for the return for which you are Form 5330 filers may enter dollars and cents. For 10a below, and the amount on that line for twhichever is applicable, blank (do not enter -0-) than one line in Part I.	For all other forms, enter whole dollars only he return being filed with this form was bl	y. If you check the box on li ank, then leave line 1b, 2b ,	ine 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, , 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part	VIII, column (A), line 12)	1b
2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, li	ne 9)	
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)		3b
4a Form 990-PF check here	b Tax based on investment income (F	form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	b Balance due (Form 8868, line 3c)		5b
6a Form 990-T check here X	b Total tax (Form 990-T, Part III, line 4)		5b 59,890.
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1).		7b
8a Form 5227 check here	b FMV of assets at end of tax year (Fo		
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)		
10a Form 8038-CP check here	b Amount of credit payment requeste	d (Form 8038-CP, Part III, I	ine 22) 10b
	re Authorization of Officer or P		
Under penalties of perjury, I declare that X	-		
of entity)	·	•	I that I have examined a copy of the
entry to the financial institution account indicat financial institution to debit the entry to this ac later than 2 business days prior to the paymen payment of taxes to receive confidential inform personal identification number (PIN) as my signer. PIN: check one box only	count. To revoke a payment, I must conta t (settlement) date. I also authorize the fina ation necessary to answer inquiries and re nature for the electronic return and, if appl	ct the U.S. Treasury Financ ancial institutions involved i esolve issues related to the icable, the consent to elect	ial Agent at 1-888-353-4537 no n the processing of the electronic payment. I have selected a ronic funds withdrawal.
X I authorize FORVIS MAZAR		to	,
	ERO firm name		Enter five numbers, but do not enter all zeros
with a state agency(ies) regulating ch on the return's disclosure consent so	Belectronically filed return. If I have indicate a part of the IRS Fed/State prograce. Green. With respect to the entity, I will enter my	am, I also authorize the afor	rementioned ERO to enter my PIN
	return that a copy of the return is being file by PIN on the return's disclosure consent		regulating charities as part of the
	THIS IS NOT A FILEABL	E COPY ****	Date
Part III Certification and Auther	ntication		
ERO's EFIN/PIN. Enter your six-digit electronic	c filing identification		
number (EFIN) followed by your five-digit self-se	elected PIN.	54280923219 Do not enter all zeros	
I certify that the above numeric entry is my PIN submitting this return in accordance with the re Business Returns.			
ERO's signature LAKRISHA J. C	ASTLEBERRY	Date 11 /	15/24
<u>_</u>	DO Must Datain This Farms O	- Incharations	
	RO Must Retain This Form - Se		80
For Privacy Act and Paperwork Reduction A	bmit This Form to the IRS Unles	o nequested 10 D0 (Form 8879-TE (2023)
. o hvaoy hot and i aperwork neduction A	, man nonona.		101111 (2020)

Form	Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						OMB No. 1545-0047	
			2022					
		For ca	endar year 2023 or other tax year beginning JUL 1, 2023 , and			4	2023	
	ent of the Treasury Revenue Service	ı	Go to www.irs.gov/Form990T for instructions and the Do not enter SSN numbers on this form as it may be made public if yo				Open to Public Inspection for 501(c)(3) Organizations Only	
Α	Check box if address changed.		Name of organization (Check box if name changed and see inst	ructions	3.)	D Emp	ployer identification number	
B Exe	mpt under section	Print	VMI KEYDET CLUB			5	2-1300039	
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.			E Gro	up exemption number e instructions)	
	408(e) 220(e)	Туре	PO BOX 932] `		
	408A530(a)		City or town, state or province, country, and ZIP or foreign postal code	Э		<u> </u>		
	529(a)529A		LEXINGTON, VA 24450	0.6	0 500	JF └	_ Check box if	
					8,702.		an amended return.	
G Ch	neck organization t	type	X 501(c) corporation 501(c) trust 401(a) trust		Other trust	State	college/university	
H Ch	and if filing only to	o oloim	6417(d)(1)(A) Applicable entity Credit from Form 8941 Refund shown on Form	2420	Floative payme	nt ama	ount from Form 3800	
	neck if filing only to		ation filing a consolidated return with a 501(c)(2) titleholding co				$\overline{}$	
			ed Schedules A (Form 990-T)				1	
			e corporation a subsidiary in an affiliated group or a parent-subs				Yes X No	
			d identifying number of the parent corporation		group.			
	e books are in car		THE ORGANIZATION	Tele	ephone number ((540) 464-7383	
Part	I Total Unr	elate	d Business Taxable Income					
1	Total of unrelated	d busine	ess taxable income computed from all unrelated trades or busin	esses ((see instructions)	1	286,192.	
2	Reserved					2		
3	Add lines 1 and 2	<u> </u>				3	286,192.	
4			(see instructions for limitation rules)			4	0.	
5			s taxable income before net operating losses. Subtract line 4 fro	m line	3	5	286,192.	
6			ting loss. See instructions			6		
7			ess taxable income before specific deduction and section 199A			_	286,192.	
	Subtract line 6 fro		erally \$1,000, but see instructions for exceptions)			8	1,000.	
8 9			eduction. See instructions			9	1,000.	
10			lines 8 and 9			10	1,000.	
11			able income. Subtract line 10 from line 7. If line 10 is greater the			11	285,192.	
Part					,	•		
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)			1	59,890.	
2			rates. See instructions for tax computation. Income tax on the	amoun	t on			
	Part I, line 11, fro	m:	Tax rate schedule or Schedule D (Form 1041)			2		
3	Proxy tax. See in					3		
4			instructions			4		
5	Alternative minim	ium tax	adilik inaama Caa jaak sakaa			6		
6 7			acility income. See instructions the first income in the first in			7	59,890.	
Part	III Tax and	Paym	nents					
	Foreign tax credit	t (corpo	orations attach Form 1118; trusts attach Form 1116)	1a				
b	Other credits (see			1b				
С	General business	credit.	Attach Form 3800 (see instructions)	1c				
d	Credit for prior-ye	ar mini	mum tax (attach Form 8801 or 8827)	1d				
е	Total credits. Ad	ld lines	1a through 1d			1e		
2			rt II, line 7		 I	2	59,890.	
3a	Amount due from		0011	3a				
b	Amount due from		0007	3b		-		
C C	Amount due from Amount due from		0000	3c 3d		1		
d e	Other amounts de							
f		•	lines 3a through 3e		ı	3f	0.	
4			nd 3f (see instructions).			<u> </u>		
-			x amount here			4	59,890.	
5			lity paid from Form 965-A, Part II, column (k)			5	0.	
LHA	For Paperwork R	eductio	on Act Notice, see instructions. 323701 11-20-23				Form 990-T (2023)	

Form 990-T (2023)

Part III Tax and Payments (continued) Page 2

		1							$\overline{}$	$\overline{}$	
6 a	Paym	nents: Preceding year's overpayment cred	ited to the current year		6a					_	
b	Curre	ent year's estimated tax payments. Check	if section 643(g) election	า							
	applie	es		[6b_						
С	Tax c	leposited with Form 8868			. 6c						
d	Forei	gn organizations: Tax paid or withheld at	source (see instructions)		6d						
е	Back	up withholding (see instructions)			. 6e						
f		it for small employer health insurance prer									
g	Elect	ive payment election amount from Form 3	800		. 6g						
h	Paym	nent from Form 2439			. 6h						
i		it from Form 4136									
j		r (see instructions)									
7		payments. Add lines 6a through 6j					<u></u>	7			
8	Estim	nated tax penalty (see instructions). Check	if Form 2220 is attached	d				8			209.
9	Tax o	due. If line 7 is smaller than the total of line	es 4, 5, and 8, enter amo	ount owed .				9		60,	099.
10	Over	payment. If line 7 is larger than the total of	of lines 4, 5, and 8, enter	amount over	paid			10			
11		the amount of line 10 you want: Credite					Refunded	1 11			
Part	IV	Statements Regarding Certain A	Activities and Othe	r Informat	t ion (se	e instru	ctions)				
1	At an	y time during the 2023 calendar year, did	the organization have ar	n interest in o	r a signati	ure or of	ther authorit	y		Ye	s No
	over	a financial account (bank, securities, or ot	her) in a foreign country?	? If "Yes," the	organiza	tion may	have to file				
	FinCE	EN Form 114, Report of Foreign Bank and	Financial Accounts. If "	Yes," enter th	e name o	f the for	eign country	′			
	here									L	X
2	Durin	g the tax year, did the organization receiv	e a distribution from, or	was it the gra	intor of, o	r transfe	eror to, a				
	foreig	gn trust?									X
	If "Ye	es," see instructions for other forms the or	ganization may have to f	ile.							
3	Enter	the amount of tax-exempt interest receive									
4	Enter	available pre-2018 NOL carryovers here	\$	Do not	include a	ny post	2017 NOL o	arryove	r		
	show	n on Schedule A (Form 990-T). Don't redu	ce the NOL carryover sh	nown here by	any dedu	ction re	ported on Pa	art I, line	6.		
5	Post-	2017 NOL carryovers. Enter the Business	Activity Code and availa	able post-201	7 NOL ca	rryovers	. Don't redu	ce			
	the a	mounts shown below by any NOL claimed	d on any Schedule A, Pa	rt II, line 17 fc	r the tax	year. Se	e instructior	ıs.			
		Business Activity Co	de			ilable p	ost-2017 NC	L carry	ver		
					\$						
					\$						
					\$						
					\$						
6 a	Rese	rved for future use									
<u> </u>									<u></u>		
Part	V	Supplemental Information									
Provide	any a	additional information. See instructions.									
	- T.,	and a second bloom of a second	the transfer of the state of th				h t - f l	d	h - 11 - 6 - 1	A for Associa	
Sign	C	nder penalties of perjury, I declare that I have examined orrect, and complete. Declaration of preparer (other than	this return, including accompanyl taxpayer) is based on all informa	ing schedules and tion of which prep	arer has any	and to the knowledge	best of my know	neage and	bellet, i	t is true,	
Here			1			NCTA.	և [,		uss this retur	
1010	=	ignature of officer	Doto	OFFICE	SK .					vn below (se	
	5	ignature of officer	Date	Title	_	Г		instruction		X Yes	No
		Print/Type preparer's name	Preparer's signature		Date		Check	if PT	IN		
Paid		LAKRISHA J.	LAKRISHA J.		11 /1 -		self-employe				2
repa	arer	CASTLEBERRY	CASTLEBERRY	[11/15	/24	T			57733	
Jse C	Only	Firm's name FORVIS MAZAR	•	~	000		Firm's EIN	4	4 – (01602	60
	=	•	ARY STREET, S	SUITE 1	000						
		Firm's address RICHMOND ,	VA 23219				Phone no.	(804	:) 2	182-7	636

Form **990-T** (2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Depart	Department of the Treasury The region of the Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c					Open to Public Inspection for	
Interna	al Revenue Service	Do not enter SSN numbers on this form as it i	may be r	nade public if your organiza	on is a 501(c)(3). 501(c)(3) Organizations Only		
A N	Name of the organizati					imployer identification number 52-1300039	
<u>c</u> .	Unrelated business	activity code (see instructions) 90000	1		D Sequence:	1 of 1	
<u>E</u> [Describe the unrelat	ted trade or business PASSTHROUGH	INCC	ME FROM INVES	STMENTS	1	
Pa	rt I Unrelated	Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or	sales					
b	Less returns and allo	owances c Balance	1c				
2	Cost of goods sol	d (Part III, line 8)	2				
3	Gross profit. Subt	ract line 2 from line 1c	3				
4 a	Capital gain net in	come (attach Schedule D (Form 1041 or Form					
	1120)). See instru	ctions	4a	44,558.		44,558.	
b	Net gain (loss) (Fo	rm 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduc	ction for trusts	4c				
5		n a partnership or an S corporation (attach		222 245			
		ATEMENT 1	5	288,916.		288,916.	
6		: IV)	6	24 722		04 700	
7		anced income (Part V)	7	21,783.		21,783.	
8	•	, royalties, and rents from a controlled					
		VI)	8				
9		e of section 501(c)(7), (9), or (17)					
		t VII)	9				
10		activity income (Part VIII)	10				
11		e (Part IX)	11				
12		e instructions; attach statement)	12	255 257		255 257	
<u>13</u>	Total. Combine lir	nes 3 through 12	13	355,257.		355,257.	
Pa		ns Not Taken Elsewhere. See instruct onnected with the unrelated business in			uctions. Deductio	ns must be	
1	Compensation of	officers, directors, and trustees (Part X)			1	3,828.	
2		es					
3		tenance					
4							
5	Interest (attach sta	atement). See instructions			5		
6	Taxes and license	s			6	18,204.	
7		ch Form 4562). See instructions		1 _ 1			
8	Less depreciation	claimed in Part III and elsewhere on return		8a	8b		
9	Depletion				9		
10	Contributions to o	deferred compensation plans			10		
11		programs					
12	Excess exempt ex				12		

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

13

14

15

16

17

13

14

15 16

17

Excess readership costs (Part IX)

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

Unrelated business taxable income. Subtract line 17 from line 16

Other deductions (attach statement) SEE STATEMENT 2

Total deductions. Add lines 1 through 14

Deduction for net operating loss. See instructions

47,033.

69,065.

286,192.

286,192.

Pac	ıe	2

	ule A (Form 990-T) 2023				Page 2
Part		nod of inventory valuation		I . I	
1					
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			I I	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9 Dort	Do the rules of section 263A (with respect to property p IV Rent Income (From Real Property and				Yes No
Part	`				
1	Description of property (property street address, city, st	ate, ZIP code). Check if	a dual-use. See instruc	ctions.	
	A				
	B				
	<u> </u>				
	D				
_	.	Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
_				(4)	0
3	Total rents received or accrued. Add line 2c, columns A	through D. Enter here a	nd on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
_	-		0 I (D)		0.
Part	Total deductions. Add line 4, columns A through D. Er V Unrelated Debt-Financed Income (se	ee instructions)	ne 6, column (B)		0.
1	Description of debt-financed property (street address, c		ock if a dual use. See in	etructions	
•	A PO BOX 932, LEXINGTON, V		ock ii a duaruse. See ii	istructions.	
	B	21130			
	c –				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed	^	В .		
2		21,783.			
3	property Deductions directly connected with or allocable	21,703			
3	-				
_	to debt-financed property	0.			
a	Straight line depreciation (attach statement)	0.			
b	Other deductions (attach statement)	0.			
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable	1.			
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-	1.			
	financed property (attach statement)				
6	Divide line 4 by line 5	100.000%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	21,783.			21 702
8	Total gross income (add line 7, columns A through D).	Enter here and on Part I	, line 7, column (A)		21,783.
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 1	T	T	
9	Allocable deductions. Multiply line 3c by line 6	0.		(5)	
10	Total allocable deductions. Add line 9, columns A thro				0.
11	Total dividends-received deductions included in line	10			U •

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (se	ee instruct	ions)	r age c
			_			E	xempt Contro	lled Or	ganization	s .	
	 Name of controlled organization 		2. Employer identification number	1		al of specified nents made that is incluced controlling tion's gros		included olling orga	in the aniza-	5. Deductions directly connected with income in column 5	
<u>(1)</u>											
(2)											
(3)											
<u>(4)</u>			NI-		2						
	7. Taxable Income		Net unrelated		Controlled Or otal of specif	-	ons 10. Part	of colu	mn 0	44 [Deductions directly
,	. Taxable income	in	come (loss) e instructions)		yments mad		that is inc	luded	in the zation's	(connected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and 11. here and on Part I, ne 8, column (B).
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)		
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A -1-1						Add assessed in
					Add amou						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
					line 9, colu						line 9, column (B).
Totals Part	VIII Exploited E	vemnt /	Activity Income,	Other 1	Than Adve	0.	Income	·:			0.
1	Description of exploite		ctivity income,	, Other i	Illali Auve	ı uəni	g income (see ins	structions)		
2	Gross unrelated busin	•	e from trade or busi	nece Ente	r here and o	n Dart I	line 10. colum	n (A)		2	
3	Expenses directly con					,	•	` ,		-	
3										3	
4	Net income (loss) from										
-	`									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2023

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	two or more	e periodicals on a	consolidated basis	i.	
	A					
	В					
	c \square					
	D					
Entor	amounts for each periodical listed above in the co	orrospondino	r column			
Linter	amounts for each periodical listed above in the of	orresportairi	_	В	С	D
•	Out of advantising income		Α	В		<u> </u>
2	Gross advertising income		I (A)			0.
	Add columns A through D. Enter here and on P	Part I, line I I	, column (A)			
а				1		
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on P	Part I, line 11	, column (B)			0.
				I		<u> </u>
4	Advertising gain (loss). Subtract line 3 from line	9				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is less	s				
	than line 6, enter -0-	I .				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain on	,				
	line 4, enter the lesser of line 4 or line 7	I .				
а	Add line 8, columns A through D. Enter the gre		ne 8a columns tot	al or -0- here and o	n	<u> </u>
	, tala mile e, eetamine, tameagn en enter the gre				• •	
а	Part II, line 13					0.
Part	Part II, line 13					0.
	X Compensation of Officers, Dire		d Trustees (s		3. Percentage	4. Compensation
	Part II, line 13 X Compensation of Officers, Dire 1. Name				3. Percentage of time devoted	Compensation attributable to
Part	X Compensation of Officers, Dire		d Trustees (s		3. Percentage of time devoted to business	4. Compensation
(1)	X Compensation of Officers, Dire		d Trustees (s		3. Percentage of time devoted to business	Compensation attributable to
(1) (2)	X Compensation of Officers, Dire		d Trustees (s		3. Percentage of time devoted to business %	Compensation attributable to
(1) (2) (3)	X Compensation of Officers, Dire		d Trustees (s		3. Percentage of time devoted to business %	Compensation attributable to
(1) (2)	X Compensation of Officers, Dire		d Trustees (s		3. Percentage of time devoted to business %	Compensation attributable to
(1) (2) (3) (4)	X Compensation of Officers, Dire		d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	Compensation attributable to
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1	ectors, an	d Trustees (s		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

VMI KEYDET CLUB 52-1300039

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1	
DESCRIPTION		NET INCOME OR (LOSS)	
SEE ATTACHED - ORDINARY I SEE ATTACHED - NET RENTAL SEE ATTACHED - INTEREST : SEE ATTACHED - DIVIDEND : SEE ATTACHED - ROYALTIES SEE ATTACHED - OTHER INCO	L REAL ESTATE INCOME INCOME INCOME	326,916. -314. 151,071. 27,645. 2,503. -218,905.	
TOTAL INCLUDED ON SCHEDU	LE A, PART I, LINE 5	288,916.	
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2	
DESCRIPTION		AMOUNT	
GENERAL & ADMINISTRATIVE INVESTMENT FEES VMI INVESTMENT HOLDINGS	1,600. 44,468. 965.		
TOTAL TO SCHEDULE A, PAR	Γ II, LINE 14	47,033.	

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

Employer identification number

VMI KEYDET CLUB 52-1300039 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (d) (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) (sales price) Part I, line 2, column (g) result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 632. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 632 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 42,013. Form(s) 8949 with Box F checked 1.913 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 43,926. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 632. 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 43,926. 17 44,558. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns Note: If losses exceed gains, see Capital Losses in the instructions.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2023

Form **8949**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Attachment

Social security number or taxpayer identification no.

52-1300039

VMI KEYDET CLUB

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment combine the result see *Column (e*) ir Code(s) with column (g) the instructions 632. SEE ATTACHED 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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

323011 01-05-24 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2023)

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

632.

Attachment Sequence No. 12A

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

Social security number or taxpayer identification no.

С

VMT KEYDET CLUB

52-1300039

7111 REIDEL 020.	_						
Before you check Box D, E, or F belo statement will have the same informa proker and may even tell you which b	ow, see whether y	ou received any 99-B. Either will s	Form(s) 1099-B o	r substitute statem basis (usually you	ent(s) from r cost) was	your broker. A suit reported to the IF	bstitute S by your
Part II Long-Term. Transaction		ıl assets you held n	nore than 1 year are	generally long-term (s	ee instruction	ons). For short-term to	ransactions,
see page 1. Note: You may aggregate all codes are required. Enter the	long-term transact	ions reported on F	orm(s) 1099-B showii	ng basis was reported	d to the IRS	and for which no adj	ustments or
You must check Box D, E, or F below. Of you have more long-term transactions than will	Check only one bo	x. If more than one b	ox applies for your long-	term transactions, comple	ete a separate	Form 8949, page 2, for e	
(D) Long-term transactions rep					•		
(E) Long-term transactions rep		,		,		,	
(F) Long-term transactions not		-	-				
Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the	lośs. If yo in column	nt, if any, to gain or ou enter an amount (g), enter a code in	(h) Gain or (loss). Subtract column (e)
(Example: 100 Sh. X12 00.)	(wo., day, yr.)	(Mo., day, yr.)		Note below and see Column (e) in	(f) Code(s)	(g) Amount of	from column (d) & combine the result
				the instructions	0000(3)	adjustment	with column (g)
SEE ATTACHED							42,013.
2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo		•					
above is checked), or line 10 (if E	Box F above is ch	necked)					42,013.
Note: If you checked Box D above b	ut the basis repo	orted to the IRS	was incorrect, ente	er in column (e) the	basis as r	eported to the IRS	s, and enter an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2023)

Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment 2

Identifying number

VMI KEYDET CLUB 52-1300039 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale SEE ATTACHED 1,913. Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 1,913. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 1,913. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

Part III Gain From Disposition of Prope	rty Und	er Sections 1245	5, 1250, 1252	2, 12	54, and 1255	(see	instructions)
19 (a) Description of section 1245, 1250, 1252, 1254	, or 1255	oroperty:			(b) Date acquir (mo., day, yr.		(c) Date sold (mo., day, yr.)
Α							
В							
С							
D							
These columns relate to the properties on							
lines 19A through 19D.		Property A	Property	В	Property (<u> </u>	Property D
20 Gross sales price (Note: See line 1a before completing.	′ 						
21 Cost or other basis plus expense of sale						\longrightarrow	
22 Depreciation (or depletion) allowed or allowable						\longrightarrow	
23 Adjusted basis. Subtract line 22 from line 21							
24 Total gain. Subtract line 23 from line 20	24						
25 If section 1245 property:							
a Depreciation allowed or allowable from line 22							
b Enter the smaller of line 24 or 25a							
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976							
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)							
g Add lines 26b, 26e, and 26f						\longrightarrow	
dispose of farmland or if this form is being completed fo a partnership.	r						
a Soil, water, and land clearing expenses							
b Line 27a multiplied by applicable percentage							
c Enter the smaller of line 24 or 27b	27c						
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 	28a						
b Enter the smaller of line 24 or 28a	28b						
 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
Summary of Part III Gains. Complete property		A 41	line OOb before	:	to line 00		
Complete property	Columns	A through D through	iiile 29b belore	gonig	to line 30.		
Total gains for all properties. Add property column	ns A throu	gh D, line 24				30	
31 Add property columns A through D, lines 25b, 26c	a. 27c. 28l	b, and 29b. Enter here	e and on line 13			31	
32 Subtract line 31 from line 30. Enter the portion from		*			Г		
from other than casualty or theft on Form 4797, lir	<u>ne 6</u>	<u></u>	<u></u>	<u></u> .		32	
Part IV Recapture Amounts Under Secti	ons 179	and 280F(b)(2)	When Busin	ess	Use Drops to	50 %	or Less
(see instructions)							
					(a) Section 179		(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation al	lowable ir	prior years		33			
M D				34			
35 Recapture amount. Subtract line 34 from line 33.				35			

318012 12-27-23

Form **4797** (2023)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

	VMI KEYDET CLUB				52-	1300039
Dic	d the corporation dispose of any investmer	nt(s) in a qualified opportun	nity fund during the tax ye	ear?		Yes X No
	Yes," attach Form 8949 and see its instruc					
F	Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
to e	e instructions for how to figure the amounts enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
rou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on					
	Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on					
	Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on					
	Form(s) 8949 with Box C checked					632.
	Short-term capital gain from installment sales				4	
5	Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6	Unused capital loss carryover (attach computa	ation)			6	(
	Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	632.
F	Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		
to e This	e instructions for how to figure the amounts enter on the lines below. s form may be easier to complete if you and off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
to 6	enter on the lines below. s form may be easier to complete if you	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
This rou	s form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
to e Thi: rou 8a	s form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
to e Thi: rou 8a	enter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
to 6 This rou 8a 8b	s form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
to 6 This rou 8a 8b	enter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on	Proceeds	Cost	or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the result with column (g)
8b 9	renter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	049, (g)	Subtract column (e) from column (d) and combine the result with column (g)
8a 8b 9 10	renter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	049, (g)	Subtract column (e) from column (d) and combine the result with column (g)
8b 9 10 11 12	s form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 85 Part II, line 2, column	11 12	Subtract column (e) from column (d) and combine the result with column (g)
8a 8b 9 10 11 12 13	s form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind	Proceeds (sales price) from Form 6252, line 26 or 33 d exchanges from Form 8824	Cost (or other basis)	or loss from Form(s) 85 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g)
8a 8b 9 10 11 12 13 14	s form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions	Proceeds (sales price) from Form 6252, line 26 or 33 d exchanges from Form 8824	Cost (or other basis)	or loss from Form(s) 85 Part II, line 2, column	11 12 13 14	Subtract column (e) from column (d) and combine the result with column (g) 42,013. 1,913.
8a 8b 9 10 11 12 13 14 15	s form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-king Capital gain distributions Net long-term capital gain or (loss). Combine	Proceeds (sales price) from Form 6252, line 26 or 33 d exchanges from Form 8824	Cost (or other basis)	or loss from Form(s) 85 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g)
8a 8b 9 10 11 12 13 14 15 F	renter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain or (loss) from like-king Capital gain distributions Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	Proceeds (sales price) from Form 6252, line 26 or 3: d exchanges from Form 8824 e lines 8a through 14 in colum	Cost (or other basis)	or loss from Form(s) 85 Part II, line 2, column	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g) 42,013. 1,913.
8a 8b 9 10 11 12 13 14 15 F	renter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	Proceeds (sales price) from Form 6252, line 26 or 3: d exchanges from Form 8824 e lines 8a through 14 in colum i II ne 7) over net long-term capita	Cost (or other basis) 7 I loss (line 15)	or loss from Form(s) 85 Part II, line 2, column	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g) 42,013. 1,913. 43,926.
8a 8b 9 10 11 12 13 14 15 F 16 17	s form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-king Capital gain distributions Net long-term capital gain or (loss). Combine Part III Summary of Parts I and Enter excess of net short-term capital gain (lir Net capital gain. Enter excess of net long-term	Proceeds (sales price) from Form 6252, line 26 or 3: d exchanges from Form 8824 elines 8a through 14 in colum fill lie 7) over net long-term capital capital gain (line 15) over net	Cost (or other basis) 7	or loss from Form(s) 85 Part II, line 2, column	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g) 42,013. 1,913. 43,926.
8a 8b 9 10 11 12 13 14 15 F 16 17	renter on the lines below. Is form may be easier to complete if you and off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	Proceeds (sales price) from Form 6252, line 26 or 33 d exchanges from Form 8824 e lines 8a through 14 in colum i II ne 7) over net long-term capita n capital gain (line 15) over net 1120, page 1, line 8, or the ap	Cost (or other basis) 7	or loss from Form(s) 85 Part II, line 2, column	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g) 42,013. 1,913. 43,926.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2023

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

52-1300039

VMI KEYDET CLUB	52-130003
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your	broker. A substitute
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was repor	ted to the IRS by your
statement will nave the same information as Form 1099-B. Either will snow whether your basis (usually your cost) was repor	tea to the IRS by you

tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment combine the result see Column (e) ir Code(s) with column (g) the instructions SEE ATTACHED 632. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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

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

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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

Form **8949** (2023)

632.

Attachment Sequence No. 12A Page 2

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

Social security number or taxpayer identification no.

VMI KEYDET CLUB

Form 8949 (2023)

52-1300039

Before you check Box D, E, or F bek statement will have the same informa <u>broker and</u> may even tell you which l	ation as Form 109	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	ent(s) from r cost) was	reported to the IF	ostitute 'S by your	
Part II Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instruction	ons). For short-term to	ansactions,	
see page 1.								
Note: You may aggregate all codes are required. Enter the	e totals directly on S	Schedule D, line 8a	; yoù aren't required	I to report these transa	actions on F	orm 8949 (see instru	ctions).	
You must check Box D, E, or F below. (If you have more long-term transactions than will	Check only one bo	x. If more than one be	ox applies for your long	term transactions, complete with the same box chec	ete a separate	Form 8949, page 2, for e	each applicable box.	
(D) Long-term transactions rep			,		,			
(E) Long-term transactions rep	•	,		`	Note and	5ve)		
== ` ' ` ` '	, ,	•	•	ported to the ins				
X (F) Long-term transactions not	1			(-)	Adjustmer	nt, if any, to gain or	(1-)	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you enter an amount		(h) Gain or (loss).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column	(g), enter a code in	Subtract column (e)	
(Example: 100 sh: X12 00.)	(IVIO., day, yr.)	(Mo., day, yr.)		Note below and	,). See instructions.	from column (d) &	
		(wo., day, y,		see Column (e) in	(f) Code(s)	(g) Amount of	combine the result	
				the instructions	Code(s)	adjustment	with column (g)	
SEE ATTACHED							42,013.	
	1							
	<u> </u>							
2 Totals. Add the amounts in colur								
negative amounts). Enter each to	tal here and inclu	ıde on your						
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E						
above is checked), or line 10 (if E	Box F above is ch	necked)					42,013.	
Note: If you checked Box D above b	out the basis repo	orted to the IRS v	was incorrect, ent	er in column (e) the	basis as r	eported to the IRS	, and enter an	

adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

15011115 797738 2065070001

Form **4797**

Department of the Treasury Internal Revenue Service Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2023

Name(s) shown on return Identifying number VMI KEYDET CLUB 52-1300039 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale SEE ATTACHED 1,913. Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 1,913. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 1,913. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

Pa	art III Gain From Disposition of Propert	y Und	der Sections 1245,	1250, 1252	, 125	54, and 1255 (see	e instructions)		
19	(a) Description of section 1245, 1250, 1252, 1254, c	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)						
	A								
<u>B</u>									
<u></u> C									
_ <u>D</u>									
	These columns relate to the properties on lines 19A through 19D.		Property A	Property I	В	Property C	Property D		
20	· ` ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '								
21									
22									
23	······ •								
<u>24</u>	<u> </u>								
	25 If section 1245 property: a Depreciation allowed or allowable from line 22								
	a Depreciation allowed or allowable from line 22								
	Enter the smaller of line 24 or 25a	25b							
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.								
a	Additional depreciation after 1975. See instructions	26a							
b	b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions								
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c							
c	d Additional depreciation after 1969 and before 1976								
e	e Enter the smaller of line 26c or 26d								
f	f Section 291 amount (corporations only)								
	Add lines 26b, 26e, and 26f	26g							
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.								
	Soil, water, and land clearing expenses	27a							
	Line 27a multiplied by applicable percentage	27b							
	Enter the smaller of line 24 or 27b	27c							
20 2	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a							
k	Enter the smaller of line 24 or 28a	28b							
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a							
<u>k</u>	Enter the smaller of line 24 or 29a. See instructions	29b							
Su	mmary of Part III Gains. Complete property c	:olumn	s A through D through li	ne 29h hefore (aoina	to line 30			
_					909		_		
30	Total gains for all properties. Add property columns	A thro	ugh D, line 24			30			
31	Add property columns A through D, lines 25b, 26g,		•			31			
32	, , , , , , , , , , , , , , , , , , , ,								
D	from other than casualty or theft on Form 4797, line 6 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less								
Pa		nis 1 <i>1</i>	9 anu ∠80r(D)(2) V	viieli Busine	2 55 (Use props to 50%	our Less		
	(see instructions)					(a) Section 179	(b) Section 280F(b)(2)		
33 Section 179 expense deduction or depreciation allowable in prior years 33						175	2001 (10)(2)		
33 34	D	33 34							
35									

Form **4797** (2023)