			** PUBLIC DISCLOSURE COPY		_	I
	Ω	00	Return of Organization Exempt Fro	om In	icome Tax	OMB No. 1545-0047
	Form <b>JJU</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except					<sup>(s)</sup> 2019
•		uary 2020)	Do not enter social security numbers on this form as it	t may be	e made public.	Open to Public
Depa Interr	rtment al Reve	of the Treasury enue Service	► Go to www.irs.gov/Form990 for instructions and the	latest i	nformation.	Inspection
ΑF	or th	e 2019 calend	dar year, or tax year beginning $ m JUL1,2019$ and endii	ing Jl	JN 30, 2020	
	heck if pplicab	le: <b>C</b> Name c	of organization		D Employer identified	cation number
Change VMI ALUMNI ASSOCIATION, INC.						
	Name		business as		54-05157	53
	Initial			m/suite	E Telephone number	
	Final returr		BOX 932	ni, ouno	540-464-	
	termi	0	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,218,964.
	Amer	nded TEVT	INGTON, VA $24450$	ľ	H(a) Is this a group re	
	Appli dtion		and address of principal officer: MR. DAVID L. PRASNICK	(I	for subordinates	
	pend		AS C ABOVE		H(b) Are all subordinates in	
IT	ax-ex	empt status:		527		list. (see instructions)
			VMIAA.ORG		H(c) Group exemptio	. ,
ΚF	orm o	f organization:	X Corporation			State of legal domicile: VA
	art I					<u>v</u>
	1	Briefly descril	be the organization's mission or most significant activities: TO ASSI	IST 1	THE VIRGINIA	A MILITARY
ЭС			TE (VMI), A STATE SCHOOL, BY DEVELOPI			
'nai	2	Check this bo	ox 🕨 🔲 if the organization discontinued its operations or disposed of	of more t	han 25% of its net as	ets.
Governance	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	28
	4	Number of ind	dependent voting members of the governing body (Part VI, line 1b)		4	28
80	5		of individuals employed in calendar year 2019 (Part V, line 2a)			14
Activities &	6		of volunteers (estimate if necessary)			0
cti	7 a		ed business revenue from Part VIII, column (C), line 12			0.
_ <	b	Net unrelated	business taxable income from Form 990-T, line 39		7b	0.
					Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)		1,113,365.	1,199,647.
nue	9	Program serv	ice revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		9,479.	16,826.
ш.	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,819.	2,491.
	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,140,663.	1,218,964.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		92,403.	61,135.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
es	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		732,646.	868,226.
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b		sing expenses (Part IX, column (D), line 25)	•	401 510	220 888
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		481,510.	332,777.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,306,559.	1,262,138.
	19	Revenue less	expenses. Subtract line 18 from line 12		-165,896.	-43,174.
t Assets or d Balances				Beg	inning of Current Year	End of Year
sset	20		Part X, line 16)		390,624.	1,414,959.
Net As	1		s (Part X, line 26)		139,301.	1,206,810.
	22 prt II	Net assets or Signatur	fund balances. Subtract line 21 from line 20		251,323.	208,149.
	nrt II	-		ototom	to and to the bast of m	unoulodge and ballet it '-
			I declare that I have examined this return, including accompanying schedules and s			knowledge and bellet, it is
true,	corre	ci, and complete	e. Declaration of preparer (other than officer) is based on all information of which pr	neparer r	ias any knowledge.	

Sign	Signature of officer		Date						
Here	MR. DAVID L. PRASNICKI	, CHIEF FINANCIAL	OFFICER						
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check F	PTIN					
Paid	JOSEPH S. NADDER, III	JOSEPH S. NADDER,	II 11/12/20 self-employed P0	1240960					
Preparer	Firm's name DIXON HUGHES GOO	DMAN LLP	Firm's EIN ▶ 56-0	747981					
Use Only	Firm's address 901 EAST CARY ST	REET, SUITE 1000							
	RICHMOND, VA 232	219	Phone no. (804)	282-7636					
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-20	LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	s.	Form <b>990</b> (2019)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2019) VMI ALUMNI ASSOCIATION, INC. 54-0515753	Page <b>2</b>
Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE PURPOSE OF THE VMI ALUMNI ASSOCIATION INC. IS TO ORGANIZE THE	
	ALUMNI OF VMI INTO ONE GENERAL BODY.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes [ If "Yes," describe these changes on Schedule O.	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 719,250. including grants of \$ 61,135. ) (Revenue \$	)
	PREPARATION OF ALUMNI NEWSLETTERS AND PUBLICATIONS TO RECRUIT NEW	
	MEMBERS AND BUILD ALUMNI UNITY AND PRIDE, ALUMNI RECRUITING AND ALUMNI	I
	CONVENTIONS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 719,250.	
	Form <b>99</b>	<b>0</b> (2019)
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Form 990 (2019) 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			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
~	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>_</b>		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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,			
u	Part VI	11a	х	
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		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			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
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	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		<u>X</u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		0040
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Form	990	(2019)
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 Form 990 (2019)
 VMI ALUMNI ASSOCIATION, INC.
 54-0515753
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 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X 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		x	
04.5	Schedule J	23	~	
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	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ū	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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
h	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	"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			<u> </u>
	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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		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?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 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 reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990				ASSOCIATION,		
Part V	Statements R	legardi	ing Other II	RS Filings and Tax (	Compliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		. (== 1 =)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		· · ·	_		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the property of the propert			5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		
Ua	any contributions that were not tax deductible as charitable contributions?	-		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution			u		
5	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the pavor?	7a		х
				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
				8		
9	Sponsoring organizations maintaining donor advised funds.			-		
a				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10a	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	<u> </u>				
	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		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			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		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4-		v
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	tinco	me?	16		Х
16	If "Yes," complete Form 4720, Schedule O.		IIE (	10		- 23

Form **990** (2019)

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Form 990	(2019)
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VMI ALUMNI ASSOCIATION, INC.

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

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X

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any othe	r			
	officer, director, trustee, or key employee?			2		X
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			-		
74	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					
	persons other than the governing body?			7b		X
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					
-	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	wanua Cada )				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		1	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a		x
		y before ming t		11a		- 23
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	,			37	
	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	Х	
15	Did the process for determining compensation of the following persons include a review and approva	I by independe	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	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 arrangem	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'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 <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar	nd 990-T (Secti	on 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
		n on Schedule (	2)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial	
	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 boo	oks and record	s 🕨			
_0	THE ORGANIZATION $-540-464-7383$		· ·			
	PO BOX 932, LEXINGTON, VA 24450					

Form	990	(201)	Q)
FUIIII	990	(201	3

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)			( <b>(</b>			care	(D)	(E)	(F)
Name and title	Average		Position do not check more than one		Reportable	Reportable	Estimated			
	hours per		not c , unles					compensation	compensation	amount of
	week	offi	cer an	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	Ð			ited		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		æ	bensa		(W-2/1099-MISC)		organization
	organizations	ual tru	io nal .		ploye	t com ee				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GERALD J. ACUFF JR	2.00	_					_			
BOARD MEMBER	7.00	Х						0.	0.	0.
(2) WILLIAM R. CHARLET	2.00									
BOARD MEMBER		Х						0.	0.	0.
(3) GUY F. CONTE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) CLIFFORD A. CRITTSINGER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) ABILIGAL L. DAWSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) PATRICK J. GRIFFIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DENNIS A. HACKEMEYER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) C. PATRICK HADDOCK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) GRANT T. HARRIS	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) COLONEL KELLY R. HOLBERT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MAX H. HOPKINS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) STEPHEN E. HUPP	2.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(16) SAMUEL C. JOHNSTON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(17) JAMES G. JOUSTRA	2.00									
BOARD MEMBER		Х						0.	0.	0.
932007 01-20-20				-	_					Form <b>990</b> (2019)

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Form 990 (2019) VMI ALUMN	II ASSOC	IA	TI	ON	,	IN	с.		54-0515	753 F	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			_ (0				(D)	(E)	(F)	
Name and title	Average	(do		Posi heck r		1 than o	one	Reportable	Reportable	Estimat	
	hours per week					is both pr/trus		compensation	compensation	amount	
	(list any						,	- from	from related	other	
	hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compens from th	
	related	e or c	stee			Isated		(W-2/1099-MISC)	(W 2/1000 MICO)	organiza	
	organizations	truste	al tru		yee	im pei		(		and rela	
	below	Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ler			organizat	ions
	line)	Indiv	Insti	Officer	Key (	High	Former				
(18) JOHN D. KEARNEY, JR.	2.00										•
BOARD MEMBER	0.00	X						0.	0.		0.
(19) COLONEL MICHAEL A. KELLY	2.00	37						•	0		0
BOARD MEMBER	2 00	Х						0.	0.		0.
(20) MAJOR E. SEAN LANIER	2.00	v						0	0		0
BOARD MEMBER	2 00	Х				<u> </u>		0.	0.		0.
(21) DAVID P. LODUCA BOARD MEMBER	2.00	х						0.	0.		0.
(22) COLONEL ANTHONY J MACDONALD	2.00	~				-		0.	0.		0.
BOARD MEMBER	2.00	х						0.	0.		0.
(23) H. LARRY MAYS, JR.	2.00	~				-		0.	0.		0.
BOARD MEMBER	2.00	х						0.	0.		0.
(24) ANTHONY U. MOORE	2.00	23							0.		<u> </u>
SECOND VICE PRESIDENT	2.00	х						0.	0.		0.
(25) CAPTAIN ASA H. PAGE, III	2.00										
PRESIDENT	5.00	х						0.	0.		0.
(26) WILLIAM O. SEIFERTH	2.00								•••		
BOARD MEMBER		х						0.	0.		0.
1b Subtotal								0.	0.		0.
c Total from continuation sheets to Part VI								112,824.	574,620.	47,7	54.
d Total (add lines 1b and 1c)								112,824.	574,620.	47,7	54.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable		
compensation from the organization											1
										Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	oyee	e, or	hig	hest compensated emp	oyee on		
line 1a? If "Yes," complete Schedule J for su	uch individual									3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	ne organization		
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4 X	
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sl	ich p	bers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	•	•							· ·	tion from	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin I		ear.	(0)	
(A) Name and business	address	NIC	ONE	7				<b>(B)</b> Description of s	ervices	(C) compensatio	n
		INC		5				Description of a		ompensatio	
2 Total number of independent contractors (ir	cluding but no	ot lin	nited	t to t	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz	•				0	)					
SEE PART VII, SECTION		IN	UA	TI	ON	S	HE	ETS		Form <b>990</b>	(2019)
932008 01-20-20											

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Form 990 VMI_ALUM	NI ASSOC	IA	TI	ON	Γ,	IN	c.		54-051	5753
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A) Name and title	<b>(B)</b> Average hours	(cl	heck	Pos			ly)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) SAMUEL N. STOCKS FIRST VICE PRESIDENT	2.00	x						0.	0.	0.
(28) COLONEL BLAKE W. THOMAS	2.00									
BOARD MEMBER		х						0.	0.	0.
(29) THOMAS A. BRASHEARS	40.00									
CHIEF OPERATING OFFICER				х				112,824.	0.	9,841.
(30) STEPHEN M. MACONI	2.00									
CHIEF EXECUTIVE OFFICER	44.00			х				0.	260,259.	18,596.
(31) DAVID L. PRASNICKI CHIEF FINANCIAL OFFICER	2.00			x				0.	183,873.	7,088.
(32) CRISSY S. ELLIOTT	2.00									.,
FINANCIAL CONTROLLER	44.00			x				0.	130,488.	12,229.
		<u> </u>								
Total to Part VII, Section A, line 1c			_					112,824.	574,620.	47,754.

932201 04-01-19

					AS	SOCIATION	I, INC.		54-0515	753 Page <b>9</b>
Pa	rt V		Statement of Rev	venue						
			Check if Schedule O c	contains a respo	nse	or note to any line	(	(5)	(2)	
							(A) Tatal management	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue		business revenue	from tax under
										sections 512 - 514
ŝ	1	а	Federated campaigns	1a						
ant	•									
<u> </u>										
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events		1	100 647				
ilar İlar			Related organizations		<u> </u>	<u>199,647.</u>				
js,			Government grants (contri							
rio S	1	f	All other contributions, gifts,	grants, and						
bu the			similar amounts not included	above 1f						
dr	1	g	Noncash contributions included in I	lines 1a-1f 1g \$						
aŭ		h	Total. Add lines 1a-1f			🕨	1,199,647.			
						Business Code				
•	2	а								
Ś	-	b								
ser, ue										
γen Su		с								
lra Re		d								
Program Service Revenue		е								
۵	1		All other program service r							
		g	Total. Add lines 2a-2f							
	3		Investment income (includ	ling dividends, ir	tere	st, and				
			other similar amounts)			►	16,826.			16,826.
	4		Income from investment o							
	5		Royalties	•	•	· · ·	116.			116.
	-		···· <b>j</b> -·····	(i) Real		(ii) Personal				
	6	~	Gross rents	6a 2,37						
		а ь			<u>0.</u>					
		D	Less: rental expenses							
		С	Rental income or (loss)		э.		0 205			0.075
			Net rental income or (loss)			····· •	2,375.			2,375.
	7	а	Gross amount from sales of	(i) Securiti	es	(ii) Other				
			assets other than inventory	7a						
	I	b	Less: cost or other basis							
en			and sales expenses	7b						
venue		с	Gain or (loss)	7c						
Rev			Net gain or (loss)	· · ·						
er F			Gross income from fundraisir							
Other	0			of						
0			contributions reported on							
				-						
		_	Part IV, line 18							
			Less: direct expenses		8b					
			Net income or (loss) from t		ts	····· ►				
	9	а	Gross income from gaming							
			Part IV, line 19		9a					
	I	b	Less: direct expenses		9b					
			Net income or (loss) from							
			Gross sales of inventory, le							
			and allowances		10a					
	I	þ	Less: cost of goods sold		10b					
			Net income or (loss) from s							
-+		<u> </u>		Sales of Inventor	<u>у</u>	Business Code				
sn		_				Eusiness Code				
eot	11									
lan		b								
scellaneo <u>Revenue</u>		С								
Miscellaneous Revenue			All other revenue							
-		е	Total. Add lines 11a-11d			►				
	12		Total revenue. See instructio	ons		🕨	1,218,964.	0.	0.	19,317.
932009	9 01-2	20-:	20							Form <b>990</b> (2019

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## 13251112 797738 2065070003

VMI ALUMNI ASSOCIATION, 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).

INC.

	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	C1 10F	C1 12F		
_	and domestic governments. See Part IV, line 21	61,135.	61,135.		
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	140,230.	70,115.	70,115.	
6	trustees, and key employees Compensation not included above to disqualified	140,230.	70,113.	70,113.	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	531,920.	265,960.	265,960.	
′ 8	Pension plan accruals and contributions (include	551,520.	203,500.	203,500•	
0	section 401(k) and 403(b) employer contributions)	51,818.	25,909.	25,909.	
9	Other employee benefits	93,554.	46,777.	46,777.	
9 0	Payroll taxes	50,704.	25,352.	25,352.	
1	Fees for services (nonemployees):	50,1040	23,352.	23,352.	
' a	Management				
b					
c d	Accounting				
e e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
12 13	Office expenses	54,624.	26,457.	28,167.	
13 14	Information technology	51,0210	20,157.	20,10,1	
15	Royalties				
16	Occupancy				
17	Travel	36,730.	18,365.	18,365.	
8	Payments of travel or entertainment expenses			20,0001	
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9 20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,355.		1,355.	
3	Insurance			,	
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ALUMNI EVENTS	163,820.	131,056.	32,764.	
b	MISCELLANEOUS	72,458.	48,124.	24,334.	
с	DUES & SUBSCRIPTIONS	3,790.		3,790.	
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,262,138.	719,250.	542,888.	0
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight and information of the second seco				

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13251112 797738 2065070003

Form 990 (		ALUMNI	ASSOCIATION,	INC.
Part X	Balance Sheet			

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

		Check if Schedule O contains a response or not	e to any n		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			341,373.	1	
	2	Savings and temporary cash investments			•	2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		38,146.	4	37,289.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use			8		
Ase	9					9	
		Land, buildings, and equipment: cost or other	 I I			Ŭ	
		basis. Complete Part VI of Schedule D	10a	69,963.			
	Ь	Less: accumulated depreciation	10b	69,963. 60,213.	11,105.	10c	9,750.
	11	Investments - publicly traded securities			<b>/</b>	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		0.	15	1,367,920.	
	16	Total assets. Add lines 1 through 15 (must equa			390,624.	16	1,414,959.
	17	Accounts payable and accrued expenses	139,301.	17	1,206,810.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
lide		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela	ted third			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). C	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			139,301.	26	1,206,810.
		Organizations that follow FASB ASC 958, che	ck here				
Ses		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			251,323.	27	208,149.
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 9	58, check	khere 🕨 🗌			
Ľ.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		L		29	
set	30	Paid-in or capital surplus, or land, building, or ec	uipment	fund		30	
As	31	Retained earnings, endowment, accumulated in	come, or	other funds		31	
Net	32	Total net assets or fund balances			251,323.	32	208,149.
_	33				390,624.	33	1,414,959.

Form 990 (2019)

Form	1990 (2019) VMI ALUMNI ASSOCIATION, INC.	54-05	515753	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,964.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,138.
3	Revenue less expenses. Subtract line 2 from line 1	3		,174.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	251	,323.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	208	,149.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes No
20	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		<u>Za</u>	
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Both consolidated and separate basis	ona		
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	e 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	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			
			(	<b>90</b> (2010)

Form **990** (2019)

SCHE	DUL	.E A
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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
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

Name of the organization Employer identification number										
	VMI ALUMNI ASSOCIATION, INC. 54-0515753									
Part I	t I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The organ	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 sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	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 organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:									
5 X	An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv). (0	Complete Part II.)								
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)						
9	An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction 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 o	contributio	ns, membersł	nip fees, an	d gross receipts from		
	activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment		
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
	See section 509(a)(2). (Co	mplete Part III.)								
11	An organization organized a	and operated exclusi	ively to test for public saf	ety. See	section 50	)9(a)(4).				
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry 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 !	5 <b>09(a)(3).</b> (	Check the box in		
	lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.			
a	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled I	oy its supp	ported org	anization(s), ty	pically by	giving		
	the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting		
	organization. You must o	-								
b 🗌	<b>Type II.</b> A supporting org	-				•		-		
	control or management o			ime perso	ns that co	ntrol or manag	ge the supp	ported		
	organization(s). You mus	-								
с	_ Type III functionally inte						ly integrate	d with,		
. –	its supported organization									
d	J Type III non-functionally						-			
	that is not functionally int	с С	<b>e</b> ,	•		•	an attentiv	reness		
• [	requirement (see instruct		•							
e	Check this box if the orgation functionally integrated, or					турет, туре	п, туре п			
f Ent	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0						
	vide the following information	•	nd organization(s)							
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 15

#### Schedule A (Form 990 or 990-EZ) 2019 VMI ALUMNI ASSOCIATION, INC. Part II

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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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	<b>(f)</b> Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1600000.	1704800.	1436050.	1113365.	1199647.	7053862.		
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	1600000.	1704800.	1436050.	1113365.	1199647.	7053862.		
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.						7053862.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 4	1600000.	1704800.	1436050.	1113365.	1199647.	7053862.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources $\dots$	46,438.	42,799.	31,634.	27,298.	19,317.	167,486.		
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						7221348.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a sectior	n 501(c)(3)			
0	organization, check this box and stop	ohere							
Sec	ction C. Computation of Publi	c Support Per	centage			<b>I</b> I			
	Public support percentage for 2019 (I		•			14	97.68 %		
	Public support percentage from 2018					15	97.28 %		
16a	<b>33 1/3% support test - 2019.</b> If the d						N V		
_	stop here. The organization qualifies		-						
b	<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization								
17a	7a 10% -facts-and-circumstances test - 2019. 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 th						•		
	organization meets the "facts-and-circ			-	• • • •				
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 1/a, or 17b					
					Sche	edule A (Form 990	or 990-EZ) 2019		

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#### Schedule A (Form 990 or 990-EZ) 2019 VMI ALUMNI ASSOCIATION, INC. 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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	v								
	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									
	<b>Total.</b> Add lines 1 through 5a Amounts included on lines 1, 2, and								
10	3 received from disqualified persons								
t	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		•			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
9	Amounts from line 6								
	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources								
k	• Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is								
40	regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
40	assets (Explain in Part VI.)			+	+				
	Total support. (Add lines 9, 10c, 11, and 12.)		<b>.</b>			501(-)(0)			
14	First five years. If the Form 990 is for	0			-		·		
Se	check this box and stop here ction C. Computation of Publi								
	Public support percentage for 2019 (I			column (f))		15	%		
	Public support percentage from 2018					16	%		
	ction D. Computation of Inves					•			
17	Investment income percentage for 20	<b>)19</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%		
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%		
<b>19</b> a	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and lin	e 17 is not		
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	tion			
k	b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			<b>&gt;</b>		
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			17						

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## Schedule A (Form 990 or 990-EZ) 2019 VMI ALUMNI ASSOCIATION, INC.

#### 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")? // "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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 disgualified 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.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b

Schedule A (Form 990 or 990-EZ) 2019

9c

10a

10b

Yes No

18

# Schedule A (Form 990 or 990 EZ) 2019 VMI ALUMNI ASSOCIATION, INC. Part 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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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 <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) 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 insti	ructional		
2	Activities Test. Answer (a) and (b) below.	3010115)	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 <b>Part VI identify</b>			
	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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		(Form 990 or 990-EZ) 2019						
Part	V	Type III Non-Function	onally	Integrated	509(a)(3)	Supporting	ı Organizati	ions
1		Check here if the organizati	on satis	sfied the Integr	al Part Test	as a qualifying	trust on Nov. 2	20, 19

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

Sectio	on 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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on 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		
ď	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on 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		
	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check have if the surrent year is the experimetion's first as a pan functional		· <del>-</del> ··· ··	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

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## Schedule A (Form 990 or 990-EZ) 2019 VMI ALUMNI ASSOCIATION, INC.

	rt V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion 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	es of supported organizations	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 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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If VI         Supplemental Information. Provide the explanations required by Part I, line 12 or 172, Part III, line 12.           Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 12, 2, 20, 34, and 30; Part V, line 11, Part V, Section B, line 14, Part V, Section 14, Part V, Section 14, Part V, Section 14, Part V, Section 1	Schedule A (	Form 990 or 990-EZ) 2019 VMI	ALUMNI	ASSOCIATION	, INC.	54-0515753 Page
Schedule A (Form 990 or 990-FZ) 2		Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 ; Section D, lines 5, 6, and 8; and I	3c, 4b, 4c, 5a, and 3; Part IV,	6, 9a, 9b, 9c, 11a, 11b, a Section E, lines 1c, 2a, 2	and 11c; Part IV, Section b, 3a, and 3b; Part V, lir	n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
22 Scheduk A (Form 990 or 990-EZ)2		(See instructions.)				-
22 Stedule A (Form 990 or 990-EZ)2						
21 Stedule A (Form 990 or 990-EZ)2						
21 Schodule A (Form 990 or 990-E2) 2						
22 Schedule A (Form 990 or 990-EZ) 2						
22 Schedule A (Form 990 or 990-EZ) 2						
CR 50.25.19						
21 Schedule A (Form 990 or 990-EZ) 2						
23 00-25-19 Schedule A (Form 990 or 990-EZ) 2						
22 00-22-10 Schedule A (Form 990 or 990-EZ) 2						
28 00-25.19 Schedule A (Form 990 or 990-EZ) 2						
22 09-25-19 Schedule A (Form 990 or 990-EZ) 2						
22 04-25-19 Schedule A (Form 990 or 990-EZ) 2						
22 Schedule A (Form 990 or 990-EZ) 2						
22 Schedule A (Form 990 or 990-EZ) 2						
28 08-25-19 Schedule A (Form 990 or 990-EZ) 21						
22 02-25-19 Schedule A (Form 990 or 990-EZ) 2						
22 09-25-19 Schedule A (Form 990 or 990-EZ) 2						
22 Schedule A (Form 990 or 990-EZ) 2						
228 09-25-19 Schedule A (Form 990 or 990-EZ) 2						
22 09-25-19 Schedule A (Form 990 or 990-EZ) 2						
228 09-25-19 Schedule A (Form 990 or 990-EZ) 2						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 2						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 21						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 21						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 24						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 24						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 24						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 20						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 20						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 20						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 20						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 20						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 20						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 20						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 20						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 20						
028 09-25-19 Schedule A (Form 990 or 990-EZ) 20						
<sup>2028</sup> 09-25-19 Schedule A (Form 990 or 990-EZ) 2 22						<b>0</b> • • • • • • • • • • • • • • • • • • •
	2028 09-25-19	)		2.2		Schedule A (Form 990 or 990-EZ) 20

۱,

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY

## 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

# **201**9

Employer identification number

54-0515753

	VMI	ALUMNI	ASSOCIATION,	INC.
Organization type (ch	neck one):			
Filers of:	S	ection:		

Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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), 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).

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) (2019)

Name of organization

VMI ALUMNI ASSOCIATION, INC.

Employer identification number

54-0515753

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$1,199,647.	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 Payroll Occupies Payrol Payroll Payrol Payr
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Payroll On Payroll On Payroll On Payrol On Payro
(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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page **2** 

923452 11-06-19

2019.05000 VMI ALUMNI ASSOCIATION, I 20650701

24

Name of organization

Page 3

Employer identification number

54-0515753

VMI ALUMNI ASSOCIATION, INC.

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

artii	(see instructions). Use duplicate copies of Part	in in 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
		_	
		\$	

25

## 13251112 797738 2065070003

Name of or	rganization		Employer identification number
	LUMNI ASSOCIATION, INC.		54-0515753
Part III	from any one contributor. Complete columns (a)	) through (e) and the following line ent charitable, etc., contributions of <b>\$1,000 or</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
-	Transferee's name, address, an	nd 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 gif	
-	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ít
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	it
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019.05000 VMI ALUMNI ASSOCIATION, I 20650701

_					OMB No.	1545-0047
			nental Financial Statements			10
(Fori	m 990)		the organization answered "Yes" on Form 990, , 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		20	19
	tment of the Treasury al Revenue Service	►Go to www.irs.gov	Attach to Form 990. //Form990 for instructions and the latest informatio	n.	Inspec	o Public tion
	e of the organizati				ployer identification	on number
	-	VMI ALUMNI ASS			54-0515	753
Pa	rt I Organiza	ations Maintaining Donor A	Advised Funds or Other Similar Funds or .	Accour	nts. Complete if	the
	organizatio	on answered "Yes" on Form 990, Pa				
			(a) Donor advised funds	<b>(b)</b> Fun	nds and other acco	unts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4 5		at end of year	isors in writing that the assets held in donor advised fu	unde		
5	-		zation's exclusive legal control?		Yes	No
6			donor advisors in writing that grant funds can be used			
-	•	•	donor or donor advisor, or for any other purpose conf	•		
	impermissible priv			-	Yes	No No
Pa	rt II Conserv	vation Easements. Complete	if the organization answered "Yes" on Form 990, Part	IV, line 7.		
1	Purpose(s) of con	servation easements held by the or	rganization (check all that apply).			
	Preservation	n of land for public use (for example	e, recreation or education) Preservation of a h	storically	important land are	a
	Protection of	of natural habitat	Preservation of a c	ertified his	storic structure	
	Preservation	n of open space				
2	•	• •	d a qualified conservation contribution in the form of a	conserva		
	day of the tax yea				Held at the End of t	the Tax Year
a						
b	-	tricted by conservation easements	de la characteria la charactería (a)			
C h			storic structure included in (a)	. <u>2c</u>		
d			cquired after 7/25/06, and not on a historic structure	2d		
3			erred, released, extinguished, or terminated by the org		during the tax	
Ŭ	year ►		shea, released, extinguished, or terminated by the erg		during the tax	
4		where property subject to conserva	ation easement is located			
5			g the periodic monitoring, inspection, handling of			
		forcement of the conservation ease			Yes	No No
6	Staff and voluntee	er hours devoted to monitoring, insp	pecting, handling of violations, and enforcing conserva	tion ease	ements during the	year
	▶					
7	Amount of expense	ses incurred in monitoring, inspecti	ng, handling of violations, and enforcing conservation	easement	ts during the year	
	►\$					
8			(d) above satisfy the requirements of section 170(h)(4)		<b>—</b>	<u> </u>
~			· · · · · · · · · · · · · · · · · · ·			└── No
9		•	nservation easements in its revenue and expense stat			
		counting for conservation easement	the footnote to the organization's financial statements	inal desc	chibes the	
Pa	rt III Organiza	ations Maintaining Collecti	ions of Art, Historical Treasures, or Other	Simila	r Assets.	
		if the organization answered "Yes"				
1a			ASC 958, not to report in its revenue statement and b	alance sh	heet works	
	-		d for public exhibition, education, or research in furthe			
			b its financial statements that describes these items.		-	
b			ASC 958, to report in its revenue statement and balar	nce sheet	works of	
	-		or public exhibition, education, or research in furtherar			
	provide the follow	ing amounts relating to these items	5.			
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1		►	\$	
					\$	
2	If the organization	received or held works of art, histo	prical treasures, or other similar assets for financial gai	n, provide	e	

LHA For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.
932051 10-02-19	
	27

**b** Assets included in Form 990, Part X

the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

27 2019.05000 VMI ALUMNI ASSOCIATION, I 20650701

▶ \$

▶ \$

Schedule D (Form 990) 2019

Sche		MNI ASSOCI							15753			
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tre	easures, oi	r Other	Similar .	Assets	(continu	ed)		
3	Using the organization's acquisition, accession	on, and other recor	ds, check	any of the	following that	make sig	nificant us	e of its	·	,		
	collection items (check all that apply):											
а	Public exhibition		d 🗌	Loan or exc	hange progra	am						
b												
с												
4	Provide a description of the organization's co	ellections and expla	in how th	ey further th	ne organizatio	n's exem	ot purpose	e in Part	XIII.			
5	During the year, did the organization solicit or											
	to be sold to raise funds rather than to be ma	aintained as part of	the orgar	nization's co	llection?			🗆	Yes			
Par	t IV Escrow and Custodial Arrang							Part IV, I	ine 9, or			
	reported an amount on Form 990, Par	t X, line 21.										
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for o	contribution	s or other ass	sets not in	cluded					
	on Form 990, Part X?							🗆	Yes	No		
b	If "Yes," explain the arrangement in Part XIII a											
									Amount			
с	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on Fo						/?		Yes	No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	explanatio	n has been	provided on I	Part XIII						
Par	t V Endowment Funds. Complete if	f the organization a	Inswered	"Yes" on Fo	orm 990, Part	IV, line 10	).					
		(a) Current year	(b) F	rior year	(c) Two year	rs back 🚺	<b>d)</b> Three ye	ars 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 curre	ent vear end baland	ce (line 10	a. column (a	)) held as:							
а	Board designated or quasi-endowment		%		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
b	Permanent endowment											
-	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	, -										
3a	Are there endowment funds not in the posses		vation tha	t are held a	nd administer	ed for the	organizati	ion				
04	by:						organizat			es No		
	(i) Unrelated organizations								3a(i)			
	(ii) Related organizations								3a(ii)			
b	If "Yes" on line 3a(ii), are the related organization								3b			
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipme											
	Complete if the organization answered	d "Yes" on Form 99	0. Part IV	/. line 11a. S	See Form 990	. Part X. lii	ne 10.					
	Description of property	(a) Cost or			t or other		cumulated		(d) Book	value		
		basis (invest		• •	(other)	• •	reciation		(,			
1a	Land											
b	Buildings											
	Leasehold improvements											
	Equipment			6	9,963.		60,21	3.	9	,750.		
	Other			ľ	- ,		· - <b>/</b>			,		
	. Add lines 1a through 1e. (Column (d) must ed		t X colum	n(R) line 1					9	,750.		
1010		<u>quai roini 990, Pal</u>		<u>III (D). III (D)</u>	<i>vv.j</i>			chedulo	D (Form	-		
							0					

932052 10-02-19

Part VII	Investments -	Other Se	curities.		
Schedule D	(Form 990) 2019	VMI	ALUMNI	ASSOCIATION,	INC.

Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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 <sup>-</sup>	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

	() =	(-,
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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) DUE FROM RELATED PARTY	1,367,920.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	1,367,920.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2019

X

932053 10-02-19

	edule D (Form 990) 2019 VMI ALUMNI ASSOCIATION, IN		54-0515753 Page 4						
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Reven	ue per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.							
1	Total revenue, gains, and other support per audited financial statements		1						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	a Net unrealized gains (losses) on investments								
b	Donated services and use of facilities	2b							
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)								
е	Add lines 2a through 2d		2e						
3	Subtract line <b>2e</b> from line <b>1</b>								
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
с	Add lines <b>4a</b> and <b>4b</b>		4c						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)								
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Exper	ises per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	<u>.</u>						
1	Total expenses and losses per audited financial statements		1						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	2a							
b	Prior year adjustments	2b							
с	Other losses	2c							
d	Other (Describe in Part XIII.)								
е	Add lines <b>2a</b> through <b>2d</b>		2e						
3	Subtract line <b>2e</b> from line <b>1</b>								
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
с	Add lines <b>4a</b> and <b>4b</b>		4c						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)								
Pa	rt XIII Supplemental Information.								

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

PART X, LINE 2:

THE	ORGA	NIZZ	ATION	IS	EXEME	PT FI	ROM I	FEDEI	RAL	AND	STA	ΔTE	INCO	ME '	TAXES	AS .	A
NONI	PROFI	T OF	GANI	ZATI	ON UN	IDER	SEC'	TION	501	L(C)	(3)	OF	THE	INT	ERNAL	REV	ENUE
CODE	E ANE	) THE	E TAX	STA	TUTES	5 OF	THE	COM	IONV	VEAL	тн с	DF V	IRGI	NIA	. IN	ADD	ITION,
THE	ORGA	NIZA	TION	HAS	BEEN	I CLA	ASSI	FIED	AS	AN	ORGA	NIZ	ATIC	N T	HAT I	S NO	ТΑ
PRIV	/ATE	FOUN	IDATI	ON U	INDER	SEC	<b>FION</b>	509	(A)	OF	THE	INT	ERNA	LR	EVENU	E CO	DE.

SCHEDULE I (Form 990)												
		ete if the organizatio					2019					
Department of the Treasury Attach to Form 990.												
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.												
Name of the organization VMI ALUMN	I ASSOCIA	TION, INC.					Employer identification number $54-0515753$					
Part I General Information on Grants a	nd Assistance											
<b>1</b> Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti						
criteria used to award the grants or assis	stance?						X Yes No					
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.								
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	<b>Governments.</b> C	complete if the orga	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any					
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.		1	1					
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
VIRGINIA MILITARY INSTITUTE PO BOX 932												
LEXINGTON, VA 24450	54-6001803	115	40,070.	0.			NEW CADET RECRUITING					
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	12,604.	0.			MOODY HALL OPERATIONS					
VIRGINIA MILITARY INSTITUTE PO BOX 932												
LEXINGTON, VA 24450	54-6001803	115	8,461.	٥.			PLACEMENT					
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>		4 - 1 - 1 -	l e line 1 table			1	······· ▶ <u>1.</u>					

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

#### 932102 10-26-19

# Schedule I (Form 990) (2019) VMI ALUMNI ASSOCIATION, INC. Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash assistance
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: State Stat

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

VMI ALUMNI ASSOCIATION, INC. AWARDS ASSISTANCE ONLY TO VIRGINIA MILITARY

INSTITUTE, A STATE-SUPPORTED SCHOOL. FUNDS AWARDED ARE BASED ON THE

INSTITUTE'S NEED AND REQUEST FOR FUNDS.



SC	Compensation Information		OMB No. 1545-0047				
(Fo	For certain Officers, Directors, Trustees, Key Employees, and Highest		0	11	<b>`</b>		
•	Compensated Employees			<b>J1</b> 9	1		
Dene	Complete if the organization answered "Yes" on Form 990, Part IV, line 2 Artment of the Treasury Artment of the Treasury	3.	Open	to Pub	olic		
	artment of the Treasury P Attach to Form 990. nal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest informatio			pectio			
Nan	ne of the organization		r identifica		umber		
	VMI ALUMNI ASSOCIATION, INC.	54-	05157	53			
Pa	art I Questions Regarding Compensation						
				Yes	s No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Fo	rm 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 pe	rsonal use					
	X   Travel for companions   Payments for business use of personal	l residence					
	Tax indemnification and gross-up payments						
	Discretionary spending account Personal services (such as maid, chau	ffeur, 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		<u>1k</u>	<u>x</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			
_							
3	Indicate which, if any, of the following the organization used to establish the compensation of the organizatio						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organi	ation to					
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee						
	Independent compensation consultant     X     Compensation survey or study						
	Form 990 of other organizations	n committee					
	During the user did group group listed on Four 2000 Dark VIII. Osetion A. Jins 1a, with respect to the filing						
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:				X		
a b					X		
b					X		
С	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		40	;			
	in thes to any of lines 44°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 compens	ation					
5	contingent on the revenues of:						
а	The organization?		58		x		
b	Any related organization?		5		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 compens	ation					
-	contingent on the net earnings of:						
а			64		X		
	Any related organization?				X		
	If "Yes" on line 6a or 6b, describe in Part III.						
7	<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments</li> </ul>						
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject t						
			8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?		9				
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.		edule J (Fo	orm 990	) 2019		

932111 10-21-19

#### 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	(F) Compensation in column (B)
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) STEPHEN M. MACONI	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	241,407.	12,000.	6,852.	17,773.	823.	278,855.	0.
(2) DAVID L. PRASNICKI	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	175,012.	4,500.	4,361.	5,700.	1,388.	190,961.	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)							

Schedule J (Form 990) 2019

#### Part III Supplemental Information

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

#### PART I, LINE 1A:

TYPE OF BENEFIT: TRAVEL FOR COMPANIONS

LISTED PERSON WHO RECEIVED THE BENEFIT: COO OF VMI ALUMNI ASSOCIATION

WAS THE BENEFIT TREATED AS TAXABLE TO LISTED PERSON? TRAVEL FOR COMPANIONS

IS TREATED AS TAXABLE INCOME ONLY IF THERE IS OVERSEAS TRAVEL INVOLVED.

THERE WAS NOT ANY SUCH TRAVEL FOR THIS FISCAL YEAR.

PART I, LINE 3:

THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ALL SALARIES.

COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

INC.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number 54 - 0515753

Inspection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VMI ALUMNI ASSOCIATION,

RELATIONS.

FORM 990, PART VI, SECTION A, LINE 6:

THE VMI ALUMNI ASSOCIATION, INC. HAS MEMBERS CONSISTING OF THOSE WHO

GRADUATED AND ATTENDED VMI.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE ALUMNI ASSOCIATION ELECT DIRECTORS OF THE ALUMNI

ASSOCIATION.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO ITS FILING, A PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS

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 ASSOCIATION 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. 932211 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization VMI ALUMNI ASSOCIATION, INC.	Employer identification number $54 - 0515753$
VMI ADDMNI ASSOCIATION, INC.	
THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS	ALL SALARIES.

COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSITE AND ARE ALSO

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE IN PLACE THAT ASSUMES

RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN

INDEPENDENT ACCOUNTANT. THE AUDITED FINANCIAL STATEMENTS ARE REVIEWED

AT A SCHEDULED MEETING EACH YEAR.

932212 09-06-19

## SCHEDULE R

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

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number 54 - 0515753

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

\_\_\_\_\_

VMI ALUMNI ASSOCIATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 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			х
VMI KEYDET CLUB, INC 52-1300039							
PO BOX 932	SUPPORT INTERCOLLEGIATE						
LEXINGTON, VA 24450	ATHLETIC PROGRAMS AT VMI	VIRGINIA	501(C)(3)	LINE 7			х
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) 2019

#### Schedule R (Form 990) 2019 VMI ALUMNI ASSOCIATION, INC.

54-0515753 Page 2

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.

		-					1				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box	Genera manag partne	or Percentage ng ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
											_
										$\left  \right $	<u> </u>
										+	
	1		1	1		1		L	1	<u> </u>	

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	l contr	i) tion o)(13) rolled ity?
		country)		01 11 03 0		233013		Yes	No

#### Schedule R (Form 990) 2019 VMI ALUMNI ASSOCIATION, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	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		1g		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		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

#### Schedule R (Form 990) 2019 VMI ALUMNI ASSOCIATION, INC.

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)	(b)	(c)	(d)	(e Are	<b>e)</b> e all	(f)	(g)	( <b>r</b>	1)	(i)	(j)	(k)	)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501( org	rs sec. c)(3) s.?			Dispr tior allocat	opor- iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	or Percen	tage ship
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10	
												_	
												1	
											$\vdash$	-	

Schedule R (Form 990) 2019

#### VMI ALUMNI ASSOCIATION, INC. 54-0515753 Page 5

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2019

932165 09-10-19