			** PUBLIC DISCLOSURE COPY *	*	_
	0		Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce				2017
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it ma	y be made public.	Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
Α	For th	e 2017 calend	ar year, or tax year beginning $ { m JUL}1$, 2017 and ending	<u>JUN 30, 2018</u>	
В	Check if applicab	ole: C Name or	forganization	D Employer identifica	tion number
	Addre	ge VML	KEYDET CLUB, INC.		
	Name	ge Doing b	usiness as	52-13	00039
	Initial returr Final	n Number	and street (or P.O. box if mail is not delivered to street address)		164 8202
		n	OX 932	(540)	
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,040,510.
	returr Appli		NGTON, VA 24450	H(a) Is this a group retu	
	tion pend		nd address of principal officer: MR. DAVID L. PRASNICKI	for subordinates?	
				H(b) Are all subordinates inclu	
		empt status:	X 501(c)(3) 501(c) ()		st. (see instructions)
				ear of formation: 1973	
	art I				State of legal dominitie. VA
_	1		e the organization's mission or most significant activities: THE PURP	OSE OF THE VMT	KENDEL
e			NC. IS TO SUPPORT, STRENGTHEN, AND DEV		REIDEI
Jan	2		$x \triangleright$ if the organization discontinued its operations or disposed of m		te
Governance	3		ting members of the governing body (Part VI, line 1a)		57
Ő	4		lependent voting members of the governing body (Part VI, line 1a)		57
80 10	5		of individuals employed in calendar year 2017 (Part V, line 2a)		5
ities	6		of volunteers (estimate if necessary)		0
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		-73,497.
Ă	b		business taxable income from Form 990-T, line 34		-73,497.
			,	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	7,658,323.	4,473,393.
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	462,380.	565,931.
ά.	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	1,186.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,120,703.	5,040,510.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	3,700,140.	4,244,112.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	659,406.	745,072.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)	0.	0.
Expenses	b				
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	886,216.	969,240.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,245,762.	5,958,424.
	19	Revenue less	expenses. Subtract line 18 from line 12	2,874,941.	-917,914.
t Assets or				Beginning of Current Year	End of Year
sset	20	Total assets (F		79,989,993.	68,326,993.
etA	21		(Part X, line 26)	16,480,418.	1,752,212.
	<u>22</u> art II		fund balances. Subtract line 21 from line 20	63,509,575.	66,574,781.
				amonto and to the bast of and b	nowladge and ballef it :-
			I declare that I have examined this return, including accompanying schedules and stat		nowledge and bellet, it is
<u>u u e</u>	, corre	ici, anu complete.	Declaration of preparer (other than officer) is based on all information of which prepa	arer nas any knowledge.	
				1	

Sign	Signature of officer	Date				
Here	MR. DAVID L. PRASNICKI, ASSISTANT TREASURER					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature Date					
Paid	JOSEPH S. NADDER, III JOSEPH S. NADDER, II 11/13	/18 self-employed P01240960				
Preparer	Firm's name DIXON HUGHES GOODMAN LLP	Firm's EIN 56-0747981				
Use Only	Firm's address 🕒 901 EAST CARY STREET, SUITE 1000					
	RICHMOND, VA 23219	Phone no. (804) 282-7636				
May the IRS discuss this return with the preparer shown above? (see instructions)						
732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2017) VMI KEYDET CLUB, INC.	52-1	300039	Page 2
Pa	rt 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:		A NID	
	THE MISSION OF VMI KEYDET CLUB, INC IS TO SUPP DEVELOP THE INTERCOLLEGIATE ATHLETIC PROGRAM A			
	INSTITUTE.	I VIRGINIA MILI	IARI	
	INDITIOIE.			
2	Did the organization undertake any significant program services during the year which were	not listed on the		
-	prior Form 990 or 990-EZ?		Yes	XNo
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any	program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest p	rogram services, as measured	by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	d allocations to others, the tota	l expenses, ar	nd
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$4, 456, 893. including grants of \$4, 24	4,112.) (Revenue \$)
	ATHLETIC SCHOLARSHIPS AND SUPPORT OF VIRGINIA	MILITARY INSTIT	UTE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)			
		venue \$)	
4e	Total program service expenses ► 4,456,893.		_ ^	00 /22
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 Form 990 (2017)
 VMI KEYDET CLUB, 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	id the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent indowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	5			
	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			v
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
a	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			
		446	Х	
46	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	- 72	
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10		16		x
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- 23
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u> </u>		<u> </u>
	complete Schedule G. Part III	19		x

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 Form 990 (2017)
 VMI KEYDET CLUB, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Formation (Continued)
 Formation (Continued)
 Formation (Continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
Ū	any tax-exempt bonds?	24c		
Ь	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	2.14		
200	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	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I	230		- 23
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"	26		x
07	complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		<u> </u>
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			v
	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		37	
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017)

Form	Form 990 (2017) VMI KEYDET CLUB, INC. 52-1300039 Page 5				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
			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			
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 5				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X	
b	If "Yes," enter the name of the foreign country:				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v	
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>⊢</u> ^	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x	
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>			
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	00			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х		
		7b	X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10			
Ū	to file Form 8282?	7c		x	
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
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				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand 13c	11-		X	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a			
<u>u</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2017)	
		1 0111		(2011)	

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VMI KEYDET CLUB, INC. Mon

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b	onse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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	57		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	57		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?	5		X
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or			
	persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-				
				Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		10		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	• • •	10		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	g		-	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f = \gamma$			/	
Ŭ	in Schedule O how this was done	,	12	x	
13	Did the organization have a written whistleblower policy?				
14	Did the organization have a written document retention and destruction policy?				
15	Did the process for determining compensation of the following persons include a review and approval				
5		i by independent			
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		15	X	
	The organization's CEO, Executive Director, or top management official				-
D	Other officers or key employees of the organization				
6-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	a ant with a			
loa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem		10	_	x
	taxable entity during the year?		16	3	
D	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 organic		10		
	exempt status with respect to such arrangements?		16	ונ	
17	List the states with which a copy of this Form 990 is required to be filed VA	(Deetier 501/)(0)			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s or	nly) availai	ble	
	for public inspection. Indicate how you made these available. Check all that apply.				
		in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial				
statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo $(\begin{bmatrix} A & 0 \\ 0 \end{bmatrix} + \begin{bmatrix} A & 0 $	ks and records: 🕨			
	THE ORGANIZATION - (540) 464-7383				
	PO BOX 932, LEXINGTON, VA 24450				

Form	990	(2017)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

Т

(D)

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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

()

(D)

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1033-10130)	organization
	organizations	truste	al tru:		iyee	im per				and related
	below	Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) U. "BUZZ" BIRZENIEKS	2.00									
PRESIDENT	7.00	Х						0.	0.	0.
(2) GERALD J. ACUFF, JR.	2.00									
1ST VICE PRESIDENT	5.00	Х						0.	0.	0.
(3) DR. BLAND MASSIE, JR.	2.00									
2ND VICE PRESIDENT		Х						0.	0.	0.
(4) DANIEL P. THORNTON	2.00									
SECRETARY/TREASURER		Х						0.	0.	0.
(5) WILLIAM A. PAULETTE	2.00									
IMMEDIATE PAST PRESIDENT		Х						0.	0.	0.
(6) RALPH L. COSTEN, JR.	2.00									
HISTORIAN/PAST PRESIDENT		Х						0.	0.	0.
(7) CHRISTOPHER D. ANTONELLI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JOHN E. ARTHUR V	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CHARLES E. AYERS III	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JULIAN J. BOWERS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) CHARLES E. CARR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JAMES H. CHAPMAN III	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) LT. COLONEL R. PEEL DILLARD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) STEVEN C. CRADDOCK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) LT. GENERAL DANIEL J. DARNELL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) WILLIAM R. DAVIDSON	2.00									
BOARD MEMBER		х						0.	0.	0.
(17) COLONEL LEE S. DEWALD	2.00	l						_		
BOARD MEMBER		Х						0.	0.	0.
732007 11-28-17										Form 990 (2017)

732007 11-28-17

Form 990 (2017)

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Form	aan	(2017)
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Part VII Section A. Officers, Directors, Trus		oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			•	C)	_		(D)	(E)		(F)	
Name and title	Average	(do			more	ר than o	one	Reportable	Reportable		Estimate	
	hours per week	box	, unle	ss pe	erson	is both or/trus	n an	compensation	compensation	*	amount	
	(list any				Τ		,	_ from the	from related		other	
	hours for	direct						organization	organizations (W-2/1099-MISC)		mpensa from th	
	related	e or o	stee			Isated		(W-2/1099-MISC)	(W 2/1000 10100)		rganizat	
	organizations	ndividual trustee or director	nstitutional trustee		yee	mper					and relat	
	below	idual 1	ution	5	mplo	est co	er				ganizati	
	line)	Indivi	In stit	Officer	Key employee	Highest compensated employee	Former				•	
(18) JOHN D. DODGE II	2.00											
BOARD MEMBER		х						0.	0.			Ο.
(19) RONALD L. GAULT, JR.	2.00									1		
BOARD MEMBER		х						0.	0.			Ο.
(20) J. JEFF GAUSEPOHL	2.00									1		
BOARD MEMBER		х						0.	0.			0.
(21) MARK J. HANNAN	2.00									+		
BOARD MEMBER		х						0.	0.			0.
(22) JASON K. GRUSE	2.00									<u> </u>		
BOARD MEMBER		х						0.	0.			0.
(23) RICHARD F. HEWITT	2.00	23								<u>'</u>		
BOARD MEMBER	2.00	х						0.	0.			0.
(24) THOMAS J. HICKEY, JR.	2.00	Δ							0.0	<u>'</u>		0.
BOARD MEMBER	2.00	х						0.	0.			0.
(25) CARSON C. IRVINE	2.00	Δ						0.	0.	, 		0.
	2.00	x						0	0.			Δ
BOARD MEMBER	2 00	~						0.	0.	<u>'</u>		0.
(26) CAPTAIN EDWARD A. JOHNSON, JR.	2.00								0			0
BOARD MEMBER		Х						0.	0.			0.
1b Sub-total								0.	0.		<u></u>	0.
c Total from continuation sheets to Part VI								425,834.	173,859		62,8	
d Total (add lines 1b and 1c)								425,834.	173,859.	<u> </u>	62,8	84.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wh	o re	eceived more than \$100,	000 of reportable			~
compensation from the organization											<u> </u>	2
										_	Yes	No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	ey er	mplo	oyee,	or	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		4	X	
5 Did any person listed on line 1a receive or a	accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes," con	plete Schedule	e J f	or sı	ıch	pers	son				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs th	hat received more than \$	100,000 of compens	ation [.]	from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	vith o	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Comp	pensatio	n
BNY MELLON, N.A.								INVESTMENT				
225 LIBERTY STREET, NEW Y	ORK, NY	1	02	86				MANAGEMENT		4	09,9	90.
2 Total number of independent contractors (ii	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	-				-	1						
SEE PART VII, SECTION		ΊN	UΑ	ΤI	ON	S I	HE	ETS		Forr	m 990 ((2017)
-											```	. /

Part VII Section A. Officers, Directors, T	rustees, Key Er	<u> </u>	yee		nd H	ligh	est (Compensated Employe	52-130	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	-				loyee		the	organizations	compensation
	(list any hours for	lirecto				l em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			sated		(00-2/1099-00030)		and related
	organizations	truste	al trus		yee	um per				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest com pensated em ployee	ler			0
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) MICHAEL W. MAXWELL	2.00									
BOARD MEMBER		х						0.	0.	0
(28) JOHN D. DODGE II	2.00									
BOARD MEMBER		х						0.	Ο.	0
(29) COLONEL THOMAS A. MORTENSON	2.00									
BOARD MEMBER		х						0.	0.	0
(30) MATTHEW F. DANIEL	2.00	1								
BOARD MEMBER		х						0.	0.	0
(31) LT. COLONEL R. DAREN PAYNE	2.00									
BOARD MEMBER		х						0.	0.	0
(32) LT. COLONEL MARK W. PRENTICE	2.00									
BOARD MEMBER		х						0.	0.	C
(33) THOMAS A. PUSKAS	2.00									
BOARD MEMBER		х						0.	0.	C
(34) C. LEWIS REYNOLDS, JR.	2.00							• •		
, BOARD MEMBER		х						0.	0.	0
(35) JOHN G. SEBRELL	2.00									
BOARD MEMBER		х						0.	0.	C
(36) JOSEPH M. SOKOLOWSKI	2.00									
BOARD MEMBER		х						0.	0.	C
(37) TIMOTHY A CORDLE	2.00								•••	
BOARD MEMBER		x						0.	0.	C
(38) WILLIAM H. STEPHENS, JR.	2.00									
BOARD MEMBER		x						0.	0.	C
(39) BRIAN J. SWIENCINSKI	2.00									
BOARD MEMBER		х						0.	0.	0
(40) JOHN S. THORNTON, JR.	2.00									
BOARD MEMBER		х						0.	0.	0
(41) COLONEL RONALD R. WALL	2.00	- 23								
BOARD MEMBER	2.00	x						0.	0.	0
(42) CONRAD K. WHARTON	2.00	1						0.	0.	0
BOARD MEMBER	2.00	x						0.	0.	0
(43) GORDON E. WILLIAMS	2.00	<u>^</u>						0.	0.	0
BOARD MEMBER	2.00	x						0.	0.	0
(44) R. ALAN COWAN	3.00							· · ·	0.	0
BOARD MEMBER	5.00	x						0.	0.	0
(45) JOHN B. ADAMS, JR.	2.00	^						· · ·	υ.	
	<u> </u>	x						0.	0.	C
PAST PRESIDENT	2 00	^						U•	U •	<u>ر</u>
(46) HERIOT CLARKSON	2.00								0	
PAST PRESIDENT		Х						0.	0.	C

Part VII Section A Officers Directors Tr	ustoon Kov Er	nnla	NC	~ ~ ~	ad L	liah	a at i	Componented Employe		0039
(A)	n A. Officers, Directors, Trustees, Key Employees, and High (A) (B) (C)							(D)	(F)	
Name and title	(B) Average	Position		Reportable	(E) Reportable	(F) Estimated				
Name and the	hours	(c	heck				lv)	compensation	compensation	amount of
	per	(.,,	from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	rector				emplo		organization	(W-2/1099-MISC)	from the
	hours for related	e or di	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	al trus		yee	mpen				organizations
	below	Individual trustee or director	Institutional trustee	er.	Key employee	Highest com pen sated em ployee	er			organizationio
	line)	Indiv	Instit	Officer	Key e	High	Former			
(47) JOHN S. COCKEY, JR.	2.00	_								_
PAST PRESIDENT		Х						0.	0.	0.
(48) HOWARD DYER, III	2.00								0	0
PAST PRESIDENT		Х						0.	0.	0.
(49) BRUCE C. GOTTWALD, SR. PAST PRESIDENT	2.00	x						0.	0.	0 .
(50) BRUCE C. GOTTWALD, JR.	2.00	^						0.	0.	0.
PAST PRESIDENT	2.00	x						0.	0.	0.
(51) W. BOGART HOLLAND	2.00	Δ						0.	0.	0
PAST PRESIDENT	2.00	x						0.	0.	0.
(52) CHARLES M. HUNTER, JR.	2.00									
PAST PRESIDENT		х						0.	Ο.	0.
(53) W.F. KASTELBERG, IV	2.00									
PAST PRESIDENT		Х						0.	0.	0.
(54) G.G. PHILLIPS, JR.	2.00									
PAST PRESIDENT		Х						0.	0.	0.
(55) CHARLES F. PLAGEMAN	2.00								•	
PAST PRESIDENT		Х						0.	0.	0.
(56) ALAN G. SOLTIS	2.00	x						0.	0.	0
PAST PRESIDENT (57) HAROLD R. TEMPLETON	2.00	^				-		0.	0.	0.
PAST PRESIDENT	2.00	х						0.	0.	0.
(58) GREG M. CAVALLARO	40.00								••	
CHIEF EXECUTIVE OFFICER				х				198,875.	0.	13,240
(59) DONNIE ROSS	40.00									
VICE PRESIDENT				х				105,871.	0.	23,545
(60) DOUGLAS P. BARTLETT	40.00									
VICE PRESIDENT				Х				66,170.	0.	11,215
(61) ANDREW C. DEAL	40.00									
VICE PRESIDENT				X				54,918.	0.	5,685
(62) DAVID L. PRASNICKI	2.00								100 000	0 1 0 0
ASSISTANT TREASURER	44.00			Х				0.	173,859.	9,199.
		-								
	1	I	1		I	1		425,834.	173,859.	62,884

Form	990		EYDET CL	UB, INC.			52-1300	039 Page 9
Par	rt VI	II Statement of Reven	nue					
		Check if Schedule O cont	ains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ΩĘ		Fundraising events						
ľ A		B Related organizations						
nia G		Government grants (contributi						
Sin		All other contributions, gifts, gran	· · · · · · · · · · · · · · · · · · ·					
iti j		similar amounts not included abo		473,393.				
₿₽	~	Noncash contributions included in lines	10 15 ¢	567,127.				
u pu	e h				4,473,393.			
0 0		Total. Add lines 1a-11		Business Code	1,113,353.			
	0 -			Business Code				
lice	2 a							
ue V	b							
ven S	C							
Program Service Revenue	d							
ğ	e							
-	f	All other program service reve						
	<u> </u>	Total. Add lines 2a-2f						
	3	Investment income (including			565,931.		_73 /07	639,428.
	4	other similar amounts)			505,551.		13,457.	035,420.
	4	Income from investment of tax						
	5	Royalties						
	•		(i) Real	(ii) Personal				
		a Gross rents						
		Less: rental expenses						
		Rental income or (loss)		L				
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		L				
		Net gain or (loss)		····· >				
Other Revenue	8 a	Gross income from fundraising including \$						
Sev.		contributions reported on line	-					
er		Part IV, line 18						
Gth		Less: direct expenses						
-		Net income or (loss) from func		····· ►				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		►				
	10 a	a Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
-	c	Net income or (loss) from sale						
ŀ		Miscellaneous Revenu		Business Code				1 100
		ADMINISTRATIVE		900099	1,186.			1,186.
	b							
	C							
	d				1,186.			
		Total. Add lines 11a-11d			<u> </u>	0	-73,497.	640 614
	12	Total revenue. See instructions.		····· P	, 0 I U , 0 I U .	U •	/J,43/•	Eorm 990 (2017

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Form **990** (2017)

Form 990 (2017)	Form	990	(2017)
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VMI KEYDET CLUB, INC. Part IX Statement of Functional Expenses

<u>Secti</u>	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,244,112.	4,244,112.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	552,721.	110,544.	82,908.	359,269.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	98,105.	19,621.	14,716.	63,768.
8	Pension plan accruals and contributions (include			I	
	section 401(k) and 403(b) employer contributions)	8,621. 47,837.	1,724. 9,567.	<u>1,293.</u> 7,176.	5,604. 31,094. 24,562.
9	Other employee benefits	47,837.	9,567.	7,176.	31,094.
10	Payroll taxes	37,788.	7,558.	5,668.	24,562.
11	Fees for services (non-employees):				
а	Management	248,000.		248,000.	
b	Legal	14,620.	2,924.	4,386.	7,310.
с	Accounting	6,658.		6,658.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	409,990.		409,990.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	25,147.	748.	10,264.	14,135.
14	Information technology	·			•
15	Royalties				
16	Occupancy				
17	Travel	67,010.		6,701.	60,309.
18	Payments of travel or entertainment expenses	, , , , , , , , , , , , , , , , , , , ,			,
10	for any federal, state, or local public officials				
19		22,778.	20,500.	2,278.	
20		,			
21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
22	. Γ				
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) SPECIAL FUNCTIONS	156,012.	31,203.	15,600.	109,209.
a L	MISCELLANEOUS	10,505.	1,576.	±5,000•	8,929.
b	DUES & SUBSCRIPTIONS	8,520.	6,816.		1,704.
C	CODS & SODSCELLIONS	0,520.	0,010.		1,/04.
d					
е	All other expenses	E 0E0 404	4 456 902	015 620	
25	Total functional expenses. Add lines 1 through 24e	5,958,424.	4,456,893.	815,638.	685,893.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Faure 990 (0017

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14 2017.05000 VMI KEYDET CLUB, INC.

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Form 990 (2017)	
Part X	Balance	Sheet

VMI KEYDET CLUB, INC.

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	6,328,516.	2	1,772,335.
	3	Pledges and grants receivable, net	10,337,743.	3	8,815,437.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,179.	<u>^</u>		
		Less: accumulated depreciation 10b 1,179.	0.	10c	0.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	62,896,500.	12	57,238,442.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	407 004	14	
	15	Other assets. See Part IV, line 11	427,234.	15	500,779.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	79,989,993.	16	68,326,993.
	17	Accounts payable and accrued expenses	1,073,768.	17	1,096,745.
	18	Grants payable		18	
	19 00	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
Liabilities				22	
Lial	23	•		22	
	23 24	Secured mortgages and notes payable to unrelated third parties		23 24	
	2 . 25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	15,406,650.	25	655,467.
	26	Total liabilities. Add lines 17 through 25	16,480,418.	26	1,752,212.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ŝ		complete lines 27 through 29, and lines 33 and 34.			
ice	27	Unrestricted net assets	-4,744,269.	27	-5,608,441.
alar	28	Temporarily restricted net assets	18,342,068.	28	20,165,704.
d B	29	Permanently restricted net assets	49,911,776.	29	52,017,518.
nno		Organizations that do not follow SFAS 117 (ASC 958), check here			
οr F		and complete lines 30 through 34.			
its (30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	63,509,575.	33	66,574,781.
	34	Total liabilities and net assets/fund balances	79,989,993.	34	68,326,993.

Form **990** (2017)

Form	1990 (2017) VMI KEYDET CLUB, INC.	52-	1300039	Pag	_e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,040),51	LO.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,958	3,42	24.
3	Revenue less expenses. Subtract line 2 from line 1	3	-917	7,91	L4.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,509		
5	Net unrealized gains (losses) on investments	5	3,995	5,48	35.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12	2,36	55.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	66,574	1,78	<u>31.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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			v	
	review, or compilation of its financial statements and selection of an independent accountant?			X	
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Auc			Х
-	Act and OMB Circular A-133?		<u>3a</u>		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000 //	

Form **990** (2017)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
۰.		000	U 1	000 LL,

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

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

Nan	ne o	f the organization								identification number
_				EYDET CLUI						2-1300039
Pa	nrt I	Reason for	Public Ch	narity Status (All organizations must co	mplete thi	is part.) Se	e instructions	S.	
The	orga	anization is not a priv	ate foundati	ion because it is: (F	For lines 1 through 12, cl	neck only o	one box.)			
1		A church, convent	tion of chure	ches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school describe	ed in sectior	n 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990 or 99	90-EZ).)			
3		A hospital or a co	operative ho	ospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical researc	h organizati	ion operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:								
5		An organization o	perated for t	the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1))(A)(iv). (Cor	mplete Part II.)						
6		A federal, state, o	r local gover	rnment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Χ	An organization th	nat normally	receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
	section 170(b)(1)(A)(vi). (Complete Part II.)									
8										
9		¬ ·			in section 170(b)(1)(A)(i	-	ed in conju	nction with a	land-grant	college
		-	-		ulture (see instructions).		-		-	-
		university:		0 0	. , ,			-		
10		¬ · ——	nat normally	receives: (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membersł	nip fees, an	d gross receipts from
					t to certain exceptions,					
			•	-	(less section 511 tax) fro					•
		See section 509(a			,					
11		- ·		-	vely to test for public saf	ety. See	section 50)9(a)(4).		
12		¬ ⁻	-	-	vely for the benefit of, to	•			rrv out the	purposes of one or
		-	-	-	d in section 509(a)(1) o	-			•	
					f supporting organization					
а					upervised, or controlled l	-			-	giving
				-	gularly appoint or elect a	• • • •	-			
			-	mplete Part IV, Se		, ,				
b	, [~		-	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hay	rina
	_			-	anization vested in the sa			-		-
			-		Sections A and C.				5	
с	: [•	g organization operated	in connect	ion with. a	and functional	lv integrate	d with.
	_). You must complete F				, ,	,
d	ıΓ		-		orting organization oper				ted organiz	zation(s)
	_		-		ation generally must sati				-	
				-	nplete Part IV, Sections	•		-		
е	, Г	``````````````````````````````````			written determination from				II. Type III	
					nally integrated supportir			.,	., ., .,	
f	Er	nter the number of su			, , , ,	5 5				
		ovide the following ir			d organization(s).					
		(i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(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)
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 17

2017.05000 VMI KEYDET CLUB, INC.

Schedule A (Form 990 or 990-EZ) 2017 VMI KEYDET CLUB, INC.

Part II

52-1300039 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6110201.	<u>15388261.</u>	21911146.	7658232.	4473393.	55541233.
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	6110001	1 = 2 0 0 0 0 0 1	01011116		4480000	
	Total. Add lines 1 through 3	6110201.	15388261.	21911146.	7658232.	4473393.	55541233.
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,						10054054
	column (f)						19754251.
	Public support. Subtract line 5 from line 4.						35786982.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b)2014 15388261.	(c) 2015	(d) 2016 7658232.	(e) 2017	(f) Total 55541233.
	Amounts from line 4	0110201.	12200701.	21911140.	/030232.	44/3393.	<u>55541255.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	20 202	122 002	222 015	162 200	ECE 021	1400510
_	and income from similar sources	38,382.	132,902.	222,915.	462,380.	565,931.	1422510.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	2 071	1 222	2 1 7 2		1 106	11 450
	assets (Explain in Part VI.)	3,871.	4,222.	2,173.		1,186.	<u>11,452.</u> 56975195.
	Total support. Add lines 7 through 10						D0973193.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	-			-		
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (I			olumn (fl)		14	62.81 %
	Public support percentage from 2016						64.07 %
	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2016. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	•	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				s >
	₩) or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 VMI KEYDET CLUB, INC.

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

52-1300039 Page 3

(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.)

Section A. Public Support			-	-		-
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
Section C. Computation of Publ					<u> </u>	
15 Public support percentage for 2017 (line 8, column (f) di	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inves					<u> </u>	
17 Investment income percentage for 20	317 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2017. If the						7 is not
more than 33 1/3%, check this box a						▶∟
b 33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che						▶∐
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	>
732023 10-06-17				Sch	edule A (Form 990	0 or 990-EZ) 2017
		19)			

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

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			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		
	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		
	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		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	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 Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
732025	5 10-06-17 Schedule A (Form 9		0-EZ)	2017
			,	

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	(Form 990 or 990-EZ) 2017					
Part V	Type III Non-Function	nally	Integrated	509(a)(3)	Supporting	Organizations

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.

1 2 3 4 5		
3 4		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
	7 8 1a 1 1b 1 1c 1 1d 1 2 3 3 4 5 6 7 8 1 2 3 4 5 6 7 2 3 4 5 6 1 2 3 4 5 5 6 5 6 6	7

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

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 VMI KEYDET CLUB, INC.

	t V Type III Non-Functionally Integrated 509((continued)	• · · ·
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	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	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
0	Line 8 amount divided by line 9 amount	I		
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
-	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
_	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
+	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
4	line 7: \$			
	·			
	Applied to underdistributions of prior years Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
~	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

$\mathbf{D} = \mathbf{I} \mathbf{V} \mathbf{I}$				CLUB,	INCI	52-1300039 Page 8
Part VI	Part IV, Section A, line line 1; Part IV, Section	formation es 1, 2, 3b, 3 n D, lines 2 ar	 Provide the c, 4b, 4c, 5a, and 3; Part IV, 3 	explanation 6, 9a, 9b, 9c Section E, lir	s required by Part II, line 10; Part II, line 17a c, 11a, 11b, and 11c; Part IV, Section B, lines nes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par , and 6. Also complete this part for any addit	or 17b; Part III, line 12; 5 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
32028 10-06-1	7				Scheo	lule A (Form 990 or 990-EZ) 201
	797738 20650	70001		20	24 17.05000 VMI KEYDET CLU	

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

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

2017

Employer identification number

52-130003	39
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

VMI KEYDET CLUB,

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 exclusively religious is charitable, etc., be successible to the parts unless to the parts unless the the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successible to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be total contributions totaling \$5,000 or more during the year for an exclusively total contributions total total total total total total contributions total total to the parts unless to the parts unless the total contributions total total to the parts unless total t

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) (2017)

Page **2**

Employer identification number

VMI KEYDET CLUB, INC.

52-1300039

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$250,000.	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
		\$252,340.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$404,500.	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
4_		\$114,000.	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
5		\$112,200.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$97,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)
	26	(, , , , , , , , , , , , , , , , , , , ,

2017.05000 VMI KEYDET CLUB, INC.

22541113 797738 2065070001

Name of organization

Page **2**

Employer identification number

VMI KEYDET CLUB, INC.

52-1300039

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-01		\$ \$ Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)



Name of organization

52-1300039

VMI KEYDET CLUB, INC.

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

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(000	
2	8,140 SHARES OF SPDR S&P 500 ETF		
<u> </u>			
		\$\$	09/01/17
		•	
(a)		(0)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		· · · ·	
	1,140 SHARES OF PANERA BREAD COMPANY		
5			
		\$112,200.	07/11/17
		[\$ 112,2000	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		_	
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
		^{\$}	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
		<i>°</i>	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See instructions.)	
		\$	

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nization		Employer identification number		
YDET CLUB, INC.		52-1300039		
Exclusively religious, charitable, etc., con	tributions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 fo		
completing Part III, enter the total of exclusively religiou	is, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$		
Use duplicate copies of Part III if addition	nal space is needed.			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gif	*		
		L .		
Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee		
	[
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gif	t		
Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee		
	[
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
((0) 000 01 g.11	(, _ coord priori or non give to non		
	(e) Transfer of gif	t		
Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee		
(b) Burpasa of aift	(a) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gif	t		
Transferee's name, address. a	Ind ZIP + 4	Relationship of transferor to transferee		
7		Schedule B (Form 990, 990-EZ, or 990-PF) (;		
	29			
	YDET CLUB, INC. Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, a Transferee's name, address, a Transferee's name, address, a Transferee's name, address, a	ZYDET CLUB, INC. Exclusively religious, charitable, etc., contributions to organizations described the year from any one contributor. Complete columns (a) through (e) and the folio orgenetic part with exclusively religious, charitable, etc., contributions of \$1,00 or Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Transferee's name, address, and ZIP + 4 (e) Transfer of gift (b) Purpose of gift (c) Use of gift (c) Durpose of gift (c) Use of gift <t< td=""></t<>		

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	SCHEDULE D Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, 000 Point 1545-004						
(Forn	Part IV. line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b,						
	Partment of the Treasury email Revenue Service Open to Public Inspection Open to Public Inspection						
-	e of the organizati	on			identification number		
Des		VMI KEYDET CLUB, II			2-1300039		
Par		-	d Funds or Other Similar Funds or Acc	counts. (Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin) Eurodo and	other accounts		
	Tatal a wak as at a			J Fullus allu			
1		nd of year					
2 3		f contributions to (during year)					
4		f grants from (during year) t end of year					
5			writing that the assets held in donor advised funds	e			
Ű	-		exclusive legal control?		Yes No		
6			dvisors in writing that grant funds can be used on				
•			r donor advisor, or for any other purpose conferrir				
	impermissible priv		·	•	Yes No		
Par	t II Conserv		ganization answered "Yes" on Form 990, Part IV, I				
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).				
	Preservation	n of land for public use (e.g., recreation or e	education) Preservation of a historically i	important lar	nd area		
	Protection c	of natural habitat	Preservation of a certified his	toric structu	re		
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a quality	fied conservation contribution in the form of a con	servation ea	sement on the last		
	day of the tax year	r.	-	Held a	t the End of the Tax Year		
а	Total number of co	onservation easements		2a			
b	Total acreage rest	2b					
С			ucture included in (a)	2c			
d			after 7/25/06, and not on a historic structure				
-				2d			
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	ation during	the tax		
	year						
4 5		where property subject to conservation eas tion have a written policy regarding the per					
5	U U	forcement of the conservation easements it			Yes No		
6	,		handling of violations, and enforcing conservation				
Ū				reasements	during the year		
7	Amount of expens	 ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ease	ements durir	ng the year		
-	► \$.g		
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)			
					Yes No		
9							
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for						
_	conservation ease				_		
Par	-	-	Art, Historical Treasures, or Other Si	milar Ass	ets.		
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,						
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that describes these items.						
b	-		C 958), to report in its revenue statement and bal				
		-	ducation, or research in furtherance of public servi	ice, provide	the following amounts		
	relating to these it						
				► \$			
~				► \$			
2	-		asures, or other similar assets for financial gain, pl	IOVIDE			
~	•	unts required to be reported under SFAS 1		¢			
a b				► \$			
				► Ψ			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 732051 10-09-17 Schedule D (Form 990) 2017

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Sche	Schedule D (Form 990) 2017 VMI KEYDET CLUB, INC. 52-1300039 Page 2								
Pa	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Othe	er Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that are a s	significant us	se of its c	ollection	items	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they further th	e organization's exe	empt purpos	e in Part 2	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other simila	ir assets		_		_
	to be sold to raise funds rather than to be main						Yes		No
Pa	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part		te if the organizatio	n answered "Yes" o	n Form 990,	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodiar	n or other intermedi	arv for contributions	s or other assets not	included				
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII ar					······			
	······································	····					Amount		
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on For				ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII. C								
Pa	t V Endowment Funds. Complete if	he organization and	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y		(e) Four		
1a	Beginning of year balance	56,812,415.	47,591,206.	31,024,878.		74,324.			315.
b	Contributions		5,173,524.	17,996,205.		00,980.			549.
С	Net investment earnings, gains, and losses 4,741,894. 5,947,553. 36,089. 779,760. 1,401,224							224.	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	2,495,688.	1,899,868.	1,465,966.	1,03	30,186.		838,	764.
f	Administrative expenses								
g	End of year balance		56,812,415.		31,02	24,878.	20,	974,	324.
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment 88.08	%							
С	Temporarily restricted endowment 11								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the possess	ion of the organizat	tion that are held ar	nd administered for t	he organiza	tion	Г		
	by:							Yes	No
	(i) unrelated organizations 3a(i) X						Λ		
	(ii) related organizations								
D	 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 								
4 Pai	t VI Land, Buildings, and Equipme		vment tunds.						
1 4	Complete if the organization answered		Dort IV/ line 11e S	an Form 000 Dart V	line 10				
	Description of property	(a) Cost or ot			Accumulate	4		. volu	
	Description of property	basis (investm	• •	. ,	epreciation	a	(d) Book	value	е
10	Land								
ia b	Land								
	Buildings Leasehold improvements								
	Equipment			1,179.	1,17	79.			0.
	Other			_,	_/_/				
	. Add lines 1a through 1e. (Column (d) must eau		(column (R) line 1						0.
		aur onn 030, i dil /				Schedule	D (Form	990)	

Schedule D) (Form 990) 2017	VMI	KEYDET	CLUB,	INC

	Part VII	Investments -	 Other 	Securities.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SECURITIES - POOLED FUND	56,848,503.	END-OF-YEAR MARKET VALUE
(B) OTHER INVESTMENTS	389,939.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	57,238,442.	

Part VIII Investments - Program Related.

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

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) DUE TO RELATED ENTITIES	640,000.
(3) LIABILITIES UNDER CHARITABLE GIFT	
(4) ANNUITIES	15,467.
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 655,467.

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

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 VMI KEYDET CLUB, INC.		52-1300039 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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 4a and 4b		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 Sta	tements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	
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 V, LINE 4:

THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE

INTERCOLLEGIATE ATHLETIC PROGRAMS AT VIRGINIA MILITARY INSTITUTE (VMI), A

STATE-SUPPORTED SCHOOL.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS A

NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE AND THE TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA. IN ADDITION,

33

THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A

PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE.

732054 10-09-17

	continuea)	
		Schedule D (Form 990) 2017
732055 10-09-17	31	

SCHEDULE F	Stateme	nt of Act	ivities Outside the Uni	ited Sta	tes -	OMB No. 1545-0047
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15						2017
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the latest i	nformation.		Inspection
Name of the organization					Employer ide	ntification number
VMI KEYDET CLUB	, INC.				52-1300	039
		ctivities Out	side the United States. Complet	e if the organ	ization answere	d "Yes" on
Form 990, Part IN 1 For grantmakers. Does		maintain rooor	ds to substantiate the amount of its gran	to and other	acietanos	
•	0		the selection criteria used to award the g		, ,	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its g	grants and ot	her assistance o	outside the
3 Activities per Region. (TI	ne following Part	I, line 3 table ca	n be duplicated if additional space is ne	eded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND		_				
THE CARIBBEAN -						
ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS			2 202 206
ARODA, BAHAMAS,	0	0	INVESTMENTS			3,392,396.
3 a Sub-total	0	0				3,392,396.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	0					2 200 200
and 3b)	0	0				3,392,396.

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

Schedule F (Form 990) 2017

OMB No. 1545-0047

732071 10-06-17

(a) Name of organization

(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
• • • • • • •								
			ecognized as charities by the f ion 501(c)(3) equivalency letter					

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

(e) Amount

(d) Purpose of

(c) Region

(b) IRS code section

(f) Manner of

(g) Amount of

(h) Description

Page 2

(i) Method of

Schedule F (Form 990) 2017

VMI KEYDET CLUB, INC. Schedule F (Form 990) 2017 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(c) Number of

recipients

(d) Amount of

cash grant

(e) Manner of

cash disbursement

Part III can be duplicated if additional space is needed.

(b) Region

(a) Type of grant or assistance

Schedule F (Form 990) 2017

(h) Method of valuation (book, FMV, appraisal, other)

52-1300039

(f) Amount of

noncash assistance (g) Description of

noncash assistance

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

Schedule F (Form 990) 2017

732074 10-06-17

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

732075 10-06-17	39	Schedule F (Form 990) 201

SCHEDULE I (Form 990)		Go	arants and Oth vernments, an ete if the organizatio	nd Individual n answered "Yes" Attach to For	s in the Ŭni on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2017 Open to Public
Internal Revenue Service			Go to www.ir	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organizatio	on VMI KEYDE	T CLUB, I	NC.					Employer identification number 52-1300039
Part I General In	formation on Grants a	nd Assistance						
criteria used to a	ation maintain records t ward the grants or assis	stance?				•		
	V the organization's pro							
	d Other Assistance to I	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ad	nat received more than \$ dress of organization rernment	(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 PO BOX 932 LEXINGTON, VA 244!		54-6001803	115	1,487,324.	0.			ATHLETIC SCHOLARSHIPS
VIRGINIA MILITARY PO BOX 932 LEXINGTON, VA 2445		54-6001803	115	87,002.	٥.			SCHOLARSHIPS
VIRGINIA MILITARY PO BOX 932 LEXINGTON, VA 244!		54-6001803	115	40,980.	0.			INSURANCE PREMIUMS
VIRGINIA MILITARY PO BOX 932 LEXINGTON, VA 2445		54-6001803	115	2,626,506.	0.			INTERCOLLEGIATE ATHLETICS
VIRGINIA MILITARY PO BOX 932 LEXINGTON, VA 2445	INSTITUTE	54-6001803	115	2,300.	0.			TRUST DISTRIBUTIONS
2 Enter total number	er of section 501(c)(3) a	0	,					▶ <u> </u>
3 Enter total number	er of other organizations	s listed in the line 1	I table					

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

Schedule I (Form 990) (2017)

41

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART I, LINE 2:

Part III

VMI KEYDET CLUB, INC. AWARDS ASSISTANCE ONLY TO VIRGINIA MILITARY

INSTITUTE, A STATE-SUPPORTED SCHOOL AND RELATED AGENCIES. FUNDS AWARDED ARE

BASED ON THE INSTITUTE'S NEED AND REQUEST FOR FUNDS.

Schedule I (Form 990) (2017) VMI KEYDET CLUB, INC.

Part III can be duplicated if additional space is needed.

52-1300039

Page 2

SCHEDULE J	CHEDULE J Compensation Information		OMB No. 154				
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	47	,		
	Compensated Employees		20				
Department of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic		
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Name of the organizat			identificatio		mber		
	VMI KEYDET CLUB, INC.	52-1	130003	9			
Part I Questio	ns Regarding Compensation						
				Yes	No		
	riate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	charter travel Housing allowance or residence for perso						
X Travel for co							
	ication and gross-up payments X Health or social club dues or initiation fee						
Discretionar	/ spending account Personal services (such as, maid, chauffe	ur, chef)					
h lf ann af tha have							
,	s on line 1a are checked, did the organization follow a written policy regarding payment or		4	х			
	provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>	Λ			
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2	Х			
trustees, and one	ers, including the CEO/Executive Director, regarding the items checked on line 1a?			21			
3 Indicate which, if	any, of the following the filing organization used to establish the compensation of the organiza	ition's					
	rector. Check all that apply. Do not check any boxes for methods used by a related organization						
	sation of the CEO/Executive Director, but explain in Part III.						
X Compensati							
	compensation consultant						
	other organizations Approval by the board or compensation of	ommittee					
	5						
4 During the year, o	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization or a	related organization:						
a Receive a several	nce payment or change-of-control payment?		4a		X		
b Participate in, or	eceive payment from, a supplemental nonqualified retirement plan?		4b		X		
c Participate in, or	eceive payment from, an equity-based compensation arrangement?		4c		X		
If "Yes" to any of	lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n					
contingent on the			-		v		
a The organization?			<u>5a</u>		X X		
	ization?		<u>5b</u>				
	or 5b, describe in Part III.	'n					
	l on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation pate earnings of	21					
contingent on the	-		6a		x		
	ization?				X		
	or 6b, describe in Part III.						
	l on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5					
	lines 5 and 6? If "Yes," describe in Part III		7		x		
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
			8		X		
	did the organization also follow the rebuttable presumption procedure described in						
	on 53.4958-6(c)?	<u></u>	9				
	Reduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)) 2017		

732111 10-17-17

52-1300039

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) GREG M. CAVALLARO	(i)	183,764.	7,000.	8,111.	8,895.	4,345.	212,115.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID L. PRASNICKI	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT TREASURER	(ii)	162,002.	6,741.	5,116.	7,200.	1,999.	183,058.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017

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:CEO AND VICE PRESIDENTS OF VMI

KEYDET CLUB

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

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

THERE WAS NOT ANY SUCH TRAVEL FOR THIS FISCAL YEAR.

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

LISTED PERSON WHO RECEIVED THE BENEFIT: CEO AND VICE PRESIDENTS OF VMI

KEYDET CLUB

WAS THE BENEFIT TREATED AS TAXABLE TO LISTED PERSON? YES

PART I, LINE 3:

THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ALL SALARIES.

COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.

Schedule J (Form 990) 2017

SCHEDULE I	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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



Employer identification number

Name of the organization

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

	VMI KEYDET CI	LUB, I	NC.		52-1	30003	9
Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	32	567,127.	FAIR MARKET	VALUI	<u>3 </u>
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other \dots						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other 🕨 ()						
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions			
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement 29			
						Yes	s No
30a	During the year, did the organization receive by	or contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period?					30a	<u> </u>
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31	<u> </u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	<u> </u>
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	/ for which column (a) is chec	ked,		
	describe in Part II.						
ΙΗΔ	For Paperwork Reduction Act Notice see	the Instruct	tions for Form 990	1	Schedule M	(Form 99	0) 2017

aule M (Form 990) 2017

732141 09-07-17

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

732142 09-07-17	Schedule M (Form 990) 201

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

FORM 990, PART

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2017
20017
Open to Public
Inspection
Employer identification number

52-1300039

VMI KEYDET CLUB, INC.

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERCOLLEGIATE ATHLETIC PROGRAM AT VMI.

I,

FORM 990, PART VI, SECTION A, LINE 2:

A FATHER AND SON ARE PAST PRESIDENTS OF THE BOARD.

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

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

FROM VMI. THE MEMBERS OF THE VMI ALUMNI ASSOCIATION, INC. BOARD OF

DIRECTORS SERVE AS MEMBERS OF THE KEYDET CLUB.

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

THE ORGANIZATION'S BOARD MEMBERS NOMINATE, VOTE, AND ELECT NEW BOARD

MEMBERS.

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

DECISIONS MADE BY THE BOARD ARE PUT TO A VOTE AT BOARD MEETINGS, AND MUST

SATISFY BOARD VOTING RULES PRIOR TO DECISION APPROVAL.

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

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

DISTRIBUTED TO AND REVIEWED BY THE BOARD MEMBERS DURING A SCHEDULED

MEETING. SINCE A COMPLETE COPY OF THE FORM 990 WAS NOT PROVIDED TO THE

BOARD, THE FOUNDATION HAS ANSWERED NO TO FORM 990, PART VI, QUESTION 11A.

FORM 990, PART VI, SECTION B, LINE 12C:

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

 732211
 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization VMI KEYDET CLUB, INC.	Employer identification number 52-1300039
ANNUAL CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY AL	L 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.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS	ALL SALARIES.
COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSIT	E AND ARE ALSO
AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY OBLIGATIONS	-12,365.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN AUDIT COMMITTEE IN PLACE THAT ASSU	MES
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTIO	N OF AN
INDEPENDENT ACCOUNTANT. THE AUDITED FINANCIAL STATEMENTS	ARE REVIEWED
AT A SCHEDULED MEETING EACH YEAR.	

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

732212 09-07-17

732161 09-11-17 LHA

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.

52-1300039

Open to Public Inspection Employer identification number

20

17

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

VMI KEYDET CLUB, INC.

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

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

Part II Identification of Related Tax-Exempt Organizations. 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	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
VMI FOUNDATION, INC 54-0505966	SUPPORT VIRGINIA MILITARY						
PO BOX 932	INSTITUTE, A						
LEXINGTON, VA 24450	STATE-SUPPORTED SCHOOL	VIRGINIA	501(C)(3)	LINE 7			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
VMI ALUMNI ASSOCIATION, INC 54-0515753							
PO BOX 932	ORGANIZE ALUMNI INTO ONE						
LEXINGTON, VA 24450	ASSOCIATION	VIRGINIA	501(C)(3)	LINE 7			х
	7						

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

Schedule R (Form 990) 2017

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

		, <u>,</u>							r	-		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	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	alloca	ortionate ations?	amount in box 20 of Schedule	Gene mana partr	iging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
	(stati fore								
									<u> </u>
								'	

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		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	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
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	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		X
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.			

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h Dispro tiona allocati Yes) ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership
						163		((1))		

Schedule R (Form 990) 2017

Part VII	Supplemental	Information.
----------	--------------	--------------

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

	nd proxy tax under		ss Income	Tax Return		OMB No. 1545-0687
For calendar year 2017 or other tax y			• ••	UN 30, 201	8	2017
► Go to ww	.irs.gov/Form990T for inst				<u> </u>	2017
Partment of the Treasury Partment of the Treasury	•					Open to Public Inspection for 01(c)(3) Organizations Only
Check box if address changed Name of organization (Check box if name cha	anged a	and see instructions.)		(Emplo	yer identification number byees' trust, see :tions.)
Exempt under section Print VMI KEYDET	CLUB, INC.				52	2-1300039
\mathbf{X} 501(\mathbf{C})(3) or Number, street, and room	or suite no. If a P.O. box,	see ins	structions.			ted business activity codes structions.)
408(e) 220(e) Type PO BOX 932					(000	
408A 530(a) City or town, state or pr	vince, country, and ZIP or f	foreign	postal code			
529(a) LEXINGTON,	VA 24450				9000)99
Book value of all assets at end of year 68,326,993. G Check organization ty	, , ,	•				
	e 🕨 🗴 501(c) corpo		501(c) trus			Other trust
Describe the organization's primary unrelated business ac						
During the tax year, was the corporation a subsidiary in ar		-subsic	liary controlled group	?▶ [Yes	s X No
If "Yes," enter the name and identifying number of the pare			Tala	ohone number 🕨 (E 4 0 1	161 7202
The books are in care of THE ORGANIZA Part I Unrelated Trade or Business In		-	(A) Income) 464–7383 (C) Net
			(A) Income	(B) Expenses	>	(0) Net
Gross receipts or sales Less returns and allowances	c Balance	10				
Cost of goods sold (Schedule A, line 7)		1c 2				
Gross profit. Subtract line 2 from line 1c		3				
a Capital gain net income (attach Schedule D)		4a				
b Net gain (loss) (Form 4797, Part II, line 17) (attach For		4b				
c Capital loss deduction for trusts		4c				
Income (loss) from partnerships and S corporations (a		5	-79,143			-79,143.
B Rent income (Schedule C)		6		-		
V Unrelated debt-financed income (Schedule E)		7	5,646	•		5,646.
Interest, annuities, royalties, and rents from controlled		8				•
Investment income of a section $501(c)(7)$, (9), or (17)	· · · · · ·	9				
Exploited exempt activity income (Schedule I)		10				
Advertising income (Schedule J)		11				
2 Other income (See instructions; attach schedule)		12				
3 Total. Combine lines 3 through 12		13	-73,497			-73,497.
Part II Deductions Not Taken Elsewher (Except for contributions, deductions must						
Compensation of officers, directors, and trustees (Sci	-				14	
5 Salaries and wages					15	
B Repairs and maintenance					16	
Bad debts					17	
B Interest (attach schedule)					18	
Taxes and licenses					19	
Charitable contributions (See instructions for limitation	rules)				20	
Depreciation (attach Form 4562)						
2 Less depreciation claimed on Schedule A and elsewhe					22b	
B Depletion					23	
Contributions to deferred compensation plans					24	
5 Employee benefit programs					25	
Excess exempt expenses (Schedule I)					26	
Excess readership costs (Schedule J)					27	
Other deductions (attach schedule) Tatal deductions Add lines 14 through 29					28	0.
Total deductions. Add lines 14 through 28					29	-73,497.
Unrelated business taxable income before net operatin					30	-13,49/.
Net operating loss deduction (limited to the amount o					31 32	-73,497.
Unrelated business taxable income before specific deeSpecific deduction (Generally \$1,000, but see line 33					32	1,000.
Unrelated business taxable income. Subtract line 33					33	±,000•
	ייה פו גיצי במון זר עצי פמון יראי יי	ισαισιί				
line 32	-				34	-73,497.

Form 990-T	(2017) VMI KEYDET CLUB, INC.		52-130	0039	Page 2
Part I	II Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax con	nputation.			
	Controlled group members (sections 1561 and 1563) check here	See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable ind	come brackets (in that order):			
	(1) \$ (2) \$	(3) \$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$				
	(2) Additional 3% tax (not more than \$100,000)	· · ·			
c	Income tax on the amount on line 34			35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation.				
	Tax rate schedule or Schedule D (Form 1041)			36	
37	Proxy tax. See instructions			37	
38	Alternative minimum tax			38	
39	Tax on Non-Compliant Facility Income. See instructions			39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	0.
Part I	V Tax and Payments				
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form	1116) 4	41a		
b	Other credits (see instructions)		41b		
C	General business credit. Attach Form 3800		41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	0.
43	Other taxes. Check if from: Form 4255 Form 8611	Form 8697 Form 8866	Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43			44	0.
45 a	Payments: A 2016 overpayment credited to 2017		15a		
b	2017 estimated tax payments		15b		
C	Tax deposited with Form 8868		45c		
d	Foreign organizations: Tax paid or withheld at source (see instruction	s)4	45d		
	Backup withholding (see instructions)		45e		
f	Credit for small employer health insurance premiums (Attach Form 8		45f	4	
g	Other credits and payments: Form 2439				
	Form 4136 Other				
46	Total payments. Add lines 45a through 45g			46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attack			47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amo			48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, en			49	0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated ta Statements Regarding Certain Activities an		Refunded	50	
51	At any time during the 2017 calendar year, did the organization have	Ũ	5		Yes No
	over a financial account (bank, securities, or other) in a foreign count FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If				
	here	res, enter the name of the fore	agir country		X
52	During the tax year, did the organization receive a distribution from, of	or was it the granter of or trans	feror to a foreign truct?		X
52	If YES, see instructions for other forms the organization may have to				
53	Enter the amount of tax-exempt interest received or accrued during the				
	Under penalties of perjury, I declare that I have examined this return, including		ents, and to the best of my knowle	dge and belief, it is t	rue,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based o	n all information of which preparer has			
Here		ASSISTAN	T TREASURER	lay the IRS discuss the preparer shown be	
	Signature of officer Date	Title		structions)?	
	Print/Type preparer's name Preparer's signa	ture Date		if PTIN	
Paid		NADDER,	self- employed		
Prepa		-	13/18	P0124	0960
Use C			Firm's EIN 🕨	56-07	
	901 EAST CARY STRE	ET, SUITE 1000)		
	Firm's address FICHMOND , VA 23219		Phone no.	804) 282	
				Form	990-T (2017)

723711 01-22-18

Schedule A - Cost of Goods	s Sold. Enter	method of invent	tory v	aluation 🕨 N/A					
1 Inventory at beginning of year				Inventory at end of yea			6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor			1	from line 5. Enter here					
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section				Yes	No
b Other costs (attach schedule)	4b		1	property produced or a	•	•			
5 Total. Add lines 1 through 4b						,			
Schedule C - Rent Income ((see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)	<u>.</u>
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
` ' rent for personal property is more	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real of rent for the re					3(a) Deductions directly columns 2(a) a	/ conne nd 2(b)	cted with the income in (attach schedule)	I
(1)			13 543	ed on profit or income)					
(2)									
(3)									
(4) Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. 🕨		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instru	ctions)		0			
			2	2. Gross income from		 Deductions directly con to debt-finant 			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		 Gross income reportable (column 2 x column 6) 		8. Allocable deducti (column 6 x total of co 3(a) and 3(b))	
(1)			1	%					
(2)			1	%					
(3)				%					
(4)				%					
<u></u>	1		1	/0		inter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column (
Totals						0			0.
Total dividends-received deductions in					I		-		0.
		ı v							U •

Form **990-T** (2017)

723721 01-22-18

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52-1300039

orm 990-T (2017) VMI KE	YDET CLU	B, INC	•					52-13	0003	9 Pag
chedule F - Interest, A	Annuities, Ro	oyalties, a					tions	s (see ins	struction	s)
			Exempt	Controlled O	rganizati	ons				
1. Name of controlled organizat	ion	2. Employer identification number	3. Net un (loss) (se	related income e instructions)	4. Tot payr	tal of specified ments made	includ	t of column 4 ed in the contr ation's gross i	rolling	6. Deductions directly connected with income in column 5
1)										
2)										
3)										
4)										
onexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated (see instr		9. Total	of specified pay made	ments	10. Part of colur in the controlli gross	mn 9 tha ng orgar s income	nization's	11. Dew with	ductions directly connect income in column 10
-										
1)										
2)										
3)										
(4)										
						Add colum Enter here and line 8, c		e 1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
otals								0.		(
chedule G - Investme					17) Org	ganization		•••		
(see instr	ructions)					3. Deduction		4 . Set-	asides	5. Total deduction
]. Desc	ription of income			2. Amount of	income				schedule)	and set-asides (col. 3 plus col. 4
1)										
2)										
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on pag Part I, line 9, column (I
otals			►		0.					
chedule I - Exploited (see instru	-	vity Incor	ne, Other	Than Adv	/ertisin	ig Income				
1. Description of exploited activity	2. Gross unrelated busine income from trade or busines	ss direct with	Expenses tly connected production unrelated ness income	4. Net incon from unrelated business (co minus colum gain, comput through	d trade or olumn 2 n 3). If a e cols. 5	 Gross inco from activity t is not unrelat business inco 	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
				Jinough						
(1) (2)										
~/										
2) 3) 4)										
(4)	Enter here and c		here and on							Enter here and
	page 1, Part I, line 10, col. (A)	. pag	ge 1, Part I, 10, col. (B).							on page 1, Part II, line 26.
otals 🔹 🕨 🕨 🕨 National Schedule J - Advertisii	na Income	0.	0 .							(
Part I Income From I				solidated	Basis					
1. Name of periodical	2. G adver inco	tising	3. Direct advertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput hrough 7.	e 5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(1) (2) (3) (4)										
<u></u>										

	0.
Form 990-T	(2017)

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Totals (carry to Part II, line (5))

Ο.

Ο.

Form 990-T (2017) VMI KEYDET CLUB, INC.

2017.05000 VMI KEYDET CLUB, INC.

723732 01-22-18

Part II	Income From Periodicals Report	ted on a Separate Basis	(For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		irculation 6. Readership costs		7. Excess readers costs (column 6 mi column 5, but not n than column 4)	inus nore
(1)									
(2)									
(3)									
(4)									
Totals from Part I 📃 🕨 🕨	0.		0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) 🕨	0.		Ο.						Ο.
Schedule K - Compensation	n of Officers, I	Directo	ors, and	Trustees (see in	nstructio	ns)			
1. Name				2. Title		 Percentime devote busines 	ed to	ensation attributable related business	
(1)							%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, li	ne 14								0.

Form 990-T (2017)

52-1300039

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	5,403.	5,403.	0.	0.
06/30/14	13,616.	1,478.	12,138.	12,138.
06/30/15	33,091.	0.	33,091.	33,091.
06/30/16	45,064.	0.	45,064.	45,064.
NOL CARRYOVER AVAILABLE THIS YEAR			90,293.	90,293.
FORM 990-T	INCO	ME (LOSS) FROM PA	ARTNERSHIPS	STATEMENT 2

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
INCOME FROM VARIOUS PASSTHROUGHS	-79,143.	0.	-79,143.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-79,143.	0.	-79,143.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

STATE COPY

VMI KEYDET CLUB, INC. PO BOX 932 LEXINGTON, VA 24450

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

TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

JUNE 30, 2018

PREPARED FOR:

VMI KEYDET CLUB, INC. PO BOX 932 LEXINGTON, VA 24450

PREPARED BY:

DIXON HUGHES GOODMAN LLP 901 EAST CARY STREET, SUITE 1000 RICHMOND, VA 23219

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$ 0
LESS: PAYMENTS AND CREDITS	\$ 0
PLUS: OTHER AMOUNT	 0
PLUS: NTEREST AND PENALTIES	\$ 0
NO PAYMENT REQUIRED	\$

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED	\$ 0
OTHER AMOUNT	\$ 0
REFUNDED TO YOU	\$ 0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE VADOT, PLEASE SIGN, DATE AND RETURN VA-8879C TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE VADOT. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE VADOT.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

De P.C	partm 500 partment of Taxation D. Box 1500 Chmond, VA 23218-15	Income	nia Corporation Tax Return			
SHO	ORT Year Filer: Beginning Short Year Return	Date <u>JULY 1, 20</u>	nically. Use this form only if you have a <u>) 1 7</u> ; Ending Date <u>J U</u> Period e Department to discuss this return v	NE 30, 201		Official Use Only
Na	52-1300039 me				Chec	ck all that apply: Initial Filer Name Change
Ma I	VMI KEYDET C ailing Address C BOX 932 y or Town State State State	LUB, INC.				Mailing Address Change Physical Address Change State ZIP Code
Ph	SEXINGTON ysical Address (if different from	n Mailing Address)			NP	
Da	ysical City or Town te Incorporated	State or Country of Incorporation	Description of Business Activity			
	Check Applicable E Consolidated Combined - Sc Change in Filir Multistate Sch Schedule 500A X Nonprofit Corp Enter number of aff Amended Return Complete Form 500 a Enclose an explanatic and modifications. DO NOT FILE THIS F NET OPERATING LC	Soxes Soxes Soxes Soxes Soxes Sock. 500AC Enclosed Sock En		applicable Ent applicable Ent afor tax. an Ent ck here and s	orporate Tele ter amount fro oncorporate ompany Cl nount from Fo ectric Suppli ter amount fro Nonrefund Credit Ch Schedule Capital Lo	ecommunications Company om Form 500T, Line 7: .00 Telecommunications heck box and enter orm 500T, Line 10: .00 ier Company om Sch. 500EL, Line 7 or 14: .00 dable or Refundable
Questions and Related Information A Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB. Enter Exception amount from Schedule 500AB, Line 8 B B RESERVED FOR FUTURE USE. B U.S. Corporation locome Tax Return, provide the requested information. If a NOL resulted If yes, complete and enclose Schedule 500AB. Memory of the company generating the NOL prior to the merger date. U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted If yes, complete and enclose Schedule 500AB. Memory of the company generating the NOL prior to the merger date. (3) Percent of federal NOL used this year % (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.) D D If Pass-Through Entity Withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2.						
F	Location of corporation		GANIZATION	Contact phone nu	mber	Year(540) 464-7383

2017	Virginia
Form	500

Page	2
------	---

FEIN 52-1300039



INCOME

1. Federal taxable income (from enclosed federal return)	1.	-73497 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	-73 497 .00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	-73 497 .00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	-73 4 97 .00

TAX COMPUTATION

3. Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), enclose					
Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.	Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.				
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a)	.00			
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g)	8(b)	%			
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)	.00			
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)	.00			
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	00			

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2017 estimated Virginia income tax payments including overpayment credit from 2016	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2018 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

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

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

Schedule of Federal Line Items



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

Name as shown on Virginia return VMI KEYDET CLUB, INC.	FEIN 52-1300	039
Form 1120 - Deductions and Taxable Income		
Domestic Production Activities Deduction	1	.0
P. Federal Taxable Income before NOL and Special Deductions		- 73497 .0
. Net Operating Loss Deduction		.C
. Special Deductions		1000 .c
. Federal Taxable Income after NOL and Special Deductions		
Form 1120, Schedule C - Dividends and Special Deductions		
. Subpart F Income	6	.0
. Foreign Dividend Gross-Up	7	.0
Form 1120, Schedule K or M-3		
. Tax Exempt Interest	8	.0
Form 5884 - Work Opportunity Credit		
Salaries and Wages not deducted due to the WOTC	9	.0
Form 4562 - Special Depreciation Allowance and Other Depreciation		
0. Special depreciation allowance for qualified property placed in service during the		
taxable year	10	
1. Property subject to 168(f)(1) election	11	.(
2. Other depreciation	12	.(
Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or	⁻ Loss	
3. Total: Deemed Dividends (Exclude Gross-up)		.0
4. Total: Deemed Dividend (Gross-up)		.(
5. Total: Other Dividends (Exclude Gross-up)		.(
6. Total: Other Dividends (Gross-up)		.(
7. Total: Interest		.(
8. Total: Gross Rents, Royalties, and License Fees		.(
9. Total: Gross Income from Performance of Services		.(
0. Total: Other		
1. Total: Total Gross Income or Loss from Outside the US	21	.(
Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions		
2. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses -	00	
Depreciation, Depletion, and Amortization 3. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses		.(
).).
4. Total: Definitely Allocable - Expenses Related to Gross Income from Performance of Services		
5. Total: Definitely Allocable - Other Definitely Allocable Deductions		
6. Total: Total Definitely Allocable Deductions 7. Total: Apportioned Share of Deductions not Definitely Allocable		
8. Total: Net Operating Loss Deduction		
9. Total: Total Deductions		.(
0. Total: Total Income or (Loss) Before Adjustments	30	.0

783701 12-15-17 1019 Va. Dept. of Taxation 2601002 Rev. 07/17

Virginia Corporation Income Tax e-file Signature Authorization

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

Corporation Name	Federal ID Number			
VMI KEYDET CLUB, INC.	52-1300039			
Part I Tax Return Information				
1. Federal Taxable Income (Form 500, Page 2, Line 1)	173,497.			
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	273,497.			
3. Income tax (Form 500, Page 2, Line 9)	3.			
4. Total payments and credits (Form 500, Page 2, Line 16)	4.			
5. Total due (Form 500, Page 2, Line 21)	5.			
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.			
Part II Declaration and Signature Authorization of Officer				
that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2017 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.				
Officer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN corporation income tax return. DIXON HUGHES GOODMAN LLP	poration's 2017 electronic Virginia			
ERO Firm Name				
I will enter my e-File PIN as my signature on the corporation's 2017 electronic Virginia corporation inc if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The I	•			
Your Signature	Date			
Part III Certification and Authentication				
ERO'S EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 5492202321 Do not enter all zero	<u>9</u> 05			
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2017 Virginia corpor	ation income tax return for the			
corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and				
have followed all other requirements as specified by Virginia Tax. ERO's may sign the form using a rubber sta	have followed all other requirements as specified by Virginia Tax. ERO's may sign the form using a rubber stamp, mechanical device, such as			
a signature pen, or computer software program.				
ERO's Signature JOSEPH S. NADDER, III	Date <u>11/13/18</u>			
	Form VA-8879C (REV 08/17)			

			** PUBLIC DISCLOSURE COPY *	*	_
	0		Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	Orm 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2017			2017	
Dep	Department of the Treasury Do not enter social security numbers on this form as it may I			y be made public.	Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
Α	For th	e 2017 calend	ar year, or tax year beginning $ { m JUL}1$, 2017 and ending	<u>JUN 30, 2018</u>	
В	Check if applicab	ole: C Name or	forganization	D Employer identifica	tion number
	Addre	ge VML	KEYDET CLUB, INC.		
	Name	ge Doing b	usiness as	52-13	00039
	Initial returr Final	n Number	and street (or P.O. box if mail is not delivered to street address)		164 8202
		n	OX 932	(540)	
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,040,510.
	returr Appli		NGTON, VA 24450	H(a) Is this a group retu	
	tion pend		nd address of principal officer: MR. DAVID L. PRASNICKI	for subordinates?	
				H(b) Are all subordinates inclu	
		empt status:	X 501(c)(3) 501(c) ()		st. (see instructions)
				ear of formation: 1973	
	art I				State of legal dominitie. VA
_	1		e the organization's mission or most significant activities: THE PURP	OSE OF THE VMT	KENDEL
e			NC. IS TO SUPPORT, STRENGTHEN, AND DEV		REIDEI
Jan	2		$x \triangleright$ if the organization discontinued its operations or disposed of m		te
Governance	3		ting members of the governing body (Part VI, line 1a)		57
Ő	4		lependent voting members of the governing body (Part VI, line 1a)		57
80 10	5		of individuals employed in calendar year 2017 (Part V, line 2a)		5
ities	6		of volunteers (estimate if necessary)		0
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		-73,497.
Ă	b		business taxable income from Form 990-T, line 34		-73,497.
			,	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	7,658,323.	4,473,393.
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	462,380.	565,931.
ά.	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	1,186.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,120,703.	5,040,510.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	3,700,140.	4,244,112.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	659,406.	745,072.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)	0.	0.
Expenses	b				
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	886,216.	969,240.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,245,762.	5,958,424.
	19	Revenue less	expenses. Subtract line 18 from line 12	2,874,941.	-917,914.
t Assets or				Beginning of Current Year	End of Year
sset	20	Total assets (F		79,989,993.	68,326,993.
etA	21		(Part X, line 26)	16,480,418.	1,752,212.
	<u>22</u> art II		fund balances. Subtract line 21 from line 20	63,509,575.	66,574,781.
				amonto and to the bast of and b	nowladge and ballef it :-
			I declare that I have examined this return, including accompanying schedules and stat		nowledge and bellet, it is
<u>u u e</u>	, corre	ici, anu complete.	Declaration of preparer (other than officer) is based on all information of which prepare	arer nas any knowledge.	
				1	

Sign	Signature of officer	Date			
Here	MR. DAVID L. PRASNICKI, ASSISTANT TREASURER				
	Type or print name and title				
	Print/Type preparer's name Preparer's signature Date				
Paid	JOSEPH S. NADDER, III JOSEPH S. NADDER, II 11/13	/18 self-employed P01240960			
Preparer	Firm's name DIXON HUGHES GOODMAN LLP	Firm's EIN 56-0747981			
Use Only	Firm's address 🕒 901 EAST CARY STREET, SUITE 1000				
	RICHMOND, VA 23219	Phone no. (804) 282-7636			
May the IRS discuss this return with the preparer shown above? (see instructions)					
732001 11-2	73200111-28-17LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2017) VMI KEYDET CLUB, INC.	52-1300039 Page 2
	rt 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: <u>THE MISSION OF VMI KEYDET CLUB, INC IS TO SUPPORT, STREN</u>	
	DEVELOP THE INTERCOLLEGIATE ATHLETIC PROGRAM AT VIRGINIA	MILITARY
	INSTITUTE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	s, the total expenses, and
4a	(Code:) (Expenses \$4,456,893. including grants of \$4,244,112.) (Reven)
	ATHLETIC SCHOLARSHIPS AND SUPPORT OF VIRGINIA MILITARY I	NSTITUTE.
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
لم A	Other program services (Describe in Schedule O)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 4,456,893.	
		Form 990 (2017)
732002	2 11-28-17	

	000	(0017)	
FOUL	990	(2017)	

VMI KEYDET CLUB, INC.

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	–		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ŭ		8		x
9	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			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	<i>If</i> "Yes," <i>complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	5		
10		10	х	
11	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>			
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		- 23	
U		11b	х	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		- 11	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	л	
f	o		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		л	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	^	
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	45		v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form 990 (2017)

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 Form 990 (2017)
 VMI KEYDET CLUB, INC.
 52-1300039
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Formation (Continued)
 Formation (Continued)
 Formation (Continued)

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

Form 990 (2017)

Form	990 (2017) VMI KEYDET CLUB, INC. 52-1300	039	P	age 5
Par				
	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		
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	Зb	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		-		

Form	990	(2017)
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Form	990	(2017)
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VMI KEYDET CLUB, INC.

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

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	57			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	57			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any othe	er 🛛			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under th	e direct superv	vision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or				
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		ſ	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
		• •		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		Г	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, .				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		Г	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
-	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 approv		F			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	x	
	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 arrange	ment with a				
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure		·····	10.5		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright VA$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	C (Section 501)	(c)(3)s only) av	ailahle		
.5	for public inspection. Indicate how you made these available. Check all that apply.		onojo oniyj avo			
		n in Schedule (0			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	inanci	al	
13	statements available to the public during the tax year.		r policy, and I	manul	a	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and record	te.			
20	THE ORGANIZATION - (540) 464-7383	ons and record				
	$\frac{1112}{PO BOX 932, LEXINGTON, VA 24450}$					
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Form	990	(2017))
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		l	mea			10011	oure			(=)
(A)	(B)	(C) Position		(D)	(E)	(F)				
Name and Title	Average		not c	heck r	more	than o		Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation	amount of
	week						,	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		,ee	npen		(00-2/1099-0000)		and related
	below	dual t	ıtiona		nploy	st cor yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) U. "BUZZ" BIRZENIEKS	2.00		_	_						
PRESIDENT	7.00	х						0.	0.	0.
(2) GERALD J. ACUFF, JR.	2.00									
1ST VICE PRESIDENT	5.00	Х						0.	0.	0.
(3) DR. BLAND MASSIE, JR.	2.00									
2ND VICE PRESIDENT		Х						0.	0.	0.
(4) DANIEL P. THORNTON	2.00									
SECRETARY/TREASURER		Х						0.	0.	0.
(5) WILLIAM A. PAULETTE	2.00									
IMMEDIATE PAST PRESIDENT		Х						0.	0.	0.
(6) RALPH L. COSTEN, JR.	2.00									
HISTORIAN/PAST PRESIDENT		Х						0.	0.	0.
(7) CHRISTOPHER D. ANTONELLI	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(8) JOHN E. ARTHUR V	2.00									-
BOARD MEMBER		Х						0.	0.	0.
(9) CHARLES E. AYERS III	2.00									-
BOARD MEMBER		Х						0.	0.	0.
(10) JULIAN J. BOWERS	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) CHARLES E. CARR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JAMES H. CHAPMAN III	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(13) LT. COLONEL R. PEEL DILLARD	2.00									-
BOARD MEMBER		Х						0.	0.	0.
(14) STEVEN C. CRADDOCK	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(15) LT. GENERAL DANIEL J. DARNELL	2.00									<u>^</u>
BOARD MEMBER		Х						0.	0.	0.
(16) WILLIAM R. DAVIDSON	2.00							_		<u>^</u>
BOARD MEMBER		Х						0.	0.	0.
(17) COLONEL LEE S. DEWALD	2.00	37							<u> </u>	<u>^</u>
BOARD MEMBER	1	Х						0.	0.	0. Earm 990 (2017)

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Form 990 (2017)

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Form	990	(2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(10		Posi				Reportable	Reportable		Estimated		ed
	hours per	(do not check more than one box, unless person is both an					an	compensation	compensation	amount of			
	week		officer and a di			r/trust	ee)	from	from related			other	
	(list any hours for	recto						the	organizations	.		pensa	
	related	e or di	ee			sated		organization	(W-2/1099-MISC	<i>)</i>		om th	
	organizations	ustee	trust		ee	upens		(W-2/1099-MISC)			•	anizat 1 relat	
	below	dual ti	itiona	_	nploy	st cor yee	-					nizati	
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former						
(18) JOHN D. DODGE II	2.00												
BOARD MEMBER		Х						0.	(D.			0.
(19) RONALD L. GAULT, JR.	2.00												
BOARD MEMBER		Х						0.	(D.			0.
(20) J. JEFF GAUSEPOHL	2.00												
BOARD MEMBER		Х						0.	(D.			0.
(21) MARK J. HANNAN	2.00												
BOARD MEMBER		Х						0.	(D .			Ο.
(22) JASON K. GRUSE	2.00												
BOARD MEMBER		х						0.	(b .			Ο.
(23) RICHARD F. HEWITT	2.00												
BOARD MEMBER		Х						0.		ο.			0.
(24) THOMAS J. HICKEY, JR.	2.00												
BOARD MEMBER		Х						0.	(ן. כ			0.
(25) CARSON C. IRVINE	2.00												
BOARD MEMBER		Х						0.	(ן. כ			0.
(26) CAPTAIN EDWARD A. JOHNSON, JR.	2.00												
BOARD MEMBER		Х						0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VI	, Section A							425,834.	173,859				84.
d Total (add lines 1b and 1c)								425,834.	173,859).	62	2,8	84.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				•
compensation from the organization											<u> </u>		2
										E	_	Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for s										L	3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150										_	4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? <i>If</i> "Yes," com	plete Schedule	e J fo	or su	ich r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	-									nsatio	on fro	m	
the organization. Report compensation for t	ne calendar ye	ear e	nain	ig w	ith c	or wi	nin		ear.				
(A) Name and business	address							(B) Description of s	ervices	Cc	(C omper		n
BNY MELLON, N.A.							_	INVESTMENT				louio	
225 LIBERTY STREET, NEW Y	OBK NV	1	02	86				MANAGEMENT			400	9 9	90.
	01111, 141	-	02	00			-	минониц					

Total number of independent contractors (including but not limited to those listed above) who received more than 2 \$100,000 of compensation from the organization ► 1 SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

Part VII Section A. Officers, Directors, (A) Name and title	(B)			(C					` ,	
Name and title	Average			(0)			(D)	(E)	(F)
	Average	Average Position Reportable						Reportable	Estimated	
	hours	(c	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	F				lo yee		the	organizations	compensation
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	ee or (stee			nsated		(00-2/1033-10130)		and related
	organizations	truste	al tru:		yee	im per				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer			
	line)	Indiv	Insti	Officer	Key	High	Former			
27) MICHAEL W. MAXWELL	2.00									
OARD MEMBER		Х						0.	0.	0
28) JOHN D. DODGE II	2.00									
OARD MEMBER		Х						0.	0.	0
29) COLONEL THOMAS A. MORTENSON	2.00									
OARD MEMBER		х						0.	0.	0
30) MATTHEW F. DANIEL	2.00									
OARD MEMBER		Х						0.	Ο.	0
31) LT. COLONEL R. DAREN PAYNE	2.00									
OARD MEMBER		х						0.	0.	0
32) LT. COLONEL MARK W. PRENTICE	2.00									
OARD MEMBER		х						0.	0.	0
33) THOMAS A. PUSKAS	2.00									
OARD MEMBER		х						0.	0.	0
34) C. LEWIS REYNOLDS, JR.	2.00									
OARD MEMBER		х						0.	0.	0
35) JOHN G. SEBRELL	2.00									
OARD MEMBER		Х						0.	Ο.	0
36) JOSEPH M. SOKOLOWSKI	2.00									
OARD MEMBER		Х						0.	Ο.	0
37) TIMOTHY A CORDLE	2.00									
OARD MEMBER		х						0.	0.	0
38) WILLIAM H. STEPHENS, JR.	2.00									
OARD MEMBER		х						0.	0.	0
39) BRIAN J. SWIENCINSKI	2.00									
OARD MEMBER		х						0.	0.	0
40) JOHN S. THORNTON, JR.	2.00									
OARD MEMBER		х						0.	0.	0
41) COLONEL RONALD R. WALL	2.00									
OARD MEMBER		х						0.	0.	0
42) CONRAD K. WHARTON	2.00									
OARD MEMBER		х						0.	0.	0
43) GORDON E. WILLIAMS	2.00	1							J ·	
OARD MEMBER		х						0.	0.	0
44) R. ALAN COWAN	3.00									
OARD MEMBER		х						0.	0.	0
45) JOHN B. ADAMS, JR.	2.00	1							J ·	
AST PRESIDENT		x						0.	0.	0
46) HERIOT CLARKSON	2.00							~ •	••	Ŭ
AST PRESIDENT		x						0.	0.	0

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	ET CLUB,								52-130	0000		
						est (Compensated Employees (continued) (D) (E) (F					
(A) Name and title	(B)	(C) Position						(D) Reportable	(E) Reportable	(F)		
Name and the	Average hours	(check all that apply)					lv)	compensation	compensation	Estimated amount of		
	per						.,,	from	from related	other		
	week					yee		the	organizations	compensation		
	(list any	rector				emplo		organization	(W-2/1099-MISC)	from the		
	hours for related	e or di	tee			sated		(W-2/1099-MISC)		organization and related		
	organizations	rustee	ll trust		/ee	m pen:				organizations		
	below	Individual trustee or director	Institutional trustee	J.	Key employee	Highest com pen sated em ployee	er			organizationo		
	line)	Indiv	Instit	Officer	Key e	High	Former					
(47) JOHN S. COCKEY, JR.	2.00											
PAST PRESIDENT		Х						0.	0.	0.		
(48) HOWARD DYER, III	2.00											
PAST PRESIDENT		х						0.	0.	0.		
(49) BRUCE C. GOTTWALD, SR.	2.00								•	•		
PAST PRESIDENT		Х						0.	0.	0.		
(50) BRUCE C. GOTTWALD, JR.	2.00								•	^		
PAST PRESIDENT		X						0.	0.	0.		
(51) W. BOGART HOLLAND	2.00	v						0	0	0		
PAST PRESIDENT (52) CHARLES M. HUNTER, JR.	2.00	Х						0.	0.	0.		
PAST PRESIDENT	2.00	x						0.	0.	0.		
(53) W.F. KASTELBERG, IV	2.00	~						0.	0.	0.		
PAST PRESIDENT	2.00	x						0.	0.	0.		
(54) G.G. PHILLIPS, JR.	2.00											
PAST PRESIDENT		х						0.	Ο.	0.		
(55) CHARLES F. PLAGEMAN	2.00											
PAST PRESIDENT		х						0.	Ο.	0.		
(56) ALAN G. SOLTIS	2.00											
PAST PRESIDENT		Х						0.	0.	0.		
(57) HAROLD R. TEMPLETON	2.00											
PAST PRESIDENT		Х						0.	0.	0.		
(58) GREG M. CAVALLARO	40.00											
CHIEF EXECUTIVE OFFICER	40.00			X				198,875.	0.	13,240.		
(59) DONNIE ROSS	40.00							105 051	0	00 545		
VICE PRESIDENT	40.00			X				105,871.	0.	23,545.		
(60) DOUGLAS P. BARTLETT	40.00			77				66 170	0	11 015		
VICE PRESIDENT (61) ANDREW C. DEAL	10 00	-		X				66,170.	0.	11,215.		
(61) ANDREW C. DEAL VICE PRESIDENT	40.00			х				54,918.	0.	5,685.		
(62) DAVID L. PRASNICKI	2.00			~				54,910.	0.	5,005.		
ASSISTANT TREASURER	44.00			х				0.	173,859.	9,199.		
	11.00								1/3/035.	5,155.		
		1										

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Form	990) (ź	2017) VMI F	KEYDET CL	UB, INC.			52-1300	039 Page 9
Par	τV	/111	Statement of Rever	nue					
			Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns	1a					
ran un			Membership dues						
۵. G			Fundraising events]			
aifts ar A			Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contribut	tions) 1e					
ŝ		f	All other contributions, gifts, grar	nts, and					
but			similar amounts not included abo						
d Otri		g	Noncash contributions included in lines	1a-1f: \$	<u>567,127</u> .				
aŭ		h	Total. Add lines 1a-1f		►	4,473,393.			
					Business Code				
e	2	а							
° vi		b							
Se		с							
Program Service Revenue		d							
Pag		е							
Ą		f	All other program service reve	enue					
			Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)			565,931.		-73,497.	639,428.
	4		Income from investment of ta						
	5		Royalties						
			,	(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
			Rental income or (loss)			1			
			Net rental income or (loss)		•				
			Gross amount from sales of	(i) Securities	(ii) Other				
	•	-	assets other than inventory		() 0	1			
		b	Less: cost or other basis			1			
		~	and sales expenses						
		c	Gain or (loss)			1			
			Net gain or (loss)						
er			Gross income from fundraisin	ig events (not					
/eni			including \$						
Re			contributions reported on line	,					
Other Revenue			Part IV, line 18						
ŧ			Less: direct expenses		· L	-			
			Net income or (loss) from fund		····· P				
	9	а	Gross income from gaming ad						
			Part IV, line 19		-				
			Less: direct expenses						
			Net income or (loss) from gan	-	▶				
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
ŀ		С	Net income or (loss) from sale						
ŀ	• -				Business Code				1 100
			ADMINISTRATIVE		900099	1,186.			1,186.
		b							
		С							
			All other revenue						
		е	Total. Add lines 11a-11d			1,186.		BO (OF	
	12		Total revenue. See instructions.		►	5,040,510.	0.	-73,497.	640,614.
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VMI KEYDET CLUB, INC. Part IX Statement of Functional Expenses

Da	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,244,112.	4,244,112.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	552,721.	110,544.	82,908.	359,269.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	98,105.	19,621.	14,716.	63,768.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,621. 47,837.	1,724. 9,567.	1,293. 7,176.	5,604. 31,094. 24,562.
9	Other employee benefits		9,567.	7,176.	31,094.
10	Payroll taxes	37,788.	7,558.	5,668.	24,562.
11	Fees for services (non-employees):				
а	Management	248,000.		248,000.	
b	Legal	14,620.	2,924.	4,386.	7,310.
С	Accounting	6,658.		6,658.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	409,990.		409,990.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	25,147.	748.	10,264.	14,135.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	67,010.		6,701.	60,309.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,778.	20,500.	2,278.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ADDATAL DIDIARTONA	156,012.	31,203.	15,600.	109,209.
b	MISCELLANEOUS	10,505.	1,576.		8,929.
c	DUES & SUBSCRIPTIONS	8,520.	6,816.		1,704.
d		.,	.,		_,,,,,,
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,958,424.	4,456,893.	815,638.	685,893.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				

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Form 990 (2017)

Form 990 (2017)	
Part X	Balance	Sheet

VMI KEYDET CLUB, INC.

	_	Check if Schedule O contains a response or not	e to anv li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	6,328,516.	2	1,772,335.		
	3	Pledges and grants receivable, net			10,337,743.	3	8,815,437.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	ormer offic	ers, directors,			
		trustees, key employees, and highest compensation	ated emplo	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	-				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)	(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ϋ́	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		<u>1,179.</u> 1,179.			
	b	Less: accumulated depreciation	10b	1,179.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1		62,896,500.	12	57,238,442.
	13	Investments - program-related. See Part IV, line -	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			427,234.	15	500,779.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		79,989,993.	16	68,326,993.
	17	Accounts payable and accrued expenses		1,073,768.	17	1,096,745.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
s	22	Loans and other payables to current and former	officers, o	directors, trustees,			
litie		key employees, highest compensated employee	s, and dis	qualified persons.			
Liabilities		Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third par	ties		24	
	25	Other liabilities (including federal income tax, page	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). C	omplete Part X of			
		Schedule D			15,406,650.	25	655,467.
	26	Total liabilities. Add lines 17 through 25			16,480,418.	26	1,752,212.
		Organizations that follow SFAS 117 (ASC 958)), check ł	nere 🕨 🗴 and			
ŝ		complete lines 27 through 29, and lines 33 an	d 34.				
ž	27	Unrestricted net assets	-4,744,269.	27	-5,608,441.		
ala	28	Temporarily restricted net assets			18,342,068.	28	20,165,704.
d B	29	Permanently restricted net assets		<u></u> .	49,911,776.	29	52,017,518.
'n		Organizations that do not follow SFAS 117 (As	SC 958), (check here 🕨 📃			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or eq	quipment f	und		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or o	other funds		32	
Ž	33	Total net assets or fund balances			63,509,575.	33	66,574,781.
	34	Total liabilities and net assets/fund balances			79,989,993.	34	68,326,993.

Form **990** (2017)

732011 11-28-17

Form	1990 (2017) VMI KEYDET CLUB, INC.	52-2	L300039	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,040		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,958	3,42	24.
3	Revenue less expenses. Subtract line 2 from line 1	3	-91	7,9:	14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,509		
5	Net unrealized gains (losses) on investments	5	3,995	5,48	85.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12	2,3	65.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	66,574	1,78	81.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2017)

732012 11-28-17

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
١.		000	U 1	000 LL,

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Nam	e of t	the organization						Employer	identification number			
		VMI	KEYDET CLUI	B, INC.				5	2-1300039			
Pa	τI	Reason for Public (Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instructions	S.				
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck 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 section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4)(iii). Enter	the hospital's name,			
		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		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).					
7	Х	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic 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 Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college			
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
		university:				-		_				
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, membersł	nip fees, an	d gross receipts from			
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more thar	1 33 1/3% of it	s support	from gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acquii	red by the org	anization a	after June 30, 1975.			
		See section 509(a)(2). (Con	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	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	or section	509(a)(2).	See section &	509(a)(3). 🤇	Check the box in			
		lines 12a through 12d that	describes the type of	supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting			
	_	organization. You must o	complete Part IV, Se	ctions A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ving			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	-									
С		Type III functionally inte						ly integrate	ed with,			
_		its supported organization		-								
d		J Type III non-functionally	•					•				
		that is not functionally int			-		-	an attentiv	/eness			
		requirement (see instructi										
е		Check this box if the orga					туре і, туре	п, туре п				
£	Ento	functionally integrated, or er the number of supported of				ation.						
		vide the following information	•	d organization(c)								
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No No	support (see ir	nstructions)	support (see instructions)			
				above (see instructions))								
Tota	1								1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 VMI KEYDET CLUB, INC.

Part II

52-1300039 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			•			
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6110201.	15388261.	21911146.	7658232.	4473393.	55541233.
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	6110201	15388261.	21011146	7658232.	4472202	55541233.
	Total. Add lines 1 through 3	6110201.	13300701.	21911140.	/030232.	44/3393.	<u>55541255.</u>
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)						19754251.
6	·····						35786982.
	Public support. Subtract line 5 from line 4. ction B. Total Support						55700902.
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	6110201	15388261.	21911146	7658232.		55541233.
	Gross income from interest,	01101010			10001011	11/00/01	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	38,382.	132,902.	222,915.	462,380.	565,931.	1422510.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,871.	4,222.	2,173.		1,186.	11,452.
11	Total support. Add lines 7 through 10						56975195.
	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	x year as a section	501(c)(3)	
	organization, check this box and stop	bhere			- 		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	62.81 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	64.07 %
16 a	33 1/3% support test - 2017. If the o	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	t VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶∟]
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						e
	organization meets the "facts-and-circ		-				▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990) or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 VMI KEYDET CLUB, INC.

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

52-1300039 Page 3

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) org	anization,
	check this box and stop here						<u></u>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2017 (li	ne 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
-	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
1 9a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2016. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	nization qualifies	as a publicly suppo	orted organizat	ion ►
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	►
73202	23 10-06-17				Sch	edule A (Form	n 990 or 990-EZ) 2017

1

2

3a

3b

3c

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

			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		
	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		
	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,			
<u></u>	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
732025	5 10-06-17 Schedule A (Form 9		0-EZ)	2017

22541113 797738 2065070001

2017.05000 VMI KEYDET CLUB, INC. 20650701

	(Form 990 or 990-EZ) 2017					
Part V	Type III Non-Functio	nally	Integrated	509(a)(3)	Supporting	g Organizations

1

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

1 2 3 4 5		
3 4		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
	7 8 1a 1 1b 1 1c 1 1d 1 2 3 3 4 5 6 7 8 1 2 3 4 5 6 7 2 3 4 5 6 1 2 3 4 5 5 6 5 6 6	7

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

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 VMI KEYDET CLUB, INC.

Sect	TV Type III Non-Functionally Integrated 509(ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		Ourrent real
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	ic purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	o of our ported or conization		
4		s of supported organizations		
5	Amounts paid to acquire exempt-use assets			
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.			
7				
<u>/</u> 8	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the	o organization is reasonaive		
0		le organization is responsive		
~	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
0	Line 8 amount divided by line 9 amount	(1)	(::)	(:::)
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A	(Form 990 or 990-EZ) 2017	VMI	KEYDET	CLUB,	INC.	52-1300039 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation , 2, 3b, 3 lines 2 ar	 Provide the c, 4b, 4c, 5a, and 3; Part IV, \$ 	explanation 6, 9a, 9b, 9c Section E, lir	s required by Part II, line 10; Part II, c, 11a, 11b, and 11c; Part IV, Sectio	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
	· · · · · · · · · · · · · · · · · · ·					
732028 10-06-1	17					Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

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

2017

Employer identification number

52-130003	39
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

VMI KEYDET CLUB,

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 exclusively religious is charitable, etc., be successible to the parts unless to the parts unless the the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successible to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be total contributions totaling \$5,000 or more during the year for an exclusively total contributions total total total total total total contributions total total to the parts unless to the parts unless the total contributions total tot

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) (2017)

Name of organization

Page **2**

Employer identification number

VMI KEYDET CLUB, INC.

52-1300039

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$252,340.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$404,500.	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
4		\$ <u>114,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>112,200.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$97,500 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

22541113 797738 2065070001

Name of organization

-_ Page **2**

Employer identification number

VMI KEYDET CLUB, INC.

52-1300039

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

2017.05000 VMI KEYDET CLUB, INC. 20650701

22541113 797738 2065070001

Name of organization

52-1300039

VMI KEYDET CLUB, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	8,140 SHARES OF SPDR S&P 500 ETF		09/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	1,140 SHARES OF PANERA BREAD COMPANY	\$112,200.	07/11/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

723453 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

ame of orga	nization		Employer identification number		
	YDET CLUB, INC.		52-1300039		
Part III	the year from any one contributor. Complete co	olumns (a) through (e) and the follo	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations		
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or space is needed	or less for the year. (Enter this info. once.) 🕨 \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git			
	Transferee's name, address, and	d 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		
	Transferee's name, address, and	(e) Transfer of gir	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 gi	ift		
	Transferee's name, address, and	d 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) Transfe Transferee's name, address, and ZIP + 4		er of gift Relationship of transferor to transferee		

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

_		0			OMB No. 1545-0047
	SCHEDULE D Supplemental Financial Statements (Form 990) Complete if the organization answered "Yes" on Form 990,			-	9047
(Forr	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
	► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection
-	lame of the organization Employer				
De		VMI KEYDET CLUB, II			2-1300039
Pa		-	d Funds or Other Similar Funds or Acc	counts. (Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin) Funds and	other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised funds		
			exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used on		
			or donor advisor, or for any other purpose conferring	•	
Pa	impermissible priv		ganization answered "Yes" on Form 990, Part IV, I		Yes No
1		servation easements held by the organization			
•		n of land for public use (e.g., recreation or e		important la	nd area
		of natural habitat	Preservation of a certified his	•	
		n of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a con	servation ea	sement on the last
	day of the tax year	r.		Held a	t the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		2b	
С	Number of conser	vation easements on a certified historic str	ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
				2d	
3		vation easements modified, transferred, rel	leased, extinguished, or terminated by the organiz	ation during	the tax
	year				
4 5		where property subject to conservation eas tion have a written policy regarding the per			
5	U U	forcement of the conservation easements it			Yes No
6	,		handling of violations, and enforcing conservation		
Ū		· ····································			aannig trio your
7	Amount of expens	es incurred in monitoring, inspecting, hanc	ling of violations, and enforcing conservation ease	ements durir	ng the year
	►\$				
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)	
					Yes No
9			on easements in its revenue and expense stateme		
			tion's financial statements that describes the orga	inization's ac	counting for
Da	conservation ease		f Art, Historical Treasures, or Other Si	milar Acc	ote
I U		f the organization answered "Yes" on Form			
19			SC 958), not to report in its revenue statement and	halance shi	eet works of art
14	-		nibition, education, or research in furtherance of p		
		tnote to its financial statements that descri			, [,,
b			SC 958), to report in its revenue statement and bal	ance sheet v	works of art, historical
	treasures, or other	r similar assets held for public exhibition, e	ducation, or research in furtherance of public serv	ice, provide	the following amounts
	relating to these it	ems:			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		▶ \$	
2	-		asures, or other similar assets for financial gain, p	rovide	
	•	unts required to be reported under SFAS 1		•	
a				► \$	
b	Assets included in	Form 990, Part X		▶ \$	

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

Schedule D (Form 990) 2017

732051 10-09-17

Sche	dule D (Form 990) 2017 VMI KEY	DET CLUB, I	INC.		52	-1300039	Page 2			
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar As	ssets _{(continu} ,	ed)			
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are a	significant use o	of its collection it	ems			
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
с										
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpose in	ı Part XIII.				
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simil	ar assets					
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?		Yes	No No			
Par	t IV Escrow and Custodial Arrang					art IV, line 9, or				
	reported an amount on Form 990, Par		-							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets no	t included					
	on Form 990, Part X?					Yes	No No			
b	If "Yes," explain the arrangement in Part XIII									
						Amount				
с	Beginning balance				1c					
d	Additions during the year									
	Distributions during the year									
f	Ending balance				1f					
2a	Did the organization include an amount on Fo				oility?	Yes	No No			
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, line	e 10.					
		(a) Current year	(b) Prior year	(c) Two years back		s back (e) Four ye	ears back			
1a	Beginning of year balance	56,812,415.	47,591,206.	31,024,878	. 20,974,	324. 18,0	81,315.			
b	Contributions		5,173,524.	17,996,205	. 10,300,	980. 2,3	30,549.			
с	Net investment earnings, gains, and losses	4,741,894.	5,947,553.	36,089	. 779,	760. 1,4	01,224.			
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	2,495,688.	1,899,868.	1,465,966	. 1,030,	186. 8	38,764.			
f	Administrative expenses									
a	End of year balance	59,058,621.	56,812,415.	47,591,206	. 31,024,	878. 20,9	74,324.			
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)) held as:	•					
a	Board designated or quasi-endowment		%	,						
b	Permanent endowment 88.08	%	_/ -							
	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered for	the organization	ı				
	by:						es No			
	(i) unrelated organizations						X			
	And 1 1 1 1 1					- (m) -	x			
b	If "Yes" on line 3a(ii), are the related organiza						x			
4	Describe in Part XIII the intended uses of the						•			
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part 3	X, line 10.					
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated	(d) Book v	value			
		basis (investm			depreciation					
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			1,179.	1,179	•	0.			
	Other						_			
	. Add lines 1a through 1e. (Column (d) must e		(column (R) line 1	0c)	•		0.			
		<u>quari onn 000, i dit /</u>				edule D (Form 9				
							•			

Schedule [) (Form 990) 2017	VMI	KEYDET	CLUB,	INC

Part VII	Investments	- Other	Securities.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
1) Financial derivatives							
(2) Closely-held equity interests	2) Closely-held equity interests						
(3) Other							
(A) SECURITIES - POOLED FUND	56,848,503.	END-OF-YEAR MARKET VALUE					
(B) OTHER INVESTMENTS	389,939.	END-OF-YEAR MARKET VALUE					
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	57,238,442.						

Part VIII Investments - Program Related.

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

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)	DUE TO RELATED ENTITIES	640,000.
(3)	LIABILITIES UNDER CHARITABLE GIFT	
(4)	ANNUITIES	15,467.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	655,467.

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

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 VMI KEYDET CLUB, INC.		52-1300039 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t 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 V, LINE 4:

THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE

INTERCOLLEGIATE ATHLETIC PROGRAMS AT VIRGINIA MILITARY INSTITUTE (VMI), A

STATE-SUPPORTED SCHOOL.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS A

NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE AND THE TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA. IN ADDITION,

THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A

PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE.

732054 10-09-17

Schedule D (Form 990) 2017

Continued	
	Schedule D (Form 990) 2017

732055 10-09-17

SCHEDULE F Statement of Activities Outside the United States				OMB No. 1545-0047		
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.					2017	
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to	www.irs.gov/Fo	rm990 for instructions and the latest i	nformation.		Inspection
Name of the organization					Employer id	entification number
VMI KEYDET CLUB	, INC.				52-1300	039
Part I General Infor Form 990, Part IV		ctivities Out	side the United States. Complet	e if the organ	ization answer	ed "Yes" on
	•	n maintain record	ds to substantiate the amount of its gran	ts and other a	assistance,	
			he selection criteria used to award the g			Yes No
	ribe in Part V the	e organization's	procedures for monitoring the use of its g	grants and ot	her assistance	outside the
United States.						
			In be duplicated if additional space is ne		.:	(6) Tatal
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to	-	specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the regior	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,						
ARUBA, BAHAMAS,	0	0	INVESTMENTS			3,392,396.
3 a Sub-total	0	0				3,392,396.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				3,392,396.

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

Schedule F (Form 990) 2017

OMB No. 1545-0047

732071 10-06-17

VMI KEYDET CLUB, INC.

52-1300039

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt								
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							

Schedule F (Form 990) 2017

,_____

Page 2

2-back (5 (Fam. 000) 0017	VMI KEYDET C				52-1300039	
Schedule F (Form 990) 2017 Part III Grants and Other Assista						IV, line 16.
Part III can be duplicated i			·	Ũ	,	,
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance

Schedule F (Form 990) 2017

(h) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2017

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

732075 10-06-17	Schedule F (Form 990) 2017

22541113 797738 2065070001

SCHEDULE I (Form 990)								
Governments, and Individuals in the United States 2017 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								
Name of the organization	T CLUB, I	·					Employer identification number 52-1300039	
Part I General Information on Grants a							52 1000000	
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?							
Part II Grants and Other Assistance to					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	ional space is need	ed.			1	
1 (a) 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	E4 C001903	115	1 497 204					
LEXINGTON, VA 24450	54-6001803	115	1,487,324.	0.			ATHLETIC SCHOLARSHIPS	
VIRGINIA MILITARY INSTITUTE PO BOX 932								
LEXINGTON, VA 24450	54-6001803	115	87,002.	0.			SCHOLARSHIPS	
VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450	54-6001803	115	40,980.	0.			INSURANCE PREMIUMS	
VIRGINIA MILITARY INSTITUTE PO BOX 932	54 0001005		40,500.					
LEXINGTON, VA 24450	54-6001803	115	2,626,506.	٥.			INTERCOLLEGIATE ATHLETICS	
VIRGINIA MILITARY INSTITUTE PO BOX 932								
LEXINGTON, VA 24450	54-6001803	115	2,300.	0.			TRUST DISTRIBUTIONS	
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization		•	e line 1 table					
		1auic						

Schedule I (Form 990) (2017)

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

VMI KEYDET CLUB, INC. Schedule I (Form 990) (2017) 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 grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

VMI KEYDET CLUB, INC. AWARDS ASSISTANCE ONLY TO VIRGINIA MILITARY

INSTITUTE, A STATE-SUPPORTED SCHOOL AND RELATED AGENCIES. FUNDS AWARDED ARE

BASED ON THE INSTITUTE'S NEED AND REQUEST FOR FUNDS.

52-1300039

Page 2

SCHEDULE J	CHEDULE J Compensation Information								
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	47	,				
	Compensated Employees		20						
Department of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic				
Internal Revenue Service									
Name of the organizat			identificatio		mber				
	VMI KEYDET CLUB, INC. 52-1300039								
Part I Questio	ns Regarding Compensation								
				Yes	No				
	riate box(es) if the organization provided any of the following to or for a person listed on Form	990,							
	A, line 1a. Complete Part III to provide any relevant information regarding these items.								
	charter travel Housing allowance or residence for perso								
X Travel for co									
	ication and gross-up payments X Health or social club dues or initiation fee								
Discretionar	/ spending account Personal services (such as, maid, chauffe	ur, chef)							
h lf ann af tha have									
,	s on line 1a are checked, did the organization follow a written policy regarding payment or		4	х					
	provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>	Λ					
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2	Х					
trustees, and one	ers, including the CEO/Executive Director, regarding the items checked on line 1a?			21					
3 Indicate which, if	any, of the following the filing organization used to establish the compensation of the organiza	ition's							
	rector. Check all that apply. Do not check any boxes for methods used by a related organization								
	sation of the CEO/Executive Director, but explain in Part III.								
X Compensati									
	compensation consultant								
	other organizations Approval by the board or compensation of	ommittee							
	5								
4 During the year, o	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
organization or a	related organization:								
a Receive a several	nce payment or change-of-control payment?		4a		X				
b Participate in, or	eceive payment from, a supplemental nonqualified retirement plan?		4b		X				
c Participate in, or	eceive payment from, an equity-based compensation arrangement?		4c		X				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.									
	(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
	I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n							
contingent on the			-		v				
a The organization?			<u>5a</u>		X X				
	ization?		<u>5b</u>						
	or 5b, describe in Part III.	'n							
	l on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation pate earnings of	21							
contingent on the	-		6a		x				
	ization?				X				
	or 6b, describe in Part III.								
	l on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5							
not described on lines 5 and 6? If "Yes," describe in Part III					x				
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		7						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III								
 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 					X				
	on 53.4958-6(c)?	<u></u>	9						
	Reduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)) 2017				

732111 10-17-17

52-1300039

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) GREG M. CAVALLARO	(i)	183,764.	7,000.	8,111.	8,895.	4,345.	212,115.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID L. PRASNICKI	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT TREASURER	(ii)	162,002.	6,741.	5,116.	7,200.	1,999.	183,058.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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: CEO AND VICE PRESIDENTS OF VMI

KEYDET CLUB

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

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

THERE WAS NOT ANY SUCH TRAVEL FOR THIS FISCAL YEAR.

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

LISTED PERSON WHO RECEIVED THE BENEFIT: CEO AND VICE PRESIDENTS OF VMI

KEYDET CLUB

WAS THE BENEFIT TREATED AS TAXABLE TO LISTED PERSON? YES

PART I, LINE 3:

THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ALL SALARIES.

COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.

Schedule J (Form 990) 2017

732141 09-07	-17	
22541113	797738	2065070001

Noncash Contributions

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

INC.

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

VMI KEYDET CLUB,

		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		_
		applicable		Form 990, Part VIII, line 1g	noncash contribut	ion amount	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	32	567,127.	FAIR MARKET	VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other ► ()						
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions			
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	ement 29			
						Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period?	?				30a	Х
b	b If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X						Х
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
	contributions?						Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is cheo	ked,		
	describe in Part II.						



ſ

Employer identification number

52-1300039

OMB No. 1545-0047

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Types of Property

Inspection

20650701

52-1300039 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

720140 00 07 17	Schedule M (Form 990) 2017
732142 09-07-17	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

FORM 990, PART

Supplemental Information to Form 990 or 990-EZ

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



VMI KEYDET CLUB, INC.

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERCOLLEGIATE ATHLETIC PROGRAM AT VMI.

I,

FORM 990, PART VI, SECTION A, LINE 2:

A FATHER AND SON ARE PAST PRESIDENTS OF THE BOARD.

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

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

FROM VMI. THE MEMBERS OF THE VMI ALUMNI ASSOCIATION, INC. BOARD OF

DIRECTORS SERVE AS MEMBERS OF THE KEYDET CLUB.

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

THE ORGANIZATION'S BOARD MEMBERS NOMINATE, VOTE, AND ELECT NEW BOARD

MEMBERS.

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

DECISIONS MADE BY THE BOARD ARE PUT TO A VOTE AT BOARD MEETINGS, AND MUST

SATISFY BOARD VOTING RULES PRIOR TO DECISION APPROVAL.

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

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

DISTRIBUTED TO AND REVIEWED BY THE BOARD MEMBERS DURING A SCHEDULED

MEETING. SINCE A COMPLETE COPY OF THE FORM 990 WAS NOT PROVIDED TO THE

BOARD, THE FOUNDATION HAS ANSWERED NO TO FORM 990, PART VI, QUESTION 11A.

FORM 990, PART VI, SECTION B, LINE 12C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization VMI KEYDET CLUB, INC.	Employer identification number 52-1300039
ANNUAL CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY AL	L 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.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS	ALL SALARIES.
COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSIT	E AND ARE ALSO
AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY OBLIGATIONS	-12,365.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN AUDIT COMMITTEE IN PLACE THAT ASSU	MES
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION	N OF AN
INDEPENDENT ACCOUNTANT. THE AUDITED FINANCIAL STATEMENTS	ARE REVIEWED
AT A SCHEDULED MEETING EACH YEAR.	

732212 09-07-17

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

22541113 797738 2065070001

(Form	990)

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

Open to Public Inspection

Employer identification number 52 - 1300039

Department of the Treasury Internal Revenue Service Name of the organization

VMI KEYDET CLUB, INC.

VMI KHIDHI CHOD, INC.

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

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

Part II Identification of Related Tax-Exempt Organizations. 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	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
VMI FOUNDATION, INC 54-0505966	SUPPORT VIRGINIA MILITARY						
PO BOX 932	INSTITUTE, A						
LEXINGTON, VA 24450	STATE-SUPPORTED SCHOOL	VIRGINIA	501(C)(3)	LINE 7			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
VMI ALUMNI ASSOCIATION, INC 54-0515753							
PO BOX 932	ORGANIZE ALUMNI INTO ONE						
LEXINGTON, VA 24450	ASSOCIATION	VIRGINIA	501(C)(3)	LINE 7			х
	_						

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

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 VMI KEYDET CLUB, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	((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 total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total Sha income end-o	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership			
		country)		sections 512-514)	s 512-514)		Yes	No	K-1 (Form 1065)	Yes	No																			
	-																													
	-																													
	-																													
	1																													
	{																													
	4																													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No
									\square

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
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?			No					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X					
	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	Sale of assets to related organization(s)	1g		X					
	Purchase of assets from related organization(s)	1h		X					
i	Exchange of assets with related organization(s)	1i		X					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X					
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11	X						
m	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						
	Sharing of paid employees with related organization(s)	10	X						
р	Reimbursement paid to related organization(s) for expenses	1p		X					
q	Reimbursement paid by related organization(s) for expenses	1q		X					
	Other transfer of cash or property to related organization(s)	1r		X					
S	Other transfer of cash or property from related organization(s)	1s		X					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

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

Schedule R (Form 990) 2017 VMI KEYDET CLUB, 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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(€ Are partne 501(i org	e) all rs sec. c)(3) s.?	(f) Share of total	(g) Share of end-of-year		h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership
		country)	sections 512-514)	Yes		income	assets		No	(Form 1065)	Yes No)

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 VMI KEYDET CLUB, INC.

Part VII Supplemental Information	on.
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Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2017

732165 09-11-17

Form	990-T	E	Exempt Organization Bus (and proxy tax und			x Return	ין י	OMB No. 1545-0687
		For ca	lendar year 2017 or other tax year beginning $JUL 1$,		· · · ·	30 201	8	2017
		FUFCa	■ Go to www.irs.gov/Form990T for in				<u>. o</u> .	2017
	nent of the Treasury Revenue Service		• Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A 🗌	Check box if address changed		Name of organization (Check box if name c				D Emplo	oyees' trust, see ctions.)
D Ev	empt under section	Print	VMI KEYDET CLUB, INC.					2-1300039
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. bo	v saa in	etructions		E Unrela	ated business activity codes
	408(e) 220(e)	Туре	PO BOX 932	, 300 m	3000000		(See ir	nstructions.)
	408A 530(a)		City or town, state or province, country, and ZIP o	r foreia	n postal code			
	529(a)		LEXINGTON, VA 24450	e.e.g.			900	099
C Bool	 value of all assets of year 		F Group exemption number (See instructions.)				1	
	<u>68</u> ,326,9	93.	G Check organization type 🕨 🗴 501(c) cor	poration	501(c) trust	401(a) trust	Other trust
H Des	cribe the organization	n's prima	ary unrelated business activity. 🅨 PASSTHR	OUGI	H INCOME FROM	1 INVEST	MENT	
			oration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	► [Ye	s 🚺 No
			tifying number of the parent corporation. 🕨					
			THE ORGANIZATION		·	e number 🕨 (-	
Par			le or Business Income		(A) Income	(B) Expense	s	(C) Net
	Gross receipts or sale							
	_ess returns and allov		 c Balance	1c				
			A, line 7)	2				
			rom line 1c	3				
			h Schedule D)	4a				
			art II, line 17) (attach Form 4797)	4b				
			in and a comparison (attack statement)	4c 5	-79,143.			-79,143.
			ips and S corporations (attach statement)	5	-/3,143.			-19,143.
			na (Sabadula E)	0 7	5,646.			5,646.
			ne (Schedule E) Ind rents from controlled organizations (Sch. F)	8	5,040.			5,040:
			on 501(c)(7), (9), or (17) organization (Schedule G)					
			me (Schedule I)	10				
)	11				
			is; attach schedule)	12				
			gh 12	13	-73,497.			-73,497.
Par	t II Deduction	ns No	ot Taken Elsewhere (See instructions for	or limita	tions on deductions.)			,
	(Except for c	contribu	utions, deductions must be directly connected	l with t	he unrelated business in	come.)		
14	Compensation of offi	icers, di	rectors, and trustees (Schedule K)				14	
15							15	
16							16	
17	Bad debts						17	
18							18	
19							19	
20			e instructions for limitation rules)				20	
21			562)				-	
22			n Schedule A and elsewhere on return				22b	
23							23	
24 25			mpensation plans				24 25	
25 26			shadula I)				25	
20			hedule I)				20	
28			nedule)				28	
29			14 through 28				29	0.
30	Unrelated business to	axable i	ncome before net operating loss deduction. Subtrac	t line 29	from line 13		30	-73,497.
31			(limited to the amount on line 30)				31	·
32			ncome before specific deduction. Subtract line 31 fr				32	-73,497.
33			, y \$1,000, but see line 33 instructions for exceptions				33	1,000.
34			income. Subtract line 33 from line 32. If line 33 is					
	line 32						34	-73,497.
723701	01-22-18 LHA Fo	or Paper	work Reduction Act Notice, see instructions.					Form 990-T (2017)

Form 990-1	(2017) VM	I KEYDI	ET CLUB	, INC	•					52-13	000	39		F	Page 2
Part I	I Tax Cor	mputatio	n												
35	Organizations T	axable as Co	rporations. Se	e instructio	ns for tax compu	tation.									
	-		-		neck here 🕨 🗌		i ons and	l:							
а				,	00 taxable incom										
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h					t more than \$11,										
5	-		• •												
											35	ic			0.
36					computation. Inc										<u> </u>
30					041)						- 36	6			
97											37				
37															
38	Alternative mini										38				
39	Tax on Non-Con	11pmant Facin	ty income. Se		IS										0.
40 Part I	Tax and	1 Pavmer	9 10 1118 300 01 te	50, WHICHE	ver applies						4(J			0.
		-		1110. +=====	a attach Farm 11	10)		44.							
					s attach Form 11			41a			-				
b								41b			-				
C.											-				
d					8827)						-				
e															
42	Subtract line 41	e from line 40)						1		42				0.
43					n 8611 🔲 Fo										
44											44	4			0.
								45a			_				
b	2017 estimated	tax payments						45b			_				
C	Tax deposited w	ith Form 886/	8					45c			_				
					ee instructions)			45d			_				
								45e			_				
f	Credit for small	employer hea			ttach Form 8941			45f			_				
g	Other credits an		l	Form :	2439										
	Form 4136										_				
46												<u>3</u>			
47					2220 is attached										
48					17, enter amount						► <u>48</u>	3			0.
49					44 and 47, enter a					🕨	► <u>4</u> 9	9			0.
50					estimated tax					funded 🕨 🕨	5()			
Part			-		ivities and (
51		•	•	•	nization have an i	-	-			•			Y	'es	No
					foreign country?			-							
	FinCEN Form 11	14, Report of I	Foreign Bank ar	nd Financial	Accounts. If YES	, enter the name	of the fo	preign c	ountry						
	here 🕨														<u>X</u>
52			-		oution from, or w	-	of, or tra	Insferor	to, a for	reign trust?				_	X
				•	may have to file.										
53	-				rued during the ta										
Sign	correct, and co	s of perjury, I de omplete. Declara	clare that I have ex tion of preparer (o	xamined this r ther than taxp	eturn, including acco ayer) is based on all	mpanying schedules information of which	s and state preparer	ements, a has any k	and to the knowledge	best of my know e.	ledge a	nd belief,	it is true,		
Here					1	• • • • • •	_ ~			[May the	e IRS disc	cuss this ret	urn wi	ith
nere					Data	_ ASSI	LSTA	NT 1	<u>rrea</u>	SURER			wn below (s	ee	
		e of officer			Date	► I Itie					-		X Yes		No
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	Firm's ad	laress 🕨 🤇	RICHMON	ש, VA	23219					Phone no.	(80				
												Fc	orm 990	- (2	2017)

723711 01-22-18

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation 🕨 N/A					
Inventory at beginning of year 1			6	6 Inventory at end of year			6		
	2			Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here					
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8					Yes	No
b Other costs (attach schedule)			property produced or acquired for resale) apply to			•			
5 Total. Add lines 1 through 4b									
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)	0 Dentered					-			
		ed or accrued				3(a) Deductions directly connected with the incon			
Y rent for personal property is more than Y of rent for p			persona	sonal property (if the percentage I property exceeds 50% or if sed on profit or income)	ge columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	►			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	e instru	ictions)					
			:	2. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	iS
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property h schedule)	(Column 4 divided by column 5 		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				%			+		
(2)				%					
(3)				%					
(4)				%					
				70		inter here and on page 1, Part I, line 7, column (A).		nter here and on pag Part I, line 7, column	
Totala				•		0			0.
Totals Total dividends-received deductions in				▶	L	<u>0</u>	•		0.
I GIAI UIVIUGIIUS-IGGEIVEU UEUUGIIOIIS II	nonaucu III CUIUIIII	IV					- 1		0

Form **990-T** (2017)

52-1300039 Page 3

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	YDET CLUB,	THO					52-13	00033) Pa	
chedule F - Interest, A	nnuities, Roya	Ities, and Rents	From Cor	ntrolle	d Organiza	tions	(see ins	tructions	6)	
		Exempt	Controlled Or	ganizati	ons					
1. Name of controlled organization 2. Emp			3. Net unrelated income		tal of specified		of column 4 t		6. Deductions directly	
		fication (loss) (see	e instructions)	pay	ments made		d in the contr tion's gross i		connected with income in column 5	
)										
) :)										
<u>)</u>										
.) 	<u> </u>									
nexempt Controlled Organiz										
7. Taxable Income	 Net unrelated incor (see instruction) 		l of specified paym made	ients	 Part of colum in the controllin 				ductions directly connections directly connections in column 10	
	(000 1101 00101	,	maao			income				
)										
)										
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		I			Add colum	ne 5 and	10	- ۸	d columns 6 and 11	
					Add colum Enter here and				d columns 6 and 11. ere and on page 1, Part	
						olumn (A)			line 8, column (B).	
							~			
als		<u> </u>		<u></u>	·		0.			
hedule G - Investmer		Section 501(c)(/), (9), or (1	7) Orę	ganization					
(see instru	Jctions)		1						1	
1 Descri	iption of income		2. Amount of i	ncome	 Deduction directly connect 		4. Set-a		 Total deduction and set-asides 	
1. 2000			2. <i>Fundant of t</i>		(attach schedu		(attach s	chedule)	(col. 3 plus col.	
1										
)										
)										
))										
, ,			Enter here and o	n page 1,					Enter here and on page	
			Part I, line 9, col	umn (A).					Part I, line 9, column	
				0.						
als shadula L. Explaited F		<u></u>								
/Ieuule - Eximile : -	Exampt Activity	Incomo Othor		-	a Incomo					
•		Income, Other	Than Adv	-	g Income					
(see instruc		Income, Other	1	ertisir	ig Income					
-	ctions)	3. Expenses	4. Net incom	ertisir	-	me			7. Excess exemp	
(see instruction of	Ctions) 2. Gross unrelated business	3. Expenses directly connected	4. Net incom from unrelated business (col	ertisir e (loss) trade or umn 2	5. Gross incor from activity th	nat	6. Exp		7. Excess exemp expenses (column	
(see instruc	ctions) 2. Gross unrelated business income from	3. Expenses directly connected with production of unrelated	4. Net incom from unrelated business (col minus column	e (loss) trade or umn 2 3). If a	 Gross incor from activity th is not unrelate 	nat ed	6. Exp attributa colur	able to	7. Excess exemp expenses (column 6 minus column 5 but not more thar	
(see instruction of	Ctions) 2. Gross unrelated business	3. Expenses directly connected with production	4. Net incom from unrelated business (col	e (loss) trade or umn 2 3). If a cols. 5	5. Gross incor from activity th	nat ed	attribut	able to	7. Excess exemp expenses (column 6 minus column 5	
(see instruction of exploited activity	ctions) 2. Gross unrelated business income from	3. Expenses directly connected with production of unrelated	4. Net incom- from unrelated business (col minus column gain, compute	e (loss) trade or umn 2 3). If a cols. 5	 Gross incor from activity th is not unrelate 	nat ed	attribut	able to	7. Excess exemp expenses (column 6 minus column 5 but not more thar	
(see instruction of exploited activity	ctions) 2. Gross unrelated business income from	3. Expenses directly connected with production of unrelated	4. Net incom- from unrelated business (col minus column gain, compute	e (loss) trade or umn 2 3). If a cols. 5	 Gross incor from activity th is not unrelate 	nat ed	attribut	able to	7. Excess exemp expenses (column 6 minus column 5 but not more thar	
(see instruction of exploited activity	ctions) 2. Gross unrelated business income from	3. Expenses directly connected with production of unrelated	4. Net incom- from unrelated business (col minus column gain, compute	e (loss) trade or umn 2 3). If a cols. 5	 Gross incor from activity th is not unrelate 	nat ed	attribut	able to	7. Excess exemp expenses (column 6 minus column 5 but not more thar	
(see instruction of exploited activity	ctions) 2. Gross unrelated business income from	3. Expenses directly connected with production of unrelated	4. Net incom- from unrelated business (col minus column gain, compute	e (loss) trade or umn 2 3). If a cols. 5	 Gross incor from activity th is not unrelate 	nat ed	attribut	able to	7. Excess exemp expenses (column 5 6 minus column 5 but not more thar	
(see instruction of exploited activity	Ctions) 2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net incom- from unrelated business (col minus column gain, compute	e (loss) trade or umn 2 3). If a cols. 5	 Gross incor from activity th is not unrelate 	nat ed	attribut	able to	7. Excess exemp expenses (column 6 minus column 5 but not more thar column 4).	
(see instruction of exploited activity	Ctions) 2. Gross unrelated business income from trade or business Enter here and on page 1, Part I,	3. Expenses directly connected with production of unrelated business income	4. Net incom- from unrelated business (col minus column gain, compute	e (loss) trade or umn 2 3). If a cols. 5	 Gross incor from activity th is not unrelate 	nat ed	attribut	able to	7. Excess exemp expenses (column 6 minus column 5 but not more than column 4).	
(see instruction of exploited activity	Ctions) 2. Gross unrelated business income from trade or business Enter here and on page 1, Part 1, line 10, col. (A).	3. Expenses directly connected with production of unrelated business income	4. Net incom from unrelated business (col minus column gain, compute through	e (loss) trade or umn 2 3). If a cols. 5	 Gross incor from activity th is not unrelate 	nat ed	attribut	able to	7. Excess exemp expenses (column 6 minus column 5 but not more than column 4).	
(see instruction of exploited activity))) als	Ctions) 2. Gross unrelated business income from trade or business Enter here and on page 1, Part 1, line 10, col. (A). 0.	3. Expenses directly connected with production of unrelated business income	4. Net incom from unrelated business (col minus column gain, compute through	e (loss) trade or umn 2 3). If a cols. 5	 Gross incor from activity th is not unrelate 	nat ed	attribut	able to	7. Excess exemp expenses (column 6 minus column 5 but not more thar column 4).	
(see instruction of exploited activity)) als	Ctions) 2. Gross unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col. (A). 0. og Income (see	3. Expenses directly connected with production of unrelated business income Enter here and on page 1, Part I, line 10, col. (B). 0 . instructions)	4. Net incom from unrelated business (col minus column gain, compute through	e (loss) trade or umn 2 3). If a cols. 5 7.	 Gross incor from activity th is not unrelate 	nat ed	attribut	able to	7. Excess exemp expenses (column 6 minus column 5 but not more thar column 4).	
(see instruction of exploited activity)))) (als Chedule J - Advertisin	Ctions) 2. Gross unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col. (A). 0. og Income (see	3. Expenses directly connected with production of unrelated business income Enter here and on page 1, Part I, line 10, col. (B). 0 . instructions)	4. Net incom from unrelated business (col minus column gain, compute through	e (loss) trade or umn 2 3). If a cols. 5 7.	 Gross incor from activity th is not unrelate 	nat ed	attribut	able to	7. Excess exemp expenses (column 6 minus column 5 but not more thar column 4).	
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(see instruction of exploited activity)) tals chedule J - Advertisin Part I Income From P	ctions) 2. Gross unrelated business income from trade or business Enter here and on page 1, Part 1, line 10, col. (A). 0. og Income (see Periodicals Rep 2. Gross	3. Expenses directly connected with production of unrelated business income Enter here and on page 1, Part I, line 10, col. (B). 0 . instructions) orted on a Con 3. Direct	4. Net incom from unrelated business (col minus column gain, compute through solidated I	ertisir e (loss) trade or 3). If a cols. 5 7. Basis Basis	5. Gross incor from activity th is not unrelate business incor	ne ne	6. Reade	ership	7. Excess exemple expenses (column 6 minus column 5 but not more than column 4).	
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Totals (carry to Part II, line (5))

0.

0.

►

0.

Form 990-T (2017) VMI KEYDET CLUB, INC. 52-13000
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	vertising 3.				Circulation 6.		leadership costs	7. Excess readers costs (column 6 mi column 5, but not n than column 4)	inus nore
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.							0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).						Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) 🕨	0.		Ο.							0.
Schedule K - Compensation	n of Officers, I	Directo	ors, and	Trustees (see in	struction	าร)				
1. Name				2. Title		 Percentime devote busines 	ed to		ensation attributable related business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, li	ine 14									0.

Form **990-T** (2017)

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FORM 990-T NET		OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	5,403.	5,403.	0.	0.
06/30/14	13,616.	1,478.	12,138.	12,138.
06/30/15	33,091.	0.	33,091.	33,091
06/30/16	45,064.	0.	45,064.	45,064.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	90,293.	90,293.
FORM 990-T	INCO	ME (LOSS) FROM 1	PARTNERSHIPS	STATEMENT 2
				NET INCOME

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	OR (LOSS)
INCOME FROM VARIOUS PASSTHROUGHS	-79,143.	0.	-79,143.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-79,143.	0.	-79,143.