** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

<u>A F</u>	or the	2017 calendar year, or tax year beginning JUL 1, 2017 and e	ending J	<u>UN 30, 2018</u>	
	Check if pplicable	C Name of organization		D Employer identific	cation number
Г	Addres	S VMI ALUMNI ASSOCIATION, INC.			
	Name change	Doing business as			515753
	return _Final _return/	Number and street (or P.0. box if mail is not delivered to street address) PO BOX 932	Room/suite	E Telephone numbe 540 –	r 464-7383
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,468,360.
	Amend return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: MR. DAVID L. PRASNI	CKI	for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1 7	Гах-ехе	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or	r 527	1	list. (see instructions)
		e: ► WWW.VMIAA.ORG		H(c) Group exemptio	
KF	orm of	organization: X Corporation Trust Association Other	L Year		■ State of legal domicile: VA
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${ m { t TO}}{ m { t AS}}$	SIST	THE VIRGINIA	A MILITARY
Activities & Governance]	INSTITUTE (VMI), A STATE SCHOOL, BY DEVELO	OPING	AND SUPPORT	ING ALUMNI
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	25
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			25
δ. 80	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	15
/ŧi	6	Total number of volunteers (estimate if necessary)		6	0
Ċ		Total unrelated business revenue from Part VIII, column (C), line 12			497.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
Φ	8 (Contributions and grants (Part VIII, line 1h)		1,704,800.	1,436,050.
'n	9 1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,183.	11,850.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,311.	20,281.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,744,294.	1,468,181.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		278,064.	137,263.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		718,910.	700,962.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ě	b ·	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ú	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		679,053.	671,114.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,676,027.	1,509,339.
	19	Revenue less expenses. Subtract line 18 from line 12		68,267.	-41,158.
Net Assets or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		550,834.	527,679.
TAS P	21	Total liabilities (Part X, line 26)		92,457.	110,460.
	22	Net assets or fund balances. Subtract line 21 from line 20		458,377.	417,219.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
		Signature of officer		 Date	
Sig	- 1			Dale	
Her	е	MR. DAVID L. PRASNICKI, TREASURER Type or print name and title			
			Ιr	Date Check C	TI PTIN
De!		Print/Type preparer's name Preparer's signature TOCERN C NADDER TIT	1		
Paid	1	JOSEPH S. NADDER, III JOSEPH S. NADDER	., <u>тт </u> т	1/13/18 self-employ	
-	arer	Firm's name DIXON HUGHES GOODMAN LLP		Firm's EIN ▶	56-0747981
use	Only	Firm's address 901 EAST CARY STREET, SUITE 1000		, , , o	041 202 7626
		RICHMOND, VA 23219		Phone no. (8	
ıvla\	/ tne IH	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Statement of Program Service Ac	-		
1	Check if Schedule O contains a response or Briefly describe the organization's mission:	note to any line in this Part III		
•	THE PURPOSE OF THE VMI ALU	IMNT ASSOCTATIO	N INC. IS TO ORGANIZE	тне
	ALUMNI OF VMI INTO ONE GEN		11101 15 10 01101111111	
	Pid the constitution and delegate the constitution of the constitu		udelele usus mad lieda dan die	
2	Did the organization undertake any significant prog	•		Yes X No
	prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule			. L_Yes A_NO
2	•		nduata any nyagyan asyriasa?	Yes X No
3	Did the organization cease conducting, or make signif "Yes," describe these changes on Schedule O.	gnificant changes in now it co	nducts, any program services?	Yes A NO
4	Describe the organization's program service accom-	nplishments for each of its thre	ee largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are re	equired to report the amount o	of grants and allocations to others, the total	l expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 866, 2	59 • including grants of \$	137,263.) (Revenue \$	
4 a	PREPARATION OF ALUMNI NEWS	SLETTERS AND PIL		NEW
	MEMBERS AND BUILD ALUMNI U			
	CONVENTIONS.	<u> </u>	, indina indination in	
	001(121120101			
	_			
	-			
	-			
				_
				_
				_
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d				
	(Expenses \$ including gra	ants of \$ 866,259.) (Revenue \$)
4e	Total program service expenses	000,459.		D. 000 (22 (=)
				Form 990 (2017)

Form 990 (2017) VMI ALUMNI ASSOCIATION, INC. 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,			3,7
	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? If "Yes," complete			.,
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,,
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	-22	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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		х
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	Х	
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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,"			٦,
	complete Schedule G. Part III	19	990	X

Form **990** (2017)

Form 990 (2017) VMI ALUMNI ASSOCIATION, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No", go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			- V
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? If "Yes," complete Schedule M	00		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	v	
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	(2017)

Form 990 (2017) VMI ALUMNI ASSOCIATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	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 A	ccount	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	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 contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ا حرا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	المدا				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b	,	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а	-			เงล		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	100		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	 • •		14b		
J	190, That it mod a 1-0111-120-to report those payments: If Two, provide an explanation in Scheduli	. U			990	(2017)

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 in Schedule O. See instructions.

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

Sec	tion A. Governing Body and Management					
	and the second s				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			110
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
_	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
_				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
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 ap					
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or			
	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a		_X_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	. ,, go to mio to			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			~	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	^	
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı by ind	rependent			
•	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· · · · · ·			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s only) av	/ailable)	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest policy, and	tinanc	al	
00	statements available to the public during the tax year.	ماد	l vocavdo:			
20	State the name, address, and telephone number of the person who possesses the organization's boot THE ORGANIZATION - 540-464-7383	oks and	records:			
	PO BOX 932, LEXINGTON, VA 24450					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(do	not c	(C Posi	C) ition) than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for	offic	cer an			s both or/trus	tee)	compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) JOEL W. ANDRUS BOARD MEMBER	2.00	х						0.	0.	0.
(2) WILLIAM R. CHARLET	2.00								•	
BOARD MEMBER		х						0.	0.	0.
(3) COLONEL MICHAEL A. KELLY	2.00							-	-	-
BOARD MEMBER		Х						0.	0.	0.
(4) CLIFFORD A. CRITTSINGER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) DAVID P. LODUCA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) H. LARRY MAYS, JR.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) PATRICK J. GRIFFIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DENNIS A. HACKEMEYER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) C. PATRICK HADDOCK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MATTHEW R. HEMENEZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JAMES E. HENRY, JR.	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(12) SEAN P. HINGLEY	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(13) JEFFREY L. MINCH	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(14) MAJOR E. SEAN LANIER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ROBERT P. LOUTHAN	2.00	l							•	
BOARD MEMBER	5.00	Х						0.	0.	0.
(16) ANTHONY U. MOORE	2.00	,,							•	^
SECOND VICE PRESIDENT	2 00	Х	\vdash			-		0.	0.	0.
(17) MICHAEL S. OGDEN	2.00	v							0	0
BOARD MEMBER		X				<u> </u>		0.	0.	990 (2017)

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(F)

(C)

(D)

(B)

Name and title	Average hours per	box	not c , unle:	ss pei	more rson i	than is both	h an	n	Reportable compensation	Reportable compensatio	n		timate	of
	week (list any hours for related organizations below	tee or director	Institutional trustee		Key employee	Highest compensated employee	Ī		from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	s	fr org an	other pensa om th anizat d relat anizati	ation e tion ted
	line)	Indiv	Instit	Officer	Key e	High	Former	보						
(18) CAPTAIN ASA H. PAGE, III	2.00								_					
PRESIDENT	5.00	Х				_	-	4	0.		0.			0.
(19) T. BRYAN BARTON	2.00								•					•
BOARD MEMBER	7.00	X						+	0.		0.			0.
(20) U. "BUZZ" BIRZENIEKS BOARD MEMBER	7.00	v							0.		0.			Λ
(21) JESSICA J. SCHMAUS	2.00	Х				-	-	+	0.		٠.			0.
BOARD MEMBER	2.00	Х							0.		0.			0.
(22) SAMUEL N. STOCKS	2.00	Λ				-		+	0.		٠.			<u> </u>
FIRST VICE PRESIDENT	2.00	Х							0.		0.			0.
(23) DOUGLAS B. WARNER	2.00							+	0.		•			<u> </u>
BOARD MEMBER	2:00	Х							0.		0.			0.
(24) HILBERT W. WILKINSON, III	2.00							+						
BOARD MEMBER		х							0.		0.			0.
(25) A. DAMON WILLIAMS	2.00							1						
BOARD MEMBER		Х							0.		0.			0.
(26) THOMAS A. BRASHEARS	40.00							T						
CHIEF OPERATING OFFICER				Х					101,428.		0.		7,7	39.
1b Sub-total							▶	·	101,428.		0.		7,7	<u>39.</u>
c Total from continuation sheets to Part VI							▶	· [49,679.	173,85				<u>45.</u>
d Total (add lines 1b and 1c)							▶	•	151,107.	173,85	59.	2	1,2	84.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	no r	rece	eived more than \$100,	000 of reportable)			_
compensation from the organization														1
											1		Yes	No
3 Did the organization list any former officer,														77
line 1a? If "Yes," complete Schedule J for si												3		X
4 For any individual listed on line 1a, is the su												4	Х	
and related organizations greater than \$150												4	Λ	
5 Did any person listed on line 1a receive or a												5		Х
rendered to the organization? [f "Yes," com Section B. Independent Contractors	piete Scriedule	2	or st	ICI I	oers	OH								
Complete this table for your five highest contains the second secon	mpensated inc	lepe	nde	nt co	ontra	acto	rs 1	tha	t received more than \$	100,000 of comr	ensat	ion fro	om	
the organization. Report compensation for t														
(A)	•								(B)			((
Name and business	address	NC	ONE	3					Description of s	ervices	С	ompe	nsatio	n
								+						
								+						
-								+						
2 Total number of independent contractors (in	acluding but a	at lin	nitor	1 +0	thor	منا مء	etor	и о ^ј	hove) who received me	ore than				
\$100,000 of compensation from the organiz	•	J. 111	ıııceC))		u al	oove, who received inc	J.C. III all				
SEE PART VII, SECTION		IN	UA	ΤI			HI	ΕE	TS			Form	990 (2017)

Form 990 VMI ALUMN	NI ASSOC	!IA	ΙΤ	ON	ſ <u>,</u>	IN	С.		54-051	5753
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	verage lours (che				app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ADAM C. VOLANT EXECUTIVE VICE PRESIDENT	40.00			x				49,679.	0.	4,346.
(28) DAVID L. PRASNICKI PREASURER	2.00			х				0.	173,859.	9,199.
MINORIK	44.00			Λ				0.	173,033.	J, 133.
Fotal to Part VII, Section A, line 1c	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			49,679.	173,859.	13,545

		Check if Schedule O contai	ns a response o	or note to any lir	ne in this Part VIII			
		Cricen ii Gerieddie G cornai	ris a response	or riote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function revenue	business revenue	Sections
40	_					revenue	Tevenue	512 - 514
ints		Federated campaigns			-			
Gra		Membership dues			-			
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		126 OEO	-			
igit ilar		Related organizations		<u>436,050.</u>	-			
ns, Simi		Government grants (contributio	· —		-			
er ë	f	All other contributions, gifts, grants						
ibu ‡		similar amounts not included above	[1f		_			
dit	g	Noncash contributions included in lines 1a	-1f: \$					
a C a	h	Total. Add lines 1a-1f			1,436,050.			
				Business Code				
ø	2 a							
, vic	b							
Ser	С							
an eve	d							
Program Service Revenue	е							
Pro	f	All other program service reven						
		Total. Add lines 2a-2f						
	3	Investment income (including d						
	_	other similar amounts)			11,850.			11,850.
	4	Income from investment of tax-			,			,
	5	Royalties			16,134.			16,134.
	J	rioyanies	(i) Real	(ii) Personal	20,2021			20,2021
	6 2	Gross rents	3,650.	(ii) i cisoriai	-			
		Less: rental expenses	0.		-			
		Rental income or (loss)	3,650.		-			
		_	-		3,650.			3,650.
		Net rental income or (loss) Gross amount from sales of	(i) Securities		3,030.			3,0301
	/ a	F	(i) Securities	(ii) Other	-			
		assets other than inventory			-			
	D	Less: cost or other basis						
		and sales expenses			-			
		Gain or (loss)						
		Net gain or (loss)		<u></u>				
<u>e</u>	8 a	Gross income from fundraising						
en		including \$						
Other Revenu		contributions reported on line 1						
e		Part IV, line 18			-			
됐		Less: direct expenses						
		Net income or (loss) from fundra	· ·	_				
	9 a	Gross income from gaming acti						
		Part IV, line 19			-			
		Less: direct expenses						
	С	Net income or (loss) from gamir	ng activities	<u></u>				
	10 a	Gross sales of inventory, less re	eturns					
		and allowances	а	676.				
	b	Less: cost of goods sold	b	179.				
	С	Net income or (loss) from sales	of inventory		497.		497.	
		Miscellaneous Revenue		Business Code				
	11 a	<u> </u>						
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1,468,181.	0.	497.	31,634.

Form 990 (2017) VMI ALUMNI ASSOCIATION, INC. Part IX Statement of Functional Expenses

Do no 7b, 8b 1 (6) 2 (6) 3 (6)	Check if Schedule O contains a response of include amounts reported on lines 6b, p, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic ondividuals. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign andividuals. See Part IV, lines 15 and 16. Genefits paid to or for members. Compensation of current officers, directors, crustees, and key employees.		-		(D) Fundraising expenses
7b, 8l 1 (2 (3 (i	of include amounts reported on lines 6b, 20, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic individuals. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Genefits paid to or for members. Compensation of current officers, directors,	(A) Total expenses	(B) Program service expenses	(C) Management and	Fundraising
1 (2 (2 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors,		expenses	general expenses	
2 (3 (i	Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors,	137,263.	137,263.		
2 (3 (i	Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors,	137,263.	137,263.		
3 (i	ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors,				
3 (Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16				
i	organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16				
i	ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors,				
	Benefits paid to or for members				
4 1	Compensation of current officers, directors,				
	rustees, and key employees	440.056	- 4 600	54 600	
		143,256.	71,628.	71,628.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	202 006	106 012	106 013	
	Other salaries and wages	393,826.	196,913.	196,913.	
	Pension plan accruals and contributions (include	20 622	10 016	10 016	
	section 401(k) and 403(b) employer contributions)	39,632. 83,442.	19,816. 41,721.	19,816. 41,721.	
	Other employee benefits	40,806.	20,403.	20,403.	
	Payroll taxes	40,000.	20,403.	20,403.	
	Fees for services (non-employees):				
	Management	26,011.		26,011.	
	_egal	5,326.		5,326.	
	Accounting	373201		373201	
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion				
	Office expenses	329,098.	164,257.	164,841.	
	nformation technology				
15	Royalties				
16	Occupancy				
17	Fravel	70,760.	35,380.	35,380.	
18	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates	2,974.	+	2,974.	
	Depreciation, depletion, and amortization	2,974. 515.		515.	
	nsurance	213.		313.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
2	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) ALUMNI EVENTS	201,230.	160,984.	40,246.	
	MISCELLANEOUS	27,112.	17,894.	9,218.	
-	DUES & SUBSCRIPTIONS	8,088.	, 0, 2, 1	8,088.	
d :		,,,,,,,		- ,	
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,509,339.	866,259.	643,080.	0.
	Joint costs. Complete this line only if the organization				
ı	reported in column (B) joint costs from a combined				
(educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2017)
Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any lin	e in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			518,039.	1	480,551
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			15,742.	4	33,049
5	Loans and other receivables from current and for			·		·
	trustees, key employees, and highest compens		, , , , , , , , , , , , , , , , , , ,			
	Part II of Schedule L		· ·		5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	-	,			
	employers and sponsoring organizations of sec					
	employees' beneficiary organizations (see instr).		·		6	
Assets 7	Notes and loans receivable, net				7	
8 Ass	Inventories for sale or use				8	
9	B				9	
	Land, buildings, and equipment: cost or other	I			9	
104	basis. Complete Part VI of Schedule D	100	69,963.			
h		1	55,884.	17,053.	10c	14,079
l b				17,033.	11	
11	Investments - publicly traded securities				12	
12	Investments - other securities. See Part IV, line					
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			550,834.	15 16	527,679
16	Total assets. Add lines 1 through 15 (must equ			92,457.	17	110,460
17	Accounts payable and accrued expenses			34,437.		110,400
18	Grants payable		18			
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
ဖ္ 22	Loans and other payables to current and former					
Liabilities	key employees, highest compensated employee					
<u>ia</u>	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela	•			23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X of			
	Schedule D		Г	00 457	25	110 460
26	Total liabilities. Add lines 17 through 25			92,457.	26	110,460
	Organizations that follow SFAS 117 (ASC 958		ere 🕨 🔼 and			
S S	complete lines 27 through 29, and lines 33 ar			AEO 277		117 210
27 B	Unrestricted net assets			458,377.	27	417,219
를 28 BB 28	Temporarily restricted net assets				28	
필 29					29	
교	Organizations that do not follow SFAS 117 (A	ISC 958), cl	heck here			
<u> </u>	and complete lines 30 through 34.					
8 30	Capital stock or trust principal, or current funds				30	
ິຊ 31 ∀	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances 22	Retained earnings, endowment, accumulated in			450 055	32	448 040
00	Total net assets or fund balances			458,377.	33	417,219
34	Total liabilities and net assets/fund balances			550,834.	34	527,679

Form **990** (2017)

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Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,468	3,1	81.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,509	9,3	39.
3	Revenue less expenses. Subtract line 2 from line 1	3			58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	458	3,3	77.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	41'	7,2	19.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С		audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

VMI ALUMNI ASSOCIATION, INC.

Employer identification number 54-0515753

Pa	Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
he	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti						
3	\Box	A hospital or a cooperative		•			i).	
4	一	A medical research organiza						the hospital's name.
•		city, and state:	i	,				,
5	X	An organization operated for	or the benefit of a col	lege or university owned	d or operate	ed by a go	vernmental unit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (C		lege of armierous, emiles	. o. opo.a.	-		
6		A federal, state, or local gov		ontal unit described in	coction 17	70(h)(1)(A)	(w)	
7	H		-				· ·	aublia dagaribad in
′	ш	An organization that normal	-	iliai part of its support i	rom a gove	mmeman	unit or from the general p	Jublic described in
_		section 170(b)(1)(A)(vi). (C	•	4VAV-1) (Olata D				
8	H	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from c	contributio	ns, membership fees, an	d gross receipts from
		activities related to its exem	pt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	om busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	or section s	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, si	upervised, or controlled	by its supr	orted orga	anization(s), typically by	giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-		
		organization. You must c			, ,			
b		Type II. A supporting orga			tion with its	s supporte	d organization(s), by hay	vina
_		control or management of	· ·					•
		organization(s). You mus			arric persor	iis triat coi	itioi oi manage trie supp	onted
_		Type III functionally inte			in connect	ion with a	and functionally intograte	nd with
·		its supported organization					• •	with,
4		1						zation(a)
d		Type III non-functionally					· · · · · · · · · · · · · · · · · · ·	* *
		that is not functionally into	-		-			/eriess
		requirement (see instructi	•	•	•			
е		Check this box if the orga					Type I, Type II, Type III	
	F	functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.		
t		r the number of supported o		-1				
g		ride the following information Name of supported	(ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga		(v) Amount of monetary	(vi) Amount of other
	,	organization	(-7	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
		-		above (see instructions))	163	140		
ota								

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1700000.	1698600.	1600000.	1704800.	1436050.	8139450.
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	1700000.	1698600.	1600000.	1704800.	1436050.	8139450.
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)						
	Public support. Subtract line 5 from line 4.						8139450.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1700000.	1698600.	1600000.	1704800.	1436050.	8139450.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	34,540.	63,078.	46,438.	42,799.	31,634.	218,489.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					0.	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8357939.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for	-			•		
0	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi						0.7.20
14	,					14	97.39 %
15	Public support percentage from 2016					15	97.18 %
16a	16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the						,
	organization meets the "facts-and-circ			•			>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2017

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	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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.) ction B. Total Support						L
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						_
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•		*	•		
<u> </u>	check this box and stop here						>
	ction C. Computation of Publi					 	
15	Public support percentage for 2017 (I			olumn (f))		15	<u>%</u>
16	Public support percentage from 2016					16	%
_	ction D. Computation of Inves			40		14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7:
19	a 33 1/3% support tests - 2017. If the						. —
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Drivate foundation If the organization	n did not chack a	boy on line 14, 10	or 10h chock th	nic boy and soo in	etructions	▶ 7

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in 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 in 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2-		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
			
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	0-		
	9c		
	10a		
_	10b	\	00:1=
a	an ar ac	10-F71	2017

ı a	Supporting Organizations (continued)			
	r		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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	71 11 3 3		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	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 in (2), 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).			
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 government entity (see instr	uctions)		Na
2	Activities Test. Answer (a) and (b) 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		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>-u</u>		
5	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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
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) Supportir	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions.				
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions 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 1-1/2% 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 .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 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-functional	lly integrated	d Type III supporting orga	anization (see	
	instructions).	-			

Schedule A (Form 990 or 990-EZ) 2017

Par	^ব V │ Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

VMI ALUMNI ASSOCIATION 54-0515753 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

VMI	ALUMNI	ASSOCIATION,	INC.	54-0515753

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

VMI ALUMNI ASSOCIATION, INC.

54-0515753

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
723453 11-01-			990 990-F7 or 990-PF\ (2017)

Name of organization Employer identification number VMI ALUMNI ASSOCIATION, 54-0515753 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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

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 Open to Public Inspection

Name of the organization

VMI ALUMNI ASSOCIATION, INC.

Employer identification number 54-0515753

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II	Par	Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts. Complete if the
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Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	3		eased, extinguished, or terminated by the	e organization during the tax
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Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Samount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Samount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Samount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Samount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling the year Namount of expenses incurred in monitoring, inspecting the seaments during the year Namount of expenses incurred in monitoring the year Namount of expenses incurred in monitoring inspecting the seaments during the year Namount of expenses incurred in monitoring inspecting the seaments during the year Namount of expenses incurred in the year	5			
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S		•		
 ▶ \$	6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
 ▶ \$	_	<u> </u>		
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	7		ing of violations, and enforcing conserva	ation easements during the year
and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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	_	·		(A.) (A.) (D.) (3)
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 S			on's financial statements that describes	the organization's accounting for
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treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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	h			t and balance sheet works of art, historical
relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	b		***	
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			ucation, or research in furtherance of pu	iblic service, provide the following amounts
(ii) Assets included in Form 990, Part X		-		• •
	2			
, , , , , , , , , , , , , , , , , , ,	2			ai gaiii, provide
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	_			• \$
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \bullet\$ \$				_

732051 10-09-17

Schedule D (Form 990) 2017

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

		II ASSOCIAT			_		15753	
Pai	rt III Organizations Maintaining Coll	ections of Art,	Historical Tr	easures, or Otl	her Simi	lar Assets	(continue	ed)
3	Using the organization's acquisition, accession,	and other records,	check any of the	following that are a	a significan	t use of its c	ollection ite	ems
	(check all that apply):							
а	Public exhibition	d	Loan or ex	change programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's collection	ctions and explain h	ow they further t	he organization's e	xempt pur	pose in Part	XIII.	
5	During the year, did the organization solicit or re	ceive donations of a	art, historical trea	asures, or other sim	ilar assets			
	to be sold to raise funds rather than to be maint	ained as part of the	organization's co	ollection?			Yes	☐ No
Pai	rt IV Escrow and Custodial Arrange	ments. Complete	if the organization	on answered "Yes"	on Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Part X							
1a	Is the organization an agent, trustee, custodian	or other intermediar	y for contribution	ns or other assets n	ot include	d		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and							
	, ,	·	J				Amount	
С	Beginning balance				10	,		
d	Additions during the year							
e	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Form						Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch		•		,		_ 100	
	rt V Endowment Funds. Complete if th	e organization answ	rered "Yes" on F	orm 990 Part IV lir	ne 10			
		a) Current year	(b) Prior year	(c) Two years bac		e vears hack	(a) Four v	ears hack
1a	Beginning of year balance	a) ourient year	(b) i noi year	(c) Two years bac	(a) 1111	o yours buok	(C) rour y	bars back
b	Contributions							
C	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs				+			
t	Administrative expenses							
g	End of year balance			<u></u>				
2	Provide the estimated percentage of the current	-	-	a)) neid as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, and 2c should	•						
3a	Are there endowment funds not in the possession	on of the organization	on that are held a	and administered fo	r the orgar	nization		
	by:							es No
	(i) unrelated organizations						3a(i)	_
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required	on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the org		nent funds.					
Pai	rt VI Land, Buildings, and Equipmen							
	Complete if the organization answered "	es" on Form 990, F	Part IV, line 11a.	See Form 990, Part	X, line 10			
	Description of property	(a) Cost or other basis (investment		st or other (c s (other)	c) Accumul depreciati	II	(d) Book v	/alue
1a	Land							
	Buildings							

Schedule D (Form 990) 2017

14,079.

14,079.

e Other

c Leasehold improvements

d Equipment

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

55,884.

69,963.

	ASSOCIATION	, INC.	54	-0515753 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes'	on Form 990, Part IV,	line 11b. See Form 990, F	art X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes'	on Form 990, Part IV,	line 11c. See Form 990, P	art X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or end	-of-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes'		line 11d. See Form 990, F	art X, line 15.	
(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		>	
Part X Other Liabilities.			000 B	
Complete if the organization answered "Yes"	on Form 990, Part IV,		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				

▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(7) (8) (9)

32054 10-09-17 Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

2017
Open to Public

Inspection

Employer identification number Name of the organization 54-0515753 VMI ALUMNI ASSOCIATION, INC. 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 non-cash noncash assistance or assistance FMV, appraisal, assistance other) VIRGINIA MILITARY INSTITUTE PO BOX 932 54-6001803 115 0 NEW CADET RECRUTTING LEXINGTON, VA 24450 15,961. VIRGINIA MILITARY INSTITUTE PO BOX 932 54-6001803 115 0. LEXINGTON, VA 24450 31,513. MOODY HALL OPERATIONS VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON VA 24450 54-6001803 115 89,789 0. PLACEMENT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
VMI ALUMNI ASSOCIATION, INC. AWARD	S ASSISTA	NCE ONLY	TO VIRGINIA	MILITARY	
INSTITUTE, A STATE-SUPPORTED SCHOOL	L. FUNDS	AWARDED AF	RE BASED ON	THE	
INSTITUTE'S NEED AND REQUEST FOR F	UNDS.				

SCHEDULE J (Form 990)

Compensation Information

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

QU I /

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

VMI ALUMNI ASSOCIATION, INC.

Employer identification number 54-0515753

			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			
	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 filing 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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	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		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		<u>X</u>
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:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) DAVID L. PRASNICKI	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	162,002.	6,741.	5,116.	7,200.	1,999.	183,058.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017 VMI ALUMNI ASSOCIATION, INC.	54-0515753	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete the	nis part for any additional information.	
PART I, LINE 1A:		
TYPE OF BENEFIT: TRAVEL FOR COMPANIONS		
LISTED PERSON WHO RECEIVED THE BENEFIT: COO OF VMI ALUMNI ASSOCIATION		
WAS THE BENEFIT TREATED AS TAXABLE TO LISTED PERSON? TRAVEL FOR COMPANIONS		
IS TREATED AS TAXABLE INCOME ONLY IF THERE IS OVERSEAS TRAVEL INVOLVED.		
THERE WAS NOT ANY SUCH TRAVEL FOR THIS FISCAL YEAR.		
TYPE OF BENEFIT: HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES		
LISTED PERSON WHO RECEIVED THE BENEFIT: COO OF VMI ALUMNI ASSOCIATION		
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 O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization VMI ALUMNI ASSOCIATION, INC. 54-0515753 FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELATIONS. FORM 990, PART VI, SECTION A, LINE 6: INC. HAS MEMBERS CONSISTING OF THOSE WHO THE VMI ALUMNI ASSOCIATION, GRADUATED AND ATTENDED VMI. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ALUMNI ASSOCIATION ELECT DIRECTORS OF THE ALUMNI ASSOCIATION. FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO ITS FILING, A PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS DISTRIBUTED TO AND REVIEWED BY THE BOARD MEMBERS DURING A SCHEDULED MEETING. SINCE A COMPLETE COPY OF THE FORM 990 WAS NOT PROVIDED TO THE BOARD, THE FOUNDATION 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. A CONFLICT OF INTEREST POLICY WHICH GOVERNS ALL BOARD MEMBERS IS IN PLACE AND REVIEWED AND UPDATED ANNUALLY FOR EXISTING AND NEW BOARD MEMBERS. IF A CONFLICT BETWEEN THE ORGANIZATION AND A BOARD MEMBER ARISES, THAT BOARD MEMBER RECUSES HIMSELF FROM VOTING OR OTHERWISE INFLUENCING POLICY ON THAT MATTER.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

VMI ALUMNI ASSOCIATION, INC.	54-0515753
THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS	ALL SALARIES.
COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSIT	E AND ARE ALSO
AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN AUDIT COMMITTEE IN PLACE THAT ASSU	MES
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION	N 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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization VMI ALUMNI ASS	OCIATION, INC.				Employer identifi		ımber
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r (d)	me End-of-year a	assets Direct	(f) controlling ntity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one o	or more related tax-exe	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))	(f) Direct controlling entity	Section 5 contr	olled

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity		512(b)(13) rolled ity?
				501(c)(3))		Yes	No
VMI FOUNDATION, INC 54-0505966	SUPPORT VIRGINIA MILITARY						
PO BOX 932	INSTITUTE, A						
LEXINGTON, VA 24450	STATE-SUPPORTED SCHOOL	VIRGINIA	501(C)(3)	LINE 7			X
VMI KEYDET CLUB, INC 52-1300039							
PO BOX 932	SUPPORT INTERCOLLEGIATE						
LEXINGTON, VA 24450	ATHLETIC PROGRAMS AT VMI	VIRGINIA	501(C)(3)	LINE 7			X
VMI ALUMNI AGENCIES BOARD, INC 54-1429093							
PO BOX 932	RECEIVE AND MANAGE ASSETS						
LEXINGTON, VA 24450	FOR THE SUPPORT OF VMI	VIRGINIA	501(C)(3)	LINE 12B, II			Х

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

Schedule R (Form 990) 2017

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)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate itions?	Code V-UBI amount in box	General of managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
-											
											<u> </u>
-											
-											
							<u> </u>	ļ			

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		tion b)(13) rolled tity?
		country						Yes	No

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

Yes No

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X
					1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		_X_
g	Sale of assets to related organization(s)				1 g		_X_
h	Purchase of assets from related organization(s)				1h		_X_
i	Exchange of assets with related organization(s)				1i		_X_
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	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 organizations				11		<u>X</u>
	Performance of services or membership or fundraising solicitations by related organ				1m		<u>X</u>
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			<u>1n</u>	X	
0	Sharing of paid employees with related organization(s)				10	Х	
							37
	Reimbursement paid to related organization(s) for expenses				1 p		<u>X</u>
q	Reimbursement paid by related organization(s) for expenses				1q		X
							v
					1r		<u>X</u>
	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on w				1s		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
	,	type (a-s)	7 1110 2111 1111 211 22		0,,,,		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)		<u> </u>	<u> </u>				
732163	3 09-11-17	4.1		Schedule	K (For	n 990)	2017

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partne	(k) Percentage ownership
	-								
									+
									-
									-
	_								000) 0047

Form 990-T	E	Exempt Organization Bus			x Return		OMB No. 1545-0687
		(and proxy tax unde					0047
	For ca	alendar year 2017 or other tax year beginning $\ \underline{JUL} \ \ 1$,	201	.7 , and ending JUN	30, 201	8 .	201/
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for in: Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name cl	nanged a	and see instructions.)		(Emp	oyer identification number loyees' trust, see actions.)
B Exempt under section	Print	VMI ALUMNI ASSOCIATION	, IN	C.		5	4-0515753
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box				E Unrela	ated business activity codes
408(e) 220(e)	Туре	PO BOX 932				1 330)	nati dettoria.)
408A 530(a)		City or town, state or province, country, and ZIP or	foreign	postal code		712	200
529(a) C Book defined all assets		LEXINGTON, VA 24450				713	200
at end of vear	70	F Group exemption number (See instructions.) G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a	\ truet	Other trust
		ary unrelated business activity. \triangleright SALE OF			40 I(a) trust	Other trust
		poration a subsidiary in an affiliated group or a paren				Ye	es X No
	-	tifying number of the parent corporation.	เ-อนมอเน	iary controlled group:			55 [21] 110
		THE ORGANIZATION		Telephon	e number 🕨 5	40-	464-7383
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	es	676.		. ,			()
b Less returns and allog		c Balance	1c	676.			
		e A, line 7)	2				
3 Gross profit. Subtract			3	676.			676.
		ch Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b				
		sts	4c				
		nips and S corporations (attach statement)	5				
6 Rent income (Schedu	le C)		6				
7 Unrelated debt-finance	ed inco	me (Schedule E)	7				
8 Interest, annuities, ro	yalties, a	and rents from controlled organizations (Sch. F) $_{\dots}$	8				
9 Investment income of	a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
		ome (Schedule I)	10				
11 Advertising income (S	Schedul	e J)	11				
		ns; attach schedule)	12				67.6
13 Total. Combine lines	3 throu	ıgh 12	13	676.			676.
		ot Taken Elsewhere (See instructions fo utions, deductions must be directly connected			oomo)		
		·				1	
		rectors, and trustees (Schedule K)				14	
						15	
						16	
						17	
						18	
19 Taxes and licenses20 Charitable contribution	(So	e instructions for limitation rules)				20	
		562)				20	
22 Less depreciation of	aimed o	n Schedule A and elsewhere on return				22b	
		To deficulte A and disconfict of Tetarn				23	
		mpensation plans				24	
						25	
		chedule I)				26	
		hedule J)				27	
28 Other deductions (at	tach scl	hedule)		SEE STATE	MENT 1	28	179.
		14 through 28				29	179.
30 Unrelated business	axable i	ncome before net operating loss deduction. Subtract	line 29	from line 13		30	497.
		n (limited to the amount on line 30)				31	497.
		ncome before specific deduction. Subtract line 31 fro				32	0.
		y \$1,000, but see line 33 instructions for exceptions				33	1,000.
	taxable	income. Subtract line 33 from line 32. If line 33 is	greater t	han line 32, enter the smal	ler of zero or		
line 32						3/	0.

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Page 2

Part I	II Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \[\\$ \] (2) \[\\$ \] (3) \[\\$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)			
C	Income tax on the amount on line 34	→ 35c		0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
	Tax rate schedule or Schedule D (Form 1041)	▶ 36		
37	Proxy tax. See instructions	▶ 37		
38	Alternative minimum tax			
39	Tax on Non-Compliant Facility Income. See instructions	39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40		0.
Part I				
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a			
b	Other credits (see instructions) 41b			
C	General business credit. Attach Form 3800 41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	-		
	Total credits. Add lines 41a through 41d			
42	Subtract line 41e from line 40			0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched)			
44	Total tax. Add lines 42 and 43	44		0.
	Payments: A 2016 overpayment credited to 2017 45a			
	2017 estimated tax payments 45b			
	Tax deposited with Form 8868 45c			
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d			
	Backup withholding (see instructions) 45e			
	Credit for small employer health insurance premiums (Attach Form 8941) Other and the and provided and provid			
g	Other credits and payments: Form 2439			
40	Form 4136 Other Total • 45g	- 40		
46	Total payments. Add lines 45a through 45g	46		
47				0.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	► 48 ► 49		0.
49 50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	50		<u> </u>
Part \		30		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
01	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		103	110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	here			Х
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			 x
02	If YES, see instructions for other forms the organization may have to file.			+
53	Enter the amount of tax-exempt interest received or accrued during the tax year \bigs\\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kr	owledge and b	elief, it is true,	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	T		
Here	TREASURER	-	discuss this return r shown below (see	with
	Signature of officer Date Title	-)? X Yes	No
	Print/Type preparer's name Preparer's signature Date Check	if PTII	V .	
Paid	JOSEPH S. NADDER, JOSEPH S. NADDER, self-emplo	_		
Prepa	HTT 11 /12 /10	· .	01240960)
Use C	DIVON HUGUING COODWAN LLD		6-074798	
036 (901 EAST CARY STREET, SUITE 1000			
	Firm's address ► RICHMOND, VA 23219 Phone no	(804) 282-76	36

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation ► N/A				
1 Inventory at beginning of year				Inventory at end of year	r		6	
2 Purchases				Cost of goods sold. Su				
3 Cost of labor	3			from line 5. Enter here				
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquirec	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty	<i>(</i>)
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued				2(a) Dodustions directly	, oonn	acted with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	nd 2(b)	(attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns	2(a) and 2(b). Er	iter				(b) Total deductions. Enter here and on page 1,		_
here and on page 1, Part I, line 6, column	1 (A)	>			0.	Part I, line 6, column (B)	. 🕨	0.
Schedule E - Unrelated Dek	ot-rinanced	income (see	instru	ctions)		O Destructions alterests		d
			2	2. Gross income from		Deductions directly con to debt-finance		
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
						(attach schedule)		(attach schedule)
(1)							+	
(2)							+	
(3)							+	
(4)								
4. Amount of average acquisition	5 Average	adjusted basis	6	Column 4 divided		7. Gross income		8 Allocable deductions
debt on or allocable to debt-financed property (attach schedule)	debt-fina	allocable to inced property h schedule)		by column 5		reportable (column 2 x column 6)		(column 6 x total of columns 3(a) and 3(b))
(1)				%			+	
(2)				%				
(3)				%				
(4)				%				
						Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals						0		0.
Total dividends-received deductions in							\top	0.

Schedule F - Interest, A		,	1	Controlled O				,555,110	structions	,
1. Name of controlled organization	iden	mployer ification imber	3. Net unr (loss) (see	related income e instructions)	4. Tota	al of specified nents made	includ	t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	izations		1							
7. Taxable Income	8. Net unrelated income (see instruction)		9. Total	of specified payr made	ments	10. Part of colur in the controlli gross	nn 9 tha ng orgar income	nization's	11. Dec with	ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals					▶			0.		0
Schedule G - Investme	ent Income of a	Section	501(c)(7	7), (9), or (17) Org	anization				
	cription of income			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a (attach s		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals			>		0.					0
Schedule I - Exploited (see instru	Exempt Activit	y Incom	e, Other	Than Adv		g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	xpenses connected roduction nrelated ss income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	page line 10	ere and on 1, Part I, 0, col. (B).							Enter here and on page 1, Part II, line 26.
Totals • Advantisi	0.		0.							0
Schedule J - Advertisi		instructio	,	11: - 1 - 1	D:					
Part I Income From	Periodicals Re _l	oorted c	n a Cons	solidated	Basis					
1. Name of periodical	2. Gross advertising income	ad	3. Direct vertising costs	or (loss) (c col. 3). If a g	ising gain ol. 2 minus ain, compute nrough 7.	5. Circulatincome		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)				_						
(3) (4)										
Totals (carry to Part II, line (5))	>	0.	0	•						0
										Form 990-T (201

723731 01-22-18

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	<u> </u>	OTHER	DEDUCTI	ONS	STATEMENT 1
DESCRIPTIO	N				AMOUNT
POSTAGE					179
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 28			179
FORM 990-T	NET	OPERATING	G LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI	JSLY	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16 06/30/17	7,438. 3,305.		0.	7,438. 3,305.	7,438. 3,305.
NOL CARRYO	OVER AVAILABLE THIS	YEAR		10,743.	10,743.

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STATE COPY

VMI ALUMNI ASSOCIATION, INC. PO BOX 932 LEXINGTON, VA 24450

VIRGINIA DEPT. OF TAXATION P.O. BOX 1500 RICHMOND, VA 23218-1500

TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

JUNE 30, 2018

	JOINE 30, 2010		
PREPARED FOR:			
VMI ALUMNI ASSOCIATION,	INC.		
PO BOX 932			
LEXINGTON, VA 24450			
PREPARED BY:			
DIXON HUGHES GOODMAN			
901 EAST CARY STREET, S	UITE 1000		
RICHMOND, VA 23219			
TO BE SIGNED AND DATED BY:			
NOT APPLICABLE			
AMOUNT OF TAX:			
TOTAL TAX	\$	<u>0</u>	
LESS: PAYMENTS AND CREDITS	\$	0	
PLUS: OTHER AMOUNT PLUS: NTEREST AND PENALTIES	Φ	<u>0</u>	
NO PAYMENT REQUIRED	\$ \$	<u> </u>	
OVERPAYMENT:			
CREDITED TO YOUR ESTIMATED	\$	0	
TAX OTHER AMOUNT	¢		
REFUNDED TO YOU	\$ 	0 0	
MAKE CHECK PAYABLE TO:			
NOT APPLICABLE			
MAIL TAX RETURN AND CHECK (IF APPLIC	CABLE) TO:		
THIS RETURN HAS BEEN P	REPARED FOR ELE	ECTRONIC FILING. IF YOU	WISH TO
HAVE IT TRANSMITTED ELE			
AND RETURN VA-8879C TO			
ELECTRONIC RETURN TO TRETURN TO THE VADOT.	THE VADOT. DO NO	I MAIL THE PAPER COPY	OF THE
RETURN TO THE VADOT.			
RETURN MUST BE MAILED ON OR BEFOR	E:		

SPECIAL INSTRUCTIONS:

NOT APPLICABLE

Form 500 Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

2017 Virginia Corporation Income Tax Return



FIS	CAL or Attention: Return must be filed electr	onically lise	this form only if you have an approved	waiver			Official Use Only	
	DRT Year Filer: Beginning Date JULY 1, 2	•	; Ending Date JUNE 30		18			
	Short Year Return Change in Accounting		, Ending Date 3 31411 3 3	, 20				
Ev.	checking the box to the right, I (we) authorize the		ent to discuss this return with the ur	ndereian	ad nran	arer 📥	· X	
FEI		е верания	ent to discuss this return with the di	lucisign	eu prepa	arer. /		_
	54-0515753					Check all t	that apply:	
Nai								
							ial Filer	
Ι,	TMT ATTIMATE ACCOUNTANTON	TNO					me Change	
	MI ALUMNI ASSOCIATION, illing Address	INC.				1 —	iling Address Change	
						│ Phy	ysical Address Change)
-	PO BOX 932					State	ZIP Code	
Ι ΄	•							
	JEXINGTON ysical Address (if different from Mailing Address)					VA Entity Type Co		
	•						de	
	804 LETCHER AVE sical City or Town			State	ZIP Code	NP	NAICS	
'								
	LEXINGTON te Incorporated State or Country of Incorporation		Description of Business Activity	VA	244	50	713200	
_1	2/13/1919 VIRGINIA		SALE OF MERCHAND	ISE				
	Check Applicable Boxes	Final Re	eturn		Corporat	te Telecomi	munications Company	,
					•			
	Consolidated - Sch. 500AC Enclosed		Return - Check here and applicable	e Er	nter amo	unt from Fo	orm 500T, Line 7:	
	Combined - Sch. 500AC Enclosed	Doxe	s below.				.00	
	Change in Filing Status	Wit	thdrawn	1	loncorp	orate Telec	communications	
	Multistate Sch. 500A Enclosed	Dis	ssolved - No longer liable for tax.		Compan	y Check b	box and enter	
	Schedule 500AB Enclosed	Dissolved Date amount f			from Form 500T, Line 10:			
	X Nonprofit Corporation	L Me	erged				.00	
		Me	erger Date	. E	ectric :	Supplier Co	ompany	
	Enter number of affiliates	Me	erged FEIN #	Er	nter amo	unt from Sc	ch. 500EL, Line 7 or 14:	
		so	Corp Effective				.00	
								_
	Amended Return		Amended Return - Check here an	d L	Non	refundable	or Refundable	
	Complete Form 500 and Schedule 500ADJ.		other applicable boxes.	_	Cred	dit Change		
	Enclose an explanation of changes to income and modifications.		Federal Audit - Enclose		Sch	edule 500Al	B Changes	
	and modifications.		copy of IRS final determination.		Сар	ital Loss Ca	arryback	
	DO NOT FILE THIS FORM TO CARRY BACK		Schedule 500A Changes		Oth	ner - Enclose explanation.		
	NET OPERATING LOSS. File Form 500NOLE). <u> </u>	Schedule 500ADJ Changes					
	Questions and Related Information							
	Quodicino una Fidiatea information							
Α	Have you made any payments to an affiliated	corporation,	a related individual, or other related	l entity f	or intere	st, royalties	or other expenses	
	related to intangible property (patents, tradem	arks, copyri	ghts, and similar intangible property)? If yes	, comple	te and enclo	ose Schedule 500AB.	
		Ente	er Exception amount from Schedu	ile 500A	B, Line	8 A	.00	<u>)</u>
В	RESERVED FOR FUTURE USE.					B XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Χ
С	If a net operating loss deduction was claimed	in computin	g federal taxable income on the	(1)	Year of I	loss		_
	U.S. Corporation Income Tax Return, provide	the requeste	ed information. If a NOL resulted	(2)	Federal	NOL	.00)
	from a merger, enter the FEIN of the company	generating	the NOL prior to the merger date.	(3)	Percent	of federal		
	FEIN		SEE STATEMENT	' 1	NOL use	ed this year	<u></u>	%
	(If there are NOLs for more than one year, enclose a		each year with the information requested	d in Secti	on C.)			
D	If Pass-Through Entity Withholding is claimed,	enter the nu	umber of Schedules					
	VK-1 and complete and enclose Schedule 500	ADJ, Page 2	2.				D	
Е	Has your federal income tax liability been rede	, ,		year(s)	that		Year E	
	has not previously been reported to the Depar		• • • • • • • • • • • • • • • • • • • •	,			Year	
F	Location of corporation's books						Year	_
	•							
	Contact for corporation's books THE OR	GANT7.A	TTON Contact r	ohone ni	umber	540	-464-7383	

2017 Virginia Form 500

Page 2

FEIN 54-0515753



INCOME		
Federal taxable income (from enclosed federal return)	1.	0 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7		.00.
3. Total (add Lines 1 and 2)		.00.
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)		.00.
TAX COMPUTATION		
8. Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, so	skip to Line 9.	
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)		.00.
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g)		%
	8(c)	.00.
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	0 .00
PAYMENTS AND CREDITS		
10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	3 10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00.
12. 2017 estimated Virginia income tax payments including overpayment credit from 2016	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A		.00.
15. Pass-through entity total withholding from Schedule 500ADJ, Section D		.00.
16. Total payments and credits (add Lines 12 through 15)	16.	.00
REFUND OR TAX DUE		
17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00.
18. Penalty (see instructions)	18.	.00.
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00.
21. Total due (add Lines 17 through 20)	21.	.00.
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2018 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00
I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by m complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If p based on all information of which he or she has any knowledge.	ne and is, to the best of my knowledge and be orepared by a person other than the taxpayer,	elief, a true, correct, and
Date Signature of Officer	Title	

Date	Signature of Officer	Title TREASURER
Printed Name of Officer MR • DAVID I	. PRASNICKI	Phone Number
	Firm Name JOSEPH S. NADDER, III	Preparer Phone Number (804) 282-7636
Date 11/13/18	Individual or Firm, Signature of Preparer	Address of Preparer 901 EAST CARY STREET, SUITE RICHMOND, VA 23219
Preparer's FEIN, PTIN, or S	SN	Approved Vendor Code 1019

VA 500		NOL CARRYFORM	NARD ADJUSTMENT	STATEMENT 1		
YEAR END DATE	FEDERAL NOL	ADDITION	SUBTRACTION		RCENT OF FEDERAL NOL UTILIZED THIS YEAR	
06/30/16 06/30/17	7,438. 3,305.	-	0. 0.	0.		
NET VIRGINIA	A MODIFICATION			0.	-	

Schedule of Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500. Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

	Name as shown on Virginia return VMI ALUMNI ASSOCIATION, INC.	FEIN 54-05157	53
2.	Form 1120 - Deductions and Taxable Income		
2.	Domestic Production Activities Deduction	1	00
3			
4. \$ 1000 oo 5. Federal Taxable Income after NOL and Special Deductions \$ 5. 0.00 Form 1120, Schedule C - Dividends and Special Deductions \$ 6. 0.00 7. Foreign Dividend Gross-Up 7. 0.00 Form 1120, Schedule K or M-3 8. Tax Exempt Interest 8. 0.00 Form 1984 - Work Opportunity Credit 9. 3. 0.00 Form 9884 - Work Opportunity Credit 9. 3. 0.00 Form 4562 - Special Depreciation Allowance and Other Depreciation 10. 5. 0.00 Form 4562 - Special Depreciation Allowance and Other Depreciation 11. 0.00 10. Special depreciation allowance for qualified property placed in service during the taxable year 10. 0.00 Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss 13. 0.00 Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss 14. Total: Deemed Dividends (Exclude Gross-up) 15. 0.00 16. Total: Deemed Dividends (Exclude Gross-up) 16. 0.00 17. Total: Other Dividends (Exclude Gross-up) 16. 0.00 18. Total: Gross Rents, Royalties, and License Fees 18. 0.00 19. Total: Gross Income from Performance of Services 19. 0.00 Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions 21. 0.00 Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss 0.00 19. Total: Other Dividends (Exclude Gross-up) 16. 0.00 10. Total: Other Dividends (Exclude Gross-up) 17. Total: Interest 17. 0.00 10. Total: Other Dividends (Exclude Gross-up) 18. 0.00 10. Total: Other Dividends (Exclude Gross-up) 19. 0.0			40=
Federal Taxable Income after NOL and Special Deductions 8. Subpart Fincome 6. 0.00 7. Foreign Dividend Gross-Up 7. 0.00 Form 1120, Schedule C • Dividends and Special Deductions 8. Tax Exempt Interest 8. 0.00 Form 1120, Schedule K or M-3 8. Tax Exempt Interest 8. 0.00 Form 5884 • Work Opportunity Credit 9. Salaries and Wages not deducted due to the WOTC 9. 0.00 Form 4562 • Special Depreciation Allowance and Other Depreciation 10. Special depreciation allowance for qualified property placed in service during the taxable year 10. 0.00 11. Property subject to 168(f)(1) election 11. 0.00 12. Other depreciation 2. 0.00 13. Total: Deemed Dividends (Exclude Gross-up) 13. 0.00 14. Total: Deemed Dividends (Exclude Gross-up) 14. 0.00 15. Total: Other Dividends (Exclude Gross-up) 16. 0.00 17. Total: Other Dividends (Exclude Gross-up) 16. 0.00 18. Total: Cores Providends (Exclude Gross-up) 16. 0.00 19. Total: Interest 17. 0.00 18. Total: Cores Rents, Royalties, and License Fees 18. 0.00 19. Total: Cores Rents, Royalties, and License Fees 18. 0.00 19. Total: Cores Income from Performance of Services 19. 0.00 Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions 20. Total: Other Dividends (Exclude Gross-up) 16. 0.00 17. Total: Other Dividends (Exclude Gross-up) 17. Total: Cores Income from Performance of Services 19. 0.00 19. Total: Cores Income or Loss from Outside the US 20. 0.00 Form 1118, Schedule A - Income or Loss Refore Adjustments - Deductions 21. Total: Definitely Allocable - Expenses Related to Gross income from Performance of Services 24. 0.00 24. Total: Definitely Allocable - Expenses Related to Gross income from Performance of Services 24. 0.00 25. Total: Definitely Allocable - Expenses Related to Gross income from Performance of Services 24. 0.00 26. Total: Definitely Allocable - Expenses Related to Gross income from Performance of Services 24. 0.00 27. Total: Total Definitely Allocable Deductions not Definitely Allocable Deductions 26. 0.00 28. Total: Total Defin			1000
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Foreign Dividend Gross-Up	Form 1120, Schedule C - Dividends and Special Deductions		
Form 1120, Schedule K or M-3			
8. Tax Exempt Interest 8. 000 Form \$884 - Work Opportunity Credit		7. <u> </u>	.00
Salaries and Wages not deducted due to the WOTC	Form 1120, Schedule K or M-3		
Salaries and Wages not deducted due to the WOTC 9.	8. Tax Exempt Interest	8. <u> </u>	.00
Special depreciation allowance for qualified property placed in service during the taxable year 10	Form 5884 - Work Opportunity Credit		
Special depreciation allowance for qualified property placed in service during the taxable year 10	Salaries and Wages not deducted due to the WOTC	9	.00
taxable year 10			
taxable year 10	10. Special depreciation allowance for qualified property placed in service during the		
11. Property subject to 168(f)(1) election 11		10.	.00
12. .0.00			
13. Total: Deemed Dividends (Exclude Gross-up) 13.			
14. Total: Deemed Dividend (Gross-up) 14			
14. Total: Deemed Dividend (Gross-up) 14	13. Total: Deemed Dividends (Exclude Gross-up)	13.	.00
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21. Total: Total Gross Income or Loss from Outside the US Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions 22. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization 22			
22. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization 22			
Depreciation, Depletion, and Amortization 22	Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions		
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27. Total: Apportioned Share of Deductions not Definitely Allocable 27			
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28. Total: Net Operating Loss Deduction 29. Total: Total Deductions 29. Total: Total Deductions 29			
29. Total: Total Deductions 29	28. Total: Net Operating Loss Deduction		
	29. Total: Total Deductions		
30. Total: Total Income or (Loss) Before Adjustments	Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income		
	30. Total: Total Income or (Loss) Before Adjustments	30	.00.

VA-8879C Virginia Department of Taxation

Virginia Corporation Income Tax e-file Signature Authorization

Tax Year **2017**

DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name Federal ID Number				
MI ALUMNI ASSOCIATION, INC.	54-0515753			
Part I Tax Return Information				
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.			
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.			
3. Income tax (Form 500, Page 2, Line 9)	3.			
4. Total payments and credits (Form 500, Page 2, Line 16)	4.			
5. Total due (Form 500, Page 2, Line 21)	5.			
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.			
Part II Declaration and Signature Authorization of Officer				
return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, or that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financia funds withdrawal entry to the financial institution account indicated on the 2017 Virginia income tax return for return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does no outside of the territorial jurisdiction of the United States at any point in the process. I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation wall applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to translative selected a personal identification number (PIN) as my signature for the corporation's electronic income	Provider including the amounts shown electronic income tax return. If filing a I Agent to initiate an ACH electronic or payment of state taxes owed on this to receive confidential information ot directly involve a financial institution will remain liable for the tax liability and asmit the complete return to Virginia Tax.			
Officer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 24450 corporation income tax return. DIXON HUGHES GOODMAN LLP	poration's 2017 electronic Virginia			
ERO Firm Name				
I will enter my e-File PIN as my signature on the corporation's 2017 electronic Virginia corporation in if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The	•			
Your Signature	Date			
Part III Certification and Authentication				
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 5492202323 Do not enter all zero				
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2017 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. ERO's may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. ERO's Signature JOSEPH S. NADDER, III				

Form VA-8879C (REV 08/17)

** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

<u>A F</u>	or the	2017 calendar year, or tax year beginning JUL 1, 2017 and e	ending J	<u>UN 30, 2018</u>		
	Check if pplicable	C Name of organization		D Employer identific	cation number	
Г	Addres	S VMI ALUMNI ASSOCIATION, INC.				
Name change Initial return Final return/		Doing business as	54-0515753			
		Number and street (or P.0. box if mail is not delivered to street address) PO BOX 932		E Telephone number 540-464-7383		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,468,360.	
	Amend return			H(a) Is this a group re	eturn	
	Application	F Name and address of principal officer: MR. DAVID L. PRASNI	CKI	for subordinates		
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No	
1 7	Гах-ехе	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or	r 527	1	list. (see instructions)	
		e: ► WWW.VMIAA.ORG		H(c) Group exemptio		
KF	orm of	organization: X Corporation Trust Association Other	L Year		■ State of legal domicile: VA	
	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: ${ m { t TO}}{ m { t AS}}$	SIST	THE VIRGINIZ	A MILITARY	
Activities & Governance]	INSTITUTE (VMI), A STATE SCHOOL, BY DEVELO	OPING	AND SUPPORT	ING ALUMNI	
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.	
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	25	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			25	
δ. 80	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	15	
/ŧi	6	Total number of volunteers (estimate if necessary)		6	0	
Ċ		Total unrelated business revenue from Part VIII, column (C), line 12			497.	
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.	
				Prior Year	Current Year	
Φ	8 (Contributions and grants (Part VIII, line 1h)		1,704,800.	1,436,050.	
Revenue	9 1	Program service revenue (Part VIII, line 2g)		0.	0.	
	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,183.	11,850.	
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,311.	20,281.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,744,294.	1,468,181.	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		278,064.	137,263.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		718,910.	700,962.	
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ě	b ·	Total fundraising expenses (Part IX, column (D), line 25)	0.			
Ú	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		679,053.	671,114.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,676,027.	1,509,339.	
	19	Revenue less expenses. Subtract line 18 from line 12		68,267.	-41,158.	
Net Assets or			Ве	ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		550,834.	527,679.	
T As	21	Total liabilities (Part X, line 26)		92,457.	110,460.	
	22	Net assets or fund balances. Subtract line 21 from line 20		458,377.	417,219.	
	art II	Signature Block				
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is	
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.		
		Signature of officer		 Date		
Sig	- 1	,		Dale		
Her	е	MR. DAVID L. PRASNICKI, TREASURER Type or print name and title				
			Ιr	Date Check C	TI PTIN	
De!		Print/Type preparer's name Preparer's signature TOCERN C NADDER TIT	1			
Paid	1	JOSEPH S. NADDER, III JOSEPH S. NADDER	., <u>тт </u> т	1/13/18 self-employ		
-	arer	Firm's name DIXON HUGHES GOODMAN LLP		Firm's EIN ▶	56-0747981	
use	Only	Firm's address 901 EAST CARY STREET, SUITE 1000		, , , o	041 202 7626	
		RICHMOND, VA 23219		Phone no. (8		
ıvla\	/ tne IH	S discuss this return with the preparer shown above? (see instructions)			X Yes No	

Pai	t III Statement of Program Service	•	
_		e or note to any line in this Part III	
1	Briefly describe the organization's mission: THE PURPOSE OF THE VMT	ALUMNI ASSOCIATION INC.	IS TO ORGANIZE THE
	ALUMNI OF VMI INTO ONE		
2		program services during the year which were no	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schee	dula O	Yes X No
3	,	dule O. se significant changes in how it conducts, any pr	rogram services? Yes X No
•	If "Yes," describe these changes on Schedule		Ogram Scr vices:
4		ccomplishments for each of its three largest pro	gram services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations a	re required to report the amount of grants and a	llocations to others, the total expenses, and
	revenue, if any, for each program service repor		262
4a		, 259. including grants of \$ 137 grants of \$ PUBLICATION	
		I UNITY AND PRIDE, ALUMN	
	CONVENTIONS.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule	0)	
-tu		O.) ing grants of \$	nue\$
4e	Total program service expenses	866,259.	
			Form 990 (2017)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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	
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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			l
	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		Х
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	X	
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	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا		v
40	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,"	ا مد ا		v
	complete Schedule G. Part III	19	000	X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes"			
		26		x
27	complete Schedule L, Part II	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
_	, , , , , , , , , , , , , , , , , , , ,	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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			\ . ,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) VMI ALUMNI ASSOCIATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?	·······		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthorit	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a	igsquare	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 Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep	ccount	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	\bigsqcup	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b	$\sqcup \sqcup$	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgai	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	\sqcup	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired	_		37
_	to file Form 8282?	i i		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		20	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are strictly and provided funds. Did a deapy advised funds are provided funds.			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
0	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any tayable distributions under section 49662			9a		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		l			
 а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$	•	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	In the consequent in the consequence of the consequ			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b	لـــــا	
				Form	990	(2017)

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 in 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 25			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		7.7	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			٦,
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	
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			
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
40-	Did the averagination have least shorters by another average of	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	I Ia		- 23
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in 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	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable)	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	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			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization		orga	ııı∠a			iper	ાડતાઉ			(E)
(A) Name and Title	(B)			Pos	C) ition	1		(D)	(E)	(F) Estimated
name and Title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation	amount of
	week					r/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	In stit utio nal tru stee		Key employee	Highest compensated employee				and related
	below	ividu	tt utic	Officer	/ emp	hest	Former			organizations
(1) 7077 11 1377777	line)	n n	Si.	#0	Ş.	e Ei	For			
(1) JOEL W. ANDRUS	2.00	37								0
BOARD MEMBER	2 00	Х	_					0.	0.	0.
(2) WILLIAM R. CHARLET	2.00	3,7								0
BOARD MEMBER	2 00	Х	_					0.	0.	0.
(3) COLONEL MICHAEL A. KELLY	2.00	.,								0
BOARD MEMBER		Х						0.	0.	0.
(4) CLIFFORD A. CRITTSINGER	2.00									•
BOARD MEMBER	1 2 00	Х						0.	0.	0.
(5) DAVID P. LODUCA	2.00	3,7								0
BOARD MEMBER	2.00	Х						0.	0.	0.
(6) H. LARRY MAYS, JR. BOARD MEMBER	2.00	Х						0.	0.	0.
(7) PATRICK J. GRIFFIN	2.00	Δ	\vdash					0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(8) DENNIS A. HACKEMEYER	2.00	77						0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
(9) C. PATRICK HADDOCK	2.00							•	•	•
BOARD MEMBER	2.00	х						0.	0.	0.
(10) MATTHEW R. HEMENEZ	2.00							•	•	•
BOARD MEMBER	2,00	х						0.	0.	0.
(11) JAMES E. HENRY, JR.	2.00	T-								
BOARD MEMBER		Х						0.	0.	0.
(12) SEAN P. HINGLEY	2.00							-	-	-
BOARD MEMBER		Х						0.	0.	0.
(13) JEFFREY L. MINCH	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MAJOR E. SEAN LANIER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ROBERT P. LOUTHAN	2.00									
BOARD MEMBER	5.00	Х		L	L	L	L	0.	0.	0.
(16) ANTHONY U. MOORE	2.00									
SECOND VICE PRESIDENT		Х	L	L	L		L	0.	0.	0.
(17) MICHAEL S. OGDEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
732007 11-28-17										Form 990 (2017)

54-0515753

hours for related organizations organizations organizations organizations organizations organizations organizations organizations organization organ	other impensation from the reganization and related reganizations 0.
(18) CAPTAIN ASA H. PAGE, III 2.00	
(19) T. BRYAN BARTON 2.00	0.
BOARD MEMBER 7.00 X 0.	
(20) U. "BUZZ" BIRZENIEKS 2.00	
BOARD MEMBER 7.00 X 0.	0.
(21) JESSICA J. SCHMAUS 2.00	
BOARD MEMBER X 0. 0.	0.
(22) SAMUEL N. STOCKS 2.00	
FIRST VICE PRESIDENT X 0.	0.
(23) DOUGLAS B. WARNER 2.00	
BOARD MEMBER X 0. 0.	0.
(24) HILBERT W. WILKINSON, III 2.00	
BOARD MEMBER X 0. 0.	0.
(25) A. DAMON WILLIAMS 2.00	_
BOARD MEMBER X 0. 0.	0.
(26) THOMAS A. BRASHEARS 40.00	п поо
CHIEF OPERATING OFFICER X 101,428. 0.	7,739.
1b Sub-total • 101,428. 0.	7,739.
	13,545. 21,284.
	<u> </u>
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	1
compensation from the organization	Yes No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on	100 110
line 1a? If "Yes," complete Schedule J for such individual	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	Х
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	X
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation f	from
the organization. Report compensation for the calendar year ending with or within the organization's tax year.	(0)
	(C) pensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of componentian from the organization.	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 VMI ALUMN	NI ASSOC	!IA	ΙΤ	ON	ſ <u>,</u>	IN	С.		54-051	5753
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	c) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ADAM C. VOLANT EXECUTIVE VICE PRESIDENT	40.00			x				49,679.	0.	4,346.
(28) DAVID L. PRASNICKI PREASURER	2.00			х				0.	173,859.	9,199.
MINORIK	44.00			Λ				0.	173,033.	J, 133.
Fotal to Part VII, Section A, line 1c	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			49,679.	173,859.	13,545

Form 990 (2017) VMI ALU
Part VIII Statement of Revenue

		Check if Schedule O contains	a response	or note to anv lir	ne in this Part VIII			
		3.330.1.23.1.23.1.2	<u> </u>	 	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10.10	4.	- Fodorated compaigns	1a			Tevende	Toveride	312 - 314
ants	1 a	Federated campaigns			_			
Contributions, Gifts, Grants and Other Similar Amounts	D.	Membership dues			-			
fts, Ar		Fundraising events		436,050.	_			
ia gi	0	Related organizations	····	1 30,030•	-			
ons, Sirr	e •	 Government grants (contributions All other contributions, gifts, grants, a 			-			
e të	'	similar amounts not included above	1 1					
ē.	_	•			-			
ou	9	Noncash contributions included in lines 1a-1f	_		1,436,050.			
Oe		Total. Add lines 1a-1f		Business Code				
	0.0			Business Code				
/ice	2 a							
er, ne	b	•						
m S	C	_						
gra Re	d							
Program Service Revenue	e							
_		All other program service revenue Total. Add lines 2a-2f						
	3	Investment income (including divi						
	3	other similar amounts)			11,850.			11,850.
	4	Income from investment of tax-ex			11,0301			11/0301
	5	Royalties			16,134.			16,134.
	3	Noyalties	(i) Real	(ii) Personal	10,131.			10/1310
	6 a	Gross rents	3,650.		-			
		Less: rental expenses	0.		-			
		Rental income or (loss)	3,650.		-			
		Net rental income or (loss)			3,650.			3,650.
) Securities	(ii) Other	3,0301			3,0301
	, .	assets other than inventory	Counties	(ii) Other	-			
	h	Less: cost or other basis						
	~	and sales expenses						
	_	Gain or (loss)			-			
		Net gain or (loss)		•				
er		Gross income from fundraising ev	ents (not					
le l		including \$						
Other Revenu		contributions reported on line 1c).						
Jer		Part IV, line 18			-			
₹		Less: direct expenses						
		Net income or (loss) from fundrais						
	9 a	Gross income from gaming activit						
		Part IV, line 19			_			
		Less: direct expenses						
		Net income or (loss) from gamingGross sales of inventory, less retu						
	10 a	• •		676.				
	h	and allowances Less: cost of goods sold		4 = 0				
		Net income or (loss) from sales of			497.		497.	
		Miscellaneous Revenue		Business Code			23,0	
	11 a	I						
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,468,181.	0.	497.	31,634.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 137,263. 137,263. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 71,628. 143,256. 71,628. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 393,826. 196,913. 196,913. Other salaries and wages 7 Pension plan accruals and contributions (include 39,632. 19,816. 19,816. section 401(k) and 403(b) employer contributions) 41,721. 41,721. 83,442. Other employee benefits 9 40,806. 20,403. 20,403. 10 Payroll taxes Fees for services (non-employees): Management 26,011. 26,011. Legal 5,326. 5,326. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 329,098. 164,257. 164,841. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 70,760. 35,380. 35,380. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,974. 2,974. Depreciation, depletion, and amortization 22 515. 515. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 201,230. 160,984. 40,246. ALUMNI EVENTS **MISCELLANEOUS** 27,112. 17,894. 9,218. DUES & SUBSCRIPTIONS 8,088. 8,088. С d All other expenses 1,509,339. 866,259. 643,080. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X | Balance Sheet

Par	t X	Balance Sheet						
		Check if Schedule O contains a response or not	e to any	line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			518,039.	1	480,551.	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net				3		
	4		Accounts receivable, net					
	5	Loans and other receivables from current and fo			15,742.	4	33,049.	
	_	trustees, key employees, and highest compensa		<i>'</i>				
		Part II of Schedule L				5		
	6	Loans and other receivables from other disquali						
	·	section 4958(f)(1)), persons described in section						
		employers and sponsoring organizations of sect						
.		employees' beneficiary organizations (see instr).		·		6		
Assets	7					7		
Ass		Notes and loans receivable, net				8		
1	8	Inventories for sale or use				9		
	9					9		
	iua	Land, buildings, and equipment: cost or other	40-	60 063				
		basis. Complete Part VI of Schedule D	10a	69,963. 55,884.	17,053.	40	1/ 070	
		Less: accumulated depreciation			17,055.	10c	14,079.	
	11	Investments - publicly traded securities		11				
	12	Investments - other securities. See Part IV, line 1		12				
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11				15	F07 C70	
\rightarrow	16	Total assets. Add lines 1 through 15 (must equ			550,834. 92,457.	16	527,679.	
	17	Accounts payable and accrued expenses			92,457.	17	110,460.	
	18	Grants payable			18			
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete				21		
es	22	Loans and other payables to current and former						
≝		key employees, highest compensated employee	es, and o	disqualified persons.				
Liabilities		Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrela				23		
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	17-24).	Complete Part X of				
		Schedule D				25	112 122	
\longrightarrow	26	Total liabilities. Add lines 17 through 25			92,457.	26	110,460.	
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and				
es		complete lines 27 through 29, and lines 33 an			450 055		44 5 04 0	
ŭ	27	Unrestricted net assets			458,377.	27	417,219.	
3ale	28	Temporarily restricted net assets				28		
힐	29			<u> </u>		29		
ᇤ		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖 📗				
٥		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds				30		
\SS(31	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, c	or other funds		32		
ž	33	Total net assets or fund balances			458,377.	33	417,219.	
	34				550,834.	34	527,679.	

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,4	68	, 18	31.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,5	09	, 33	39.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	41	, 15	8.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	58	, 37	77.
5 Net unrealized gains (losses) on investments5						
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B)) 10					L9.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
				Υ	es	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 in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		Х
	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?		2	b 2	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	c :	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit			
	Act and OMB Circular A-133?		з	а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	lit		T	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		з	b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

54-0515753

Name of the organization

VMI ALUMNI ASSOCIATION, INC.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

ation is not a private foundation because it is: (For lines 1 through 12, check only one box.)

Γhe	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz						the hospital's name,
		city, and state:	•					
5	X	An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
		section 170(b)(1)(A)(vi). (Complete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from c	contributio	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support t	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acquii	red by the organization a	ifter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus			·			
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	= ::				• •	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information			(iv) Is the orga	nization lieted		
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1700000.	1698600.	1600000.	1704800.	1436050.	8139450.
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	1 7 2 2 2 2 2	1.500.500	1.600000	4504000	1105050	2122152
4	Total. Add lines 1 through 3	1700000.	1698600.	1600000.	1704800.	1436050.	8139450.
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)						0120450
	Public support. Subtract line 5 from line 4.						8139450.
	• • • • • • • • • • • • • • • • • • • •	(-) 0040	(1-) 004.4	(-) 0045	(-1) 0040	(-) 0047	(f) T. I. I
	ndar year (or fiscal year beginning in)	(a) 2013 1700000.	(b) 2014 1698600.	(c) 2015 1600000.	(d) 2016 1704800.	(e) 2017 1436050.	(f) Total 8139450.
	Amounts from line 4	1700000	1090000.	1000000	1704800.	1430030.	0139430.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	34,540.	63,078.	46,438.	42,799.	31,634.	218,489.
۵	Net income from unrelated business	34,340.	03,070.	40,450.	12,755	31,031.	210,103.
3	activities, whether or not the						
	business is regularly carried on					0.	
10	Other income. Do not include gain					•	
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8357939.
	Gross receipts from related activities,	etc. (see instruction	ins)			12	
	First five years. If the Form 990 is for	•	,			501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	97.39 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	97 . 18 %
16a	33 1/3% support test - 2017. If the o						
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				►X
b	33 1/3% support test - 2016. If the	· ·		,		,	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶□
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac		•	-	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ			•			.
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		I		T	T	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
108	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 Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	I first second thir	l d fourth or fifth to	l I v vear as a section	1 501(c)(3) organiz	ation
17	check this box and stop here	•		•	•		· . —
Se	ction C. Computation of Publi						
	Public support percentage for 2017 (I			olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by lin	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2017. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						`
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in 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 in 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2-		
	3a		
	3b		
	0-		
	Зс		
	4a		
	4b		
	4c		
	5a		
	Eh		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
19	90 or 99	0-EZ)	2017

Par	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 in (b) and (c)			
		11a		
h		11b		
	• • • • • • • • • • • • • • • • • • • •	11c		
Sect	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported	1		
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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,			
S001	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	tion 6. Type it Supporting Organizations		, ,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations	I	1	
			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 in (2), 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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions 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 1-1/2% 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 .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 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-functional	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

ı aı	Type in Non-Functionally integrated 509(a)(3) Supporting Orga	ilizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	8		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

VMI ALUMNI ASSOCIATION 54-0515753 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

VMI ALUMNI ASSOCIATION, INC.

54-0515753

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,436,050</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

VMI ALUMNI ASSOCIATION, INC.

54-0515753

Part II	Noncash Property (see instructions). Use duplicate copies of Pal	rt II if additional space is needed.	0313733
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		 \$	

Name of organization Employer identification number VMI ALUMNI ASSOCIATION, 54-0515753 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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

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 Open to Public Inspection

Name of the organization

VMI ALUMNI ASSOCIATION, INC.

Employer identification number 54-0515753

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II	Par	Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (auring year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all chorns and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors or for any other purpose conferring impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete ines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of states where property subject to conservation easements is located by a visit of the National Register Number of states where property subject to conservation easements in list of the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year by and section 170ph)(4(B)(B)) 1 Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization easements in the requirements of section 170ph)(4(B)(B)) 9 In Part XIII, describe how t		organization answered "Yes" on Form 990, Part IV, line	e 6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all orders and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). 1 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of pans pace 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements 3 Total arceage restricted by conservation easements 4 Number of conservation easements in cluded in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 5 Number of conservation easements in confided, transferred, released, extinguished, or terminated by the organization during the tax year? 4 Number of states where property subject to conservation easement is located by a value of conservation easements in the located by a subject to conservation easements in the located by a subject to the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year by and section 170(h)(4)(B)(ii) 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year by and section 170			(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor during the tree organization is property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of natural habitat Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Total acreage restricted by conservation easements 5 Number of conservation easements on a certified historic structure included in (a) 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 1 Number of states where property subject to conservation easement is located 2 So Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 2 Amount of expenses incurred of the conservation easements in holds? 3 Amount of expenses incurred of the conservation easements in its revenue and expenses statement, and balance sheet, and include, if applicable, the text of the footnote to the organization easements in this revenue and expenses statement, and balance shee	1	Total number at end of year		
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	7		ing of violations, and enforcing conserva	ation easements during the year
and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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	_	·		(A.) (A.) (D.) (3)
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 S			on's financial statements that describes	the organization's accounting for
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 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X 	. u.			and diminal Addator
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treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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	h			t and balance sheet works of art, historical
relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	b		***	
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			ucation, or research in furtherance of pu	iblic service, provide the following amounts
(ii) Assets included in Form 990, Part X		-		• •
	2			
, , , , , , , , , , , , , , , , , , ,	2			ai gaiii, provide
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	_			• \$
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \bullet\$ \$				

Schedule D (Form 990) 2017

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

Sche	dule D (Form 990) 2017 VMI ALU	MNI ASSOCIA	ATION, INC	•	54-05	15753	Page 2
Pa	t III Organizations Maintaining C	Collections of Art	t, Historical Tre	asures, or Othe	r Similar Assets	(continu	ed)
3	Using the organization's acquisition, access	ion, and other records	s, check any of the t	ollowing that are a s	ignificant use of its o	ollection it	ems
	(check all that apply):						
а	Public exhibition	d	Loan or exc	hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explain	n how they further th	ne organization's exe	mpt purpose in Part	XIII.	
5	During the year, did the organization solicit	or receive donations o	of art, historical treas	sures, or other simila	r assets		
	to be sold to raise funds rather than to be m					Yes	No
Pa	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" or	n Form 990, Part IV,	ine 9, or	
	reported an amount on Form 990, Pa	art X, line 21.					
1a	Is the organization an agent, trustee, custoo	lian or other intermed	iary for contribution	s or other assets not	included	_	
	on Form 990, Part X?				L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	f Ending balance 1f						
2 a	Did the organization include an amount on F	Form 990, Part X, line	21, for escrow or cu	ıstodial account liabi	lity?	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII					<u></u>	
Pa	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	•	e (line 1g, column (a) held as:			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment	%					
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c sho	•					
За	Are there endowment funds not in the posse	ession of the organiza	tion that are held ar	nd administered for t	he organization		
	by:						<u>'es No</u>
	(i) unrelated organizations					3a(i)	_
	(ii) related organizations					3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organize					3b	
4 Do	Describe in Part XIII the intended uses of the		wment funds.				
Pal	t VI Land, Buildings, and Equipn		D-40/12 44 6	F 000 B :::	Page 40		
	Complete if the organization answere	eo reston Form 990	Fartiv line 11a S	ee Form 990 Part X	iine IU		

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment		69,963.	55,884.	14,079.	
е	Other					
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 VMI ALUMNI A	ASSOCIATION,	INC.	54-0515753	Page
Part VII Investments - Other Securities.	•			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 1	2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market v	alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 1	3.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

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

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

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

2017
Open to Public

Inspection

Employer identification number Name of the organization 54-0515753 VMI ALUMNI ASSOCIATION, INC. 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 non-cash noncash assistance or assistance FMV, appraisal, assistance other) VIRGINIA MILITARY INSTITUTE PO BOX 932 54-6001803 115 0 NEW CADET RECRUITTING LEXINGTON, VA 24450 15,961. VIRGINIA MILITARY INSTITUTE PO BOX 932 54-6001803 115 LEXINGTON, VA 24450 31,513. 0. MOODY HALL OPERATIONS VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450 54-6001803 115 89,789 0. PLACEMENT

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	ı (b); and any other ac	Iditional information.	
PART I, LINE 2:					
VMI ALUMNI ASSOCIATION, INC. AWARD	S ASSISTA	NCE ONLY	ro virginia	MILITARY	
INSTITUTE, A STATE-SUPPORTED SCHOOL	L. FUNDS	AWARDED AF	RE BASED ON	THE	
INSTITUTE'S NEED AND REQUEST FOR F	JNDS.				

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.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

VMI ALUMNI ASSOCIATION, INC.

Employer identification number 54-0515753

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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	X	<u> </u>
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	X	<u> </u>
3	Indicate which, if any, of the following the filing 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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X 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		Х
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:	_		v
	The organization?	5a		X
a	Any related organization?	5b		\vdash
_	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:	0-		v
	The organization?	6a		X
b	Any related organization?	6b		\vdash
-	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	7		Х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		\vdash
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			У
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2017

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-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DAVID L. PRASNICKI	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	162,002.	6,741.	5,116.		1,999.	183,058.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017 VMI ALUMNI ASSOCIATION, INC.	54-0515753	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete	this part for any additional information.	
PART I, LINE 1A:		
TYPE OF BENEFIT: TRAVEL FOR COMPANIONS		
TIPE OF BENEFIT: TRAVEL FOR COMPANIONS		
LISTED PERSON WHO RECEIVED THE BENEFIT: COO OF VMI ALUMNI ASSOCIATION		
WAS THE BENEFIT TREATED AS TAXABLE TO LISTED PERSON? TRAVEL FOR COMPANIONS		
TO MEDIANED AS MAYADIE INCOME ONLY TO MUEDE TO OVERGEAS MEAVED INVOLVED		
IS TREATED AS TAXABLE INCOME ONLY IF THERE IS OVERSEAS TRAVEL INVOLVED.		
THERE WAS NOT ANY SUCH TRAVEL FOR THIS FISCAL YEAR.		
MYDE OF DENERTH, HEALTH OF GOGLAL CLUB DUES OF INTELLETON FEES		
TYPE OF BENEFIT: HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES		
LISTED PERSON WHO RECEIVED THE BENEFIT: COO OF VMI ALUMNI ASSOCIATION		
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 O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

54-0515753 VMI ALUMNI ASSOCIATION, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELATIONS. FORM 990, PART VI, SECTION A, LINE 6: INC. HAS MEMBERS CONSISTING OF THOSE WHO THE VMI ALUMNI ASSOCIATION, GRADUATED AND ATTENDED VMI. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ALUMNI ASSOCIATION ELECT DIRECTORS OF THE ALUMNI ASSOCIATION. FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO ITS FILING, A PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS DISTRIBUTED TO AND REVIEWED BY THE BOARD MEMBERS DURING A SCHEDULED MEETING. SINCE A COMPLETE COPY OF THE FORM 990 WAS NOT PROVIDED TO THE BOARD, THE FOUNDATION 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 IS IN PLACE AND REVIEWED AND UPDATED ANNUALLY FOR EXISTING AND NEW BOARD MEMBERS. IF A CONFLICT BETWEEN THE ORGANIZATION AND A BOARD MEMBER ARISES, THAT BOARD MEMBER RECUSES HIMSELF FROM VOTING OR OTHERWISE INFLUENCING POLICY ON THAT MATTER.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization VMI ALUMNI ASSOCIATION, INC.	Employer identification number 54-0515753
THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS	ALL SALARIES.
COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSIT	E AND ARE ALSO
AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN AUDIT COMMITTEE IN PLACE THAT ASSU	MES
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION	N 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 ALUMNI ASS	54-0515753										
Part I Identification of Disregarded Entities. Complete	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity						
Part II Identification of Related Tax-Exempt Organizations during the tax year	ions. Complete if the organization	answered "Yes" on Form 990, Pa	rt IV, line 34, becau	ise it had one or more	related tax-exempt						

(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	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
VMI FOUNDATION, INC 54-0505966	SUPPORT VIRGINIA MILITARY						
PO BOX 932	INSTITUTE, A						
LEXINGTON, VA 24450	STATE-SUPPORTED SCHOOL	VIRGINIA	501(C)(3)	LINE 7			X
VMI KEYDET CLUB, INC 52-1300039							
PO BOX 932	SUPPORT INTERCOLLEGIATE						
LEXINGTON, VA 24450	ATHLETIC PROGRAMS AT VMI	VIRGINIA	501(C)(3)	LINE 7			X
VMI ALUMNI AGENCIES BOARD, INC 54-1429093							
PO BOX 932	RECEIVE AND MANAGE ASSETS						
LEXINGTON, VA 24450	FOR THE SUPPORT OF VMI	VIRGINIA	501(C)(3)	LINE 12B, II			X
]						1
	1						

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

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) Name, address, and EIN of related organization (b) Primary activity Primary activity Of related organization (c) Legal domicile (state or foreign country) Primary activity Of related organization (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Of related, unrelated, excluded from tax under sections 512-514) (g) Share of total income Of rend-of-year assets (h) Disproportionate allocations? Ocade V-UBI amount in box 20 of Schedule K-1 (Form 1065) Of seneral or managing partner? Yes No
Name, address, and EIN of related organization Primary activity Primary activity Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Primary
toreign country) State of foreign country excluded from tax under sections 512-514) assets 20 of Schedule Factor Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes Yes
Country Sections 512-514) Yes No K-1 (Form 1065) Yes No

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?	
		Couriery)						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		X		
С	Gift, grant, or capital contribution from related organization(s)				1c	X			
					1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
	Sale of assets to related organization(s)				1g		<u>X</u>		
h	h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)								
i Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)								
l,	Lagge of facilities, equipment, or other assets from related organization(s)				1k		X		
k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s)									
	Performance of services or membership or fundraising solicitations for related organ Performance of services or membership or fundraising solicitations by related organ				11 1m		<u>X</u>		
					1m	х			
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 									
U	Sharing of paid employees with related organization(s)				10	X			
p Reimbursement paid to related organization(s) for expenses									
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses							X		
•	, , , , , , , , , , , , , , , , , , , ,								
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered rela	ationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved				
(1)									
(2)									
<u></u>									
(3)									
,									
(4)									
(5)									
(6)									
732163	09-11-17			Schedule	R (Forr	n 990)	2017		

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partne	(k) Percentage ownership
	-								
									+
									-
									-
	_								000) 0047

Schedule R	(Form 990) 2017	VMI	ALUMNI	ASSOCIATION,	INC.	54-0515753	Page 5
Part VII	(Form 990) 2017 Supplemental Infor	mation	l .				
	Provide additional inform			questions on Schedule R.	See instructions.		
	_						
						-	

732165 09-11-17 Schedule R (Form 990) 2017

Form 990-T	į t	exempt Organization Bus	sines	s income Ta	ax Return) [OMB No. 1545-0687				
		(and proxy tax und					0047				
	For ca	lendar year 2017 or other tax year beginning $\ { t JUL} \ \ 1$,	201	7 , and ending JUN	1 30, 201	8 .	201/				
Department of the Treasury		► Go to www.irs.gov/Form990T for i	nstruction	s and the latest informa	tion.		On an de Dublie languation for				
Internal Revenue Service	•	Do not enter SSN numbers on this form as it ma	y be made	public if your organizat	ion is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed		Name of organization (Check box if name		(Emp	loyer identification number ployees' trust, see uctions.)						
B Exempt under section	Print	VMI ALUMNI ASSOCIATION	VMI ALUMNI ASSOCIATION, INC.								
X 501(c)(3)	_ or	Number, street, and room or suite no. If a P.O. bo					lated business activity codes instructions.)				
408(e)220(e)	Туре	PO BOX 932					mod dodono.,				
408A 530(a)		City or town, state or province, country, and ZIP	or foreign	postal code							
529(a)		LEXINGTON, VA 24450				713	3200				
Book value of all assets at end of year		F Group exemption number (See instructions.)	>								
527,6		G Check organization type ► X 501(c) con	-	501(c) trust	401(a)	trust	Other trust				
H Describe the organizatio	n's prim	ary unrelated business activity. > SALE OF	MER	CHANDISE							
		poration a subsidiary in an affiliated group or a pare	nt-subsidi	ary controlled group?	> [Y	es X No				
		tifying number of the parent corporation.			<u>_</u>						
		THE ORGANIZATION					464-7383				
		de or Business Income		(A) Income	(B) Expenses	3	(C) Net				
1a Gross receipts or sale		676.		676							
b Less returns and allo		c Balance	1c	676.							
		e A, line 7)	2	676			676				
3 Gross profit. Subtrac			3	676.			676.				
		ch Schedule D)	4a								
		Part II, line 17) (attach Form 4797)	4b								
		stsips and S corporations (attach statement)	4c 5								
5 Income (loss) from p6 Rent income (Schedu			6								
,	,	me (Schedule E)	7								
		and rents from controlled organizations (Sch. F)	8								
		on 501(c)(7), (9), or (17) organization (Schedule G	-								
		ome (Schedule I)	10								
		e J)	11								
		ns; attach schedule)	12								
		igh 12	13	676.			676.				
		ot Taken Elsewhere (See instructions f	or limitati	ons on deductions.)			•				
(Except for	contrib	utions, deductions must be directly connecte	d with the	e unrelated business in	ncome.)						
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14					
						15					
						16					
						17					
						18					
19 Taxes and licenses						19					
		e instructions for limitation rules)				20					
		562)									
		n Schedule A and elsewhere on return		•		22b					
23 Depletion						23					
		mpensation plans				24					
		abadula D				25					
		chedule I)				26					
27 Excess readership c28 Other deductions (a	usis (50	hedule J) nedule)		SEE STATI	тит 1 такий	27	179.				
29 Total deductions. A	itavii 501 .dd linoc	14 through 28		DED DIAII		29	179.				
30 Unrelated business	tavahle i	ncome before net operating loss deduction. Subtra	rt line 20 f	rom line 13		30	497.				
		n (limited to the amount on line 30)				31	497.				
		ncome before specific deduction. Subtract line 31 f				32	0.				
		y \$1,000, but see line 33 instructions for exception				33	1,000.				
		income . Subtract line 33 from line 32. If line 33 is					,				
line 32		22 33		,		34	0.				

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

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Page 2

Part I	II Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \[\\$ \] (2) \[\\$ \] (3) \[\\$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)			
C	Income tax on the amount on line 34	▶ 35c		0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
	· · · · · · · · · · · · · · · · · · ·	▶ 36		
37	Proxy tax. See instructions	▶ 37		
38	Alternative minimum tax			
39	Tax on Non-Compliant Facility Income. See instructions	39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40		0.
Part I				
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 41b			
C	General business credit. Attach Form 3800 41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 41a through 41d			_
42	Subtract line 41e from line 40			0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach scheduler)			
44	Total tax. Add lines 42 and 43	44		0.
	Payments: A 2016 overpayment credited to 2017			
	2017 estimated tax payments 45b			
	Tax deposited with Form 8868 45c			
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d			
	Backup withholding (see instructions) 45e			
	Credit for small employer health insurance premiums (Attach Form 8941) 45f			
g	Other credits and payments: Form 2439			
40	Form 4136 Other Total • 45g	- 40		
46	Total payments. Add lines 45a through 45g	46		
47				0.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	► 48 ► 49		0.
49 50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	50		<u> </u>
Part \		30		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
01	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		103	NO
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	here			Х
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
02	If YES, see instructions for other forms the organization may have to file.			
53	Enter the amount of tax-exempt interest received or accrued during the tax year \blacktrianglerights.			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	owledge and b	elief, it is true,	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Here	TREASURER		discuss this return w r shown below (see	√ith
	Signature of officer Date Title)? X Yes	No
	Print/Type preparer's name Preparer's signature Date Check	if PTII	V	
Paid	JOSEPH S. NADDER, JOSEPH S. NADDER, self-emplo	_		
Prepa	HTT 11 / 12 / 10	, I	01240960	
Use C	DIVON HIGHIG COODWAN LLD		6-074798	
036 (901 EAST CARY STREET, SUITE 1000			
	Firm's address ► RICHMOND, VA 23219 Phone no.	(804) 282-76	36

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation ► N/A					
1 Inventory at beginning of year				Inventory at end of yea	r		6		
2 Purchases	2			7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2					
3 Cost of labor	3								
4 a Additional section 263A costs							7	<u> </u>	
(attach schedule)			8					Yes	No
b Other costs (attach schedule)				property produced or a	,				
5 Total. Add lines 1 through 4b	5			the organization?		111111 D 1 D	<u></u>		
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty	')	
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` ' of rent for	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y conne ınd 2(b)	ected with the income in (attach schedule)	1
(1)				,					
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. ▶		0.
Schedule E - Unrelated Dek	ot-Financed	Income (see	instru	ctions)					
				2. Gross income from		3. Deductions directly cor to debt-finan			
1. Description of debt-fit	nanced property		'	or allocable to debt- financed property	(a)	Straight line depreciation		(b) Other deduction	
	,			maneed property		(attach schedule)		` (attach schedule)	
(1)							+		
<u>(1)</u> (2)							+		
(3)							+		
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%			+		
(2)				%			\top		
(3)				%					
(4)				%					
						Enter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions in	ncluded in colum	 า 8							0.

Form **990-T** (2017)

Schedule F - Interest, A	Annuities,	Royalties					itions	(see ins	struction	ıs)	
			Exempt	Controlled O	rganizatio	ons					
Name of controlled organization		2. Employer identification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organia	zations										
7. Taxable Income		ated income (lo nstructions)	9. Tota	ll of specified pay made	ments	10. Part of colur in the controlli gross			11. De with	eductions directly connected h income in column 10	
(1)											
(2)											
(3)											
(4)											
			·			Add colun Enter here and line 8, c		1, Part I,).		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals								0.		0.	
Schedule G - Investme		of a Sec	tion 501(c)(7), (9), or (17) Org	anization					
(see instr	ructions)			_							
1. Desc	ription of income			2. Amount of	income	Deduction directly conne		4. Set-	asides chedule)	Total deductions and set-asides	
(4)						(attach sched	lule)	(attach s	criedule)	(col. 3 plus col. 4)	
(1)											
(2) (3)											
(4)					+						
(4)				Enter here and	on page 1					Enter here and on page 1,	
				Part I, line 9, co						Part I, line 9, column (B).	
Totala					0.					0.	
Schedule I - Exploited	Evemnt A	ctivity In	come Other	r Than Δdı		a Income				0.	
(see instru	-	ocivity in	Joine, Gaile	Than Aa		g moonic					
Description of exploited activity	2. Gros unrelated bus income fro trade or busi	siness om	3. Expenses directly connected with production of unrelated business income	4. Net incor from unrelated business (cominus colum gain, comput through	d trade or blumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(1) (2) (3) (4)											
(3)											
(4)											
	Enter here ar page 1, Pa line 10, col.	rt I, (A).	Enter here and on page 1, Part I, line 10, col. (B).							Enter here and on page 1, Part II, line 26.	
Totals ► Schedule J - Advertisin	l na Income	0.	uctions)							0.	
Part I Income From I				eolidated	Rasis						
Tarti income Homi	Cilouicai	s neport		isolidated	Dasis						
1. Name of periodical	ad	. Gross vertising income	3. Direct advertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compute nrough 7.	5. Circulatincome		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(1) (2) (3) (4)											
Totals (carry to Part II, line (5))	▶	0.	().						0.	
										Form 990-T (2017)	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form **990-T** (2017)

FORM 990-T	<u> </u>	OTHER I	DEDUCTI	ONS	STATEMENT 1
DESCRIPTIO	N				AMOUNT
POSTAGE					179.
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 28			179.
FORM 990-T	NET	OPERATING	LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI	SLY	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16 06/30/17	7,438. 3,305.		0.	7,438. 3,305.	7,438. 3,305.
NOL CARRYO	VER AVAILABLE THIS	YEAR		10,743.	10,743.