			** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047			
	0	00	Return of Organization Exempt From	i income rax				
For	m J	90						
Depa	rtment o	of the Treasury	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the late:		Open to Public			
_		enue Service		JUN 30, 2023	Inspection			
				D Employer identifica	tion number			
	Check if applicab	le:	organization	D Employer identifica	luon number			
	Addre		ALUMNI ASSOCIATION					
	Name		usiness as	54-051575	3			
	Initial	U	and street (or P.O. box if mail is not delivered to street address) Room/s		-			
	  return	PO B	OX 932	540-464-7	383			
	termir ated	n-	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	1,001,322.			
	Amen		NGTON, VA 24450	H(a) Is this a group retu	ım			
	Applie tion		nd address of principal officer: CRISSY S. ELLIOTT	for subordinates?	Yes X No			
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates inclu	uded? Yes No			
		empt status:			st. See instructions			
	Nebsi			H(c) Group exemption				
		f organization: [ Summarv	X Corporation Trust Association Other L	Year of formation: 1934 M	State of legal domicile: VA			
F	art I				MTTTMADV			
e	1		e the organization's mission or most significant activities: <u>TO ASSIS</u> TE (VMI), A STATE SCHOOL, BY DEVELOPIN					
ano		Check this bo						
/err	2				27			
Governance	4		ependent voting members of the governing body (Part VI, line 1a)		27			
	1 .		of individuals employed in calendar year 2022 (Part V, line 2a)		12			
itie	6							
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.			
_<			business taxable income from Form 990-T, Part I, line 11		0.			
				Prior Year	Current Year			
¢	8	Contributions	and grants (Part VIII, line 1h)	1,380,291.	1,000,024.			
Revenue	9	•	ce revenue (Part VIII, line 2g)	0.	0.			
sev.			come (Part VIII, column (A), lines 3, 4, and 7d)	3,201.	0.			
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,206.	1,298.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,387,698.	1,001,322.			
	1		nilar amounts paid (Part IX, column (A), lines 1-3)	55,778.	58,267.			
			co or for members (Part IX, column (A), line 4)	812,727.	0. 518,439.			
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	012,727.	0.			
Expenses	10a		ng expenses (Part IX, column (D), line 25) 131,486.		0.			
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	570,455.	423,317.			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,438,960.	1,000,023.			
			expenses. Subtract line 18 from line 12	-51,262.	1,299.			
or				Beginning of Current Year	End of Year			
Net Assets or	20	Total assets (F	Part X, line 16)	3,901,860.	581,109.			
ASS	21		(Part X, line 26)	3,736,050.	414,000.			
			fund balances. Subtract line 21 from line 20	165,810.	167,109.			
Pa	art II	Signature	Block					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer									
-										
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	LAKRISHA J. CASTLEBERRY	LAKRISHA J.	CASTLEBE 11/14	1/23 self-employed	₽01677333					
Preparer	Firm's name FORVIS, LLP			Firm's EIN <b>44</b> -	0160260					
Use Only	Firm's address 901 EAST CARY STR	EET, SUITE 1	.000							
	RICHMOND, VA 2321	9		Phone no. (804	) 282-7636					
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No					
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate in	structions.		Form <b>990</b> (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2022) VMI ALUMNI ASSOCIATION	54-0515753 Page <b>2</b>
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: THE PURPOSE OF THE VMI ALUMNI ASSOCIATION IS TO ORGANIZE	THE ALIMANT OF
	VMI INTO ONE GENERAL BODY.	L THE ALOMNI OF
	VAI INTO ONE GENERAL DODI:	
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 othe	ers, the total expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$475,787. including grants of \$58,267. ) (Reve	enue \$ 0 • )
4a	(Code:) (Expenses \$475,787. including grants of \$58,267. (Reve PREPARATION OF ALUMNI NEWSLETTERS AND PUBLICATIONS TO RE	
	MEMBERS AND BUILD ALUMNI UNITY AND PRIDE, ALUMNI RECRUIT	
	CONVENTIONS.	
4b		
40	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$ )
4		
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$ )
4 -1	Other program convises (Describe on Schedule O)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)
40	Total program service expenses 475,787.	)
-10		Form <b>990</b> (2022)
23200	12 12-13-22	
-	3	

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X 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 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 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?			v
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
<b>L</b>	Part VI	<u>11a</u>	Δ	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u		11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> 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	- 11	x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	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	<u> </u>		<u> </u>
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			- 
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	X	<u> </u>
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		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
L		250		<u> </u>
U	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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<u> </u>
C		00-		x
~~	"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		
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
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26		330		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990	(2022)
	5	2		. – <b>–</b> /

Form	990 (2022) VMI ALUMNI ASSOCIATION 54-0515	753	Р	age <b>5</b>						
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 12									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	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		L						
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		<u> </u>						
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		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L						
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		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		┝───						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>						
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		<u> </u>						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b> </b>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b> </b>						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	-								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-								
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders	-								
b										
	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								
	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.	40-		<u> </u>						
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
a	Enter the amount of reserves the organization is required to maintain by the states in which the									
-	organization is licensed to issue qualified health plans 13b	-								
	Enter the amount of reserves on hand	140		x						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b								
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b								
15		15		x						
	excess parachute payment(s) during the year?	15								
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any discussified or other person engage in any activities.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									
232004	5 12-13-22	Form	990	(2022)						

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## 16431114 797738 2065070003

Form 990	(2022)
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Section A. Governing Body and Management

## VMI ALUMNI ASSOCIATION

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

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

				_	_	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		27								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b		27								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny 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				x					
	of officers, directors, trustees, or key employees to a management company or other person?											
4	Did the organization make any significant changes to its governing documents since the prior Form 9			····· –	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		-	5		X					
6	Did the organization have members or stockholders?			-	6	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or									
	more members of the governing body?			L	7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholo	ders, or									
	persons other than the governing body?			L	7b		X					
	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	2	0									
	The governing body?				8a	X						
	Each committee with authority to act on behalf of the governing body?			L	8b	X						
)	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 on Schedule O			<u></u>	9		X					
) C	ion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (	<u>Code.)</u>									
				F		Yes	N					
	Did the organization have local chapters, branches, or affiliates?			L	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			Ľ	10b							
a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	filing the form	1?	11a		X					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					x						
	a Did the organization have a written conflict of interest policy? If "No," go to line 13											
b	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?											
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	on Schedule O how this was done			····· ⊢	12c	X						
3	Did the organization have a written whistleblower policy?			L	13	X						
1	Did the organization have a written document retention and destruction policy?			🛓	14	X						
5	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
	The organization's CEO, Executive Director, or top management official				15a	X						
b	Other officers or key employees of the organization			L	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
ba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	ha									
	taxable entity during the year?				16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	S									
	exempt status with respect to such arrangements?				16b							
	ion C. Disclosure											
	List the states with which a copy of this Form 990 is required to be filedNONE											
B	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-1	(section 501	(c)(3)s c	only)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website Upon request Other (explained)		,									
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest policy	y, and f	inano	cial						
	statements available to the public during the tax year.											
0	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records									
	THE ORGANIZATION - 540-464-7383											
	PO BOX 932, LEXINGTON, VA 24450											

Part VII	Compensation of Officers,	Directors, Trustee	es, Key Employees	, Highest	Compensated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					Juic	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per week		box, unless persor officer and a direct					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				eq		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	e comp		1099-NEC)		and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID L. PRASNICKI	2.00									
2	44.00	1		х				0.	287,005.	13,440.
(2) CRISSY S. ELLIOTT	2.00									
CHIEF FINANCIAL OFFICER	44.00	1		х				0.	188,184.	29,573.
(3) THOMAS A. BRASHEARS	40.00									
CHIEF OPERATING OFFICER-TERMED 11/22				Х				85,904.	0.	6,618.
(4) EDWARD A. JOHNSON	40.00									
CHIEF OPERATING OFFICER-HIRED 11/22				Х				10,969.	0.	0.
(5) ANTHONY U. MOORE	2.00									
PRESIDENT	9.00	Х						0.	0.	0.
(6) MATTHEW HEMENEZ	2.00									
VICE PRESIDENT	5.00	Х						0.	0.	0.
(7) SAMUEL N. STOCKS	2.00									
IMMEDIATE PAST PRESIDENT		Х						0.	0.	0.
(8) RICHARD C. COUPLAND, III	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DAVID P. LODUCA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DENNIS V. MAGUIRE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JACQUELINE M. BRISKI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MICHAEL C. ZIRKLE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) MAX H. HOPKINS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LUKE HALE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) JAMES CHALKLEY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) PAT J. GRIFFIN	2.00							_		_
BOARD MEMBER		Х						0.	0.	0.
(17) CHARLES SACHS	2.00									
BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)

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16431114 797738 2065070003

Form 990 (2022) VMI ALUM	NI ASSOC	IA	TI	ON	I				54-0515	5753	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)		
(A) Name and title	(B) (C) Average hours per week week			n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related	Estir amo	( <b>F)</b> mated ount of ther			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fror organ and r	ensation n the nization related izations
(18) TODD M. BALDWIN BOARD MEMBER	2.00	x						0.	0.		0.
(19) GARLAND GRAY III BOARD MEMBER	2.00	x						0.	0.		0.
(20) JOEL W. ANDRUS BOARD MEMBER	2.00	x						0.	0.		0.
(21) JAMES E. HENRY, JR. BOARD MEMBER	2.00	x						0.	0.		0.
(22) WILLIAM C. COLLIER BOARD MEMBER	2.00	x						0.	0.		0.
(23) COLONEL ANTHONY J. MACDONALD BOARD MEMBER	2.00	x						0.	0.		0.
(24) GUY F. CONTE BOARD MEMBER	2.00	x						0.	0.		0.
(25) ABIGAIL L. DAWSON BOARD MEMBER	2.00	x						0.	0.		0.
(26) GRANT T. HARRIS BOARD MEMBER	2.00	x						0.	0.		0.
1b Subtotal c Total from continuation sheets to Part VI								96,873.	475,189. 0.		<u>,631.</u> 0.
dTotal (add lines 1b and 1c)2Total number of individuals (including but n								<b>96,873.</b> eceived more than \$100,	475,189. 000 of reportable	49	,631.
compensation from the organization											0
<b>3</b> Did the organization list any <b>former</b> officer	-		•	•			•	• • •			Yes No
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>	um of reportabl	e co	mpe	ensa	ition	and	oth	ner compensation from the	ne organization	3	X
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>	accrue comper	isati	on fr	om	any	unre	elate	ed organization or individ	lual for services		X
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	nplete Schedule	e J fo	or su	ich į	oers	on .				5	X
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>									, ,	ation from	<u>ו</u>
(A) Name and business			ONE					(B) Description of s		<b>(C)</b> Compens	ation
2 Total number of independent contractors (i \$100,000 of compensation from the organi	zation				0	)			ore than		
SEE PART VII, SECTION	N A CONT	ΞN	UΆ	ΤT	ON	S	НĒ	ETS		Form 99	<b>90</b> (2022)

232008 12-13-22

Form 990 VMI_ALUMI	NI ASSOC	IA	TI	ON	I				54-051	5753
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd H	lighe	est (	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	tor				plo ye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				ed em		(W-2/1099-MISC)		organization
	related	tee or	ustee			en sate				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest com pensated em ployee				organizations
	below	ividua	titutic	Officer	/ emp	hest	Former			
	line)	lnc		10	Ke	Ĕ	Foi			
(27) WILLIAM R. SHANNON	2.00								0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(28) CHUCK H. STORY BOARD MEMBER	2.00	x						0.	0.	0.
(29) JEFF WASHINGTON	2.00	^						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(30) DANIEL P. THORNTON	2.00	- 11						0.	0.	
BOARD MEMBER	7.00	х						0.	0.	0.
(31) ERNESTO SAMPSON JR.	2.00	- <u>-</u>								
BOARD MEMBER	7.00	х						0.	0.	0.
				-		-				
		1								
		1								
		1								
		1								
		1								
Total to Part VII, Section A, line 1c										
							-		· · · · · · · · · · · · · · · · · · ·	

232201 04-01-22

			2022) VMI ALUMNI .	ASS	OCIATIO	N		54-0515	753 Page <b>9</b>
Pa	rt \	/	Statement of Revenue						
			Check if Schedule O contains a respor	nse o	r note to any lin	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
ي و			Fundraising events <b>1c</b>						
ifts ar A				1,0	000,024.				
ő ji			Government grants (contributions) <b>1e</b>						
, Si Si			All other contributions, gifts, grants, and						
but			similar amounts not included above 1f						
d ULL		g	Noncash contributions included in lines 1a-1f						
<u>S</u>		h	Total. Add lines 1a-1f			1,000,024.			
					Business Code				
e	2	а							
e vi		b							
Sc		С							
ran Sev		d							
Program Service Revenue	1	е							
٩			All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividends, in						
			other similar amounts)						
	4		Income from investment of tax-exempt bor			1,298.			1,298.
	5		Royalties		(ii) Personal	1,290.			1,290.
		_			(II) Personal				
	0		Gross rents <u>6a</u> Less: rental expenses <b>6b</b>						
			Less: rental expenses 6b Rental income or (loss) 6c						
		c d	Net rental income or (loss)						
	7		Gross amount from sales of (i) Securiti		(ii) Other				
	l '	u	assets other than inventory <b>7a</b>		(.)				
		b	Less: cost or other basis						
e		~	and sales expenses						
venue		с	Gain or (loss)						
Rev			Net gain or (loss)						
erl	8		Gross income from fundraising events (not						
Other			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		с	Net income or (loss) from fundraising even	ts .					
	9	а	Gross income from gaming activities. See						
			· · · · · · · · · · · · · · · · · · ·	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities	·					
	10	а	Gross sales of inventory, less returns						
				10a					
			<b>J</b>	10b					
		С	Net income or (loss) from sales of inventor		Business Code				
sn	44	~		┝	Duamess Coue				
Jeo L	1''	a b		- +					
scellaneous Revenue		с С							
			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			1,001,322.	0.	0.	1,298.
23200									Form <b>990</b> (2022)

## 16431114 797738 2065070003

Form 990 (2022) VMI ALUMNI ASSOCIATION
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) or	panizations must complete al	l columns. All other organization	s must complete column (A).
	jamzatione maet complete al	r oolannio. Thi othor organization	e maet complete column p y.

Do not include amounts reported on lines 6b,	<u>e or note to any line in th</u> (A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
<b>1</b> Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	58,267.	58,267.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> 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	106,710.	53,355.	53,355.	
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	301,140.	148,219.	152,921.	
8 Pension plan accruals and contributions (include	-	-	-	
section 401(k) and 403(b) employer contributions)	16,747.	8,373.	8,374.	
9 Other employee benefits	62,965.	31,482.	8,374. 31,483.	
0 Payroll taxes	30,877.	15,438.	15,439.	
1 Fees for services (nonemployees):				
a Management				
b Legal	58,415.		58,415.	
-	30,1131			
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	4 072		407	1 175
column (A), amount, list line 11g expenses on Sch 0.)	4,972. 42,525.		497.	<u>4,475</u> 42,525
2 Advertising and promotion	42,323.	24 640		42,525
3 Office expenses	40,416.	24,649.	15,767.	
4 Information technology				
5 Royalties				
6 Occupancy				
7 Travel	20,584.	10,292.	10,292.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	1,355.		1,355.	
3 Insurance				
4 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a ALUMNI EVENTS	123,638.	98,910.	24,728.	
b SPECIAL FUNCTIONS	120,694.	24,139.	12,069.	84,486
c LAUNDRY	6,269.		6,269.	01/100
d MISCELLANEOUS	4,034.	2,663.	1,371.	
	415.	2,003.	415.	
e All other expenses	1,000,023.	475,787.	392,750.	131,486
5 Total functional expenses. Add lines 1 through 24e	I,000,043.	±/J,/0/•	554,150.	LJL,400
<b>6</b> 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)				

12

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33

Total liabilities and net assets/fund balances

Form 990 (2022)

Part X | Balance Sheet

3,901,860.

33

581,109.

Form 990 (2022)

VMI ALUMNI ASSOCIATION

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 21,980. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 33,090. 28,614. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 69,964. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 64,280. 7,039. 5,684. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 3,861,731. 524,831. 15 Other assets. See Part IV, line 11 15 3,901,860. 581,109. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 3,736,050. 414,000. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 3,736,050. 414,000. 26 26 **Total liabilities.** Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 165,810. 167,109. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 165,810. 167,109. Total net assets or fund balances 32 32

Form	1990 (2022) VMI ALUMNI ASSOCIATION	54-0	515753	Pag	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,001		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,000		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>99.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	165	5 <b>,</b> 8:	10.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	167	7,1	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	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	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

# 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
2022

Open to Public Inspection

Nam	e of t	he organization							identification number	
Des			ALUMNI ASS						4-0515753	
Par		Reason for Public (					ee instructions	S.		
The c	organ	zation is not a private found		-						
1		A church, convention of chu				n 170(b)(1	I)(A)(i).			
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
_	37	city, and state:								
5	X	An organization operated for		lege or university owned	l or operate	ed by a go	vernmental ur	nt describe	ed in	
•		section 170(b)(1)(A)(iv). (C					<i>,</i> ,			
6		A federal, state, or local gov	•				.,			
1		An organization that norma	-	ntial part of its support fi	om a gove	ernmental	unit or from th	e general p	Dublic described in	
•		section 170(b)(1)(A)(vi). (C								
8		A community trust describe			-			المسمية المسما		
9		An agricultural research org				-		-	-	
		or university or a non-land-g	rant college of agric			lame, city	, and state of	the college		
10		An organization that norma	lly receives (1) more	than 33 1/304 of its succ	ort from o	ontribution	ne membershi	n fees and	d aross receipts from	
		activities related to its exem								
		income and unrelated busir		•	. ,			•••	•	
		See section 509(a)(2). (Cor				ses acqui	red by the org	anization a		
11		An organization organized a	-	vely to test for public sa	fetv See	section 50	9(a)(4)			
12	=	An organization organized a	-	•	•			rv out the	purposes of one or	
		more publicly supported or	-	-	-			•		
		lines 12a through 12d that	-							
а		<b>Type I.</b> A supporting orga						-	giving	
		the supported organization		-	•	-				
		organization. You must c	omplete Part IV, Se	ections A and B.						
b		] Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatior	n(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	d with,	
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.			
d		<b>Type III non-functionally</b>	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness	
		requirement (see instructi	,	•						
е		Check this box if the orga					Type I, Type I	I, Type III		
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			[]	
		r the number of supported o	•							
g		ride the following information ) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	
	,	organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see in		support (see instructions)	
		-		above (see instructions))	165					
Tota										

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) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1113365.	1199647.	1044991.	1380292.	1000024.	5738319.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1113365.	1199647.	1044991.	1380292.	1000024.	5738319.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						5738319.
Sec	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1113365.	1199647.	1044991.	1380292.	1000024.	5738319.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	27,298.	19,317.	16,050.	7,407.	1,298.	71,370.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5809689.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, 1	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I					14	98.77 %
	Public support percentage from 2021					15	98.38 %
<b>1</b> 6a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the				line 15 is 33 1/3%	or more, check thi	s box
4-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circl		-				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 160, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2022

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Schedule A	(Form	990	) 202
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## Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support				1	-	
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
check this box and stop here Section C. Computation of Publ						
15 Public support percentage for 2022 (		-			15	%
		•			16	%
16 Public support percentage from 202 Section D. Computation of Invest						%
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and li	ine 17 is not
more than 33 1/3%, check this box a	-	•				
b 33 1/3% support tests - 2021. If the	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, che	eck this box and <b>s</b> f	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organiza	tion
20 Private foundation. If the organization	<u>on did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>
232023 12-09-22		17	,		Sched	lule A (Form 990) 2022
		<i></i> _ /				

<sup>2022.05000</sup> VMI ALUMNI ASSOCIATION

1

2

Yes No

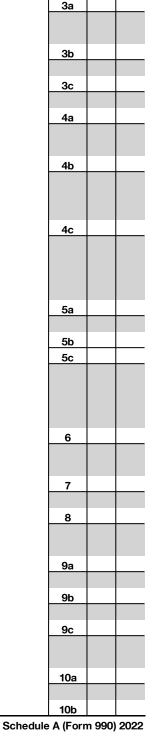
## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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edule A (Form 990) 2022	VMI	ALUMNI	ASSOCIATION
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Part IV Supporting Organizations (continued)

2

З

2a

2b

3a

Yes No

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any applied to such powers during the tay year	1		

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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).

Section D. All Type III Supporting Organizations				
			Yes	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard. Section 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 instructior	ıs)
	Check the box hext to the method that the organization used to satisfy the integral Part rest during the year	(300 1130 00	lion

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>
---	--	---	--

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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. 232025 12-09-22

3b Schedule A (Form 990) 2022

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## Schedule A (Form 990) 2022 VMI ALUMNI ASSOCIATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 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 c	omplet	te Sections A through E.		
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount				Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

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

Schedule A (Form 990) 2022

232026 12-09-22

Underdistributions **Excess Distributions** Pre-2022 able cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:

VMI ALUMNI ASSOCIATION

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Distributable Section E - Distribution Allocations (see instructions) Amount for 2022 Distributable amount for 2022 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2022 (reason-

Schedule A (Form 990) 2022

232027 12-09-22

a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

<u>chedule A (</u> l			ASSOCIATION	54-0515753 <sub>Pag</sub>
	Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines	b, 3c, 4b, 4c, 5a, 6 2 and 3; Part IV, S	6, 9a, 9b, 9c, 11a, 11b, and 11c; Pa ection E, lines 1c, 2a, 2b, 3a, and 3	e 10; Part II, line 17a or 17b; Part III, line 12; art IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V, his part for any additional information.
				Schedule A (Form 990) 2

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## \*\* PUBLIC DISCLOSURE COPY

## Schedule of Contributors

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

## 2022

Employer identification number

54-0515753

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				

VMT ALUMNT ASSOCTATION

527 political organization

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

Form 990-PF

📙 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

#### Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

1

Employer identification number

54-0515753

VMI ALUMNI ASSOCIATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 1,000,024. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B	(Form	990)	(2022
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Name of organization

Page **3** 

Employer identification number

54-0515753

#### VMI ALUMNI ASSOCIATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

25

## 16431114 797738 2065070003

ame of or	rganization		Employer identification numb
мт ат	LUMNI ASSOCIATION		54-0515753
Part III	Exclusively religious, charitable, etc., contribut	<ul> <li>h) through (e) and the following line entri- charitable, etc., contributions of \$1,000 or lease</li> </ul>	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift		(u) Description of now girt is neid
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No.			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(a) i aipoco oi gitt		
-		(e) Transfer of gift	[
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
3454 11-15-	-22		Schedule B (Form 990) (2

							No. 1545	0047
SC	HEDULE D		al Financial Statement					- <u>0047</u>
(Forr	n 990)		nization answered "Yes" on Form 990, ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1				UZ:	2
Depart	ment of the Treasury	l A	Attach to Form 990.				en to Pu	
	I Revenue Service		0 for instructions and the latest inform	ation.	_		pection	
Nam	e of the organizati	ON VMI ALUMNI ASSOCIA	TION		Emp	bloyer identifi 54-05		
Pa	t I Organiza	ations Maintaining Donor Advise		or Ac	coun			-
		on answered "Yes" on Form 990, Part IV, lir						
			(a) Donor advised funds	(	<b>b)</b> Fun	ds and other a	accounts	;
1	Total number at er	nd of year						
2		of contributions to (during year)						
3	Aggregate value o	of grants from (during year)						
4	Aggregate value a	t end of year						
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advi	sed fund	ls		_	
		on's property, subject to the organization's				L Y	es	No
6	0	on inform all grantees, donors, and donor a	8 8		,			
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferri	ng		-	
Do	impermissible priv			<u> </u>	<u></u>	Y	es	No
Pa		ration Easements. Complete if the or		Part IV,	line /.			
1		servation easements held by the organizati		<b>6</b> - 1-1-4 -				
		n of land for public use (for example, recrea				•		
		of natural habitat	Preservation of	or a certi	ried his	Storic Structure	•	
2		n of open space 1 through 2d if the organization held a quali	fied concernation contribution in the form			ion occomont	on tha l	aat
2	day of the tax year	<b>.</b> .	lied conservation contribution in the form	I OI a COI	Serval	Held at the En		
а		onservation easements			2a			
b					2b			
c	-	vation easements on a certified historic str			2c			
d		vation easements included in (c) acquired						
			,,,,		2d			
3		vation easements modified, transferred, re			zation	during the tax		
	year			Ū.		Ū		
4	Number of states	where property subject to conservation ea	sement is located	_				
5	Does the organiza	ation have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enf	forcement of the conservation easements i	t holds?			🗌 Y	es [	No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servatio	n ease	ments during	the year	
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation eas	sement	s during the y	ear	
8		vation easement reported on line 2(d) abov			.,		г	
•		)(4)(B)(ii)?					es L	No
9		be how the organization reports conservati	•					
	,	d include, if applicable, the text of the foot	note to the organization's financial statem	ients tha	it desc	ndes the		
Pa		counting for conservation easements. ations Maintaining Collections o	Art. Historical Treasures, or O	ther S	imilaı	Assets.		
		f the organization answered "Yes" on Form				,		
1a		elected, as permitted under FASB ASC 95		and hala	nce sh	eet works		
	U U	easures, or other similar assets held for pul						
		Part XIII the text of the footnote to its final						
b		elected, as permitted under FASB ASC 95			sheet	works of		
	-	sures, or other similar assets held for public						
		ing amounts relating to these items:	, , ,		1	,		
	•	ided on Form 990, Part VIII, line 1				\$		
		ed in Form 990, Part X				\$		
2		received or held works of art, historical tre						
	U U	unts required to be reported under FASB A						
а	Revenue included	on Form 990, Part VIII, line 1	-			\$		
h		n Form 990. Part X				\$		

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

27 2022.05000 VMI ALUMNI ASSOCIATION

Schedule D (Form 990) 2022

Sche		MNI ASSOCI						54-05	1575	3 Ра	age <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Hist	torical Tre	easures, or	r Othei	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, checl	k any of the	following that	: make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	hey further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hi	istorical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if th	e organizatio	on answered "	'Yes" on	Form 990	D, Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custod		liarv for	contribution	s or other ass	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							····· ∟		L	]
			liowing	abio.					Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										1
Par							10.				<u>_</u>
		(a) Current year		Prior year	(c) Two year			years back	(e) Fou	r years	back
1a	Beginning of year balance							-		-	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1	a column (a	)) held as:	•					
_ 	Board designated or quasi-endowment	•	%	g, column (a							
h	Permanent endowment	%									
c	Term endowment	%									
· ·	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	ation the	at are held a	nd administer	ed for th	A				
04	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								_ 00		
Par	t VI Land, Buildings, and Equipm		WHICH								
	Complete if the organization answere		), Part IV	V, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) A	ccumulat	ed	(d) Boo	k valu	e
		basis (investr	ment)	basis	(other)	de	preciation				
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment			6	9,964.		64,2	80.		5,6	84.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	0c.)					5,6	84.
								Schodulo		- 0001	0000

Schedule D (Form 990) 2022

232052 09-01-22

#### VMI ALUMNI ASSOCIATION Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, 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 524,831 DUE FROM RELATED PARTY (1) (2) (3) (4) (5) (6) (7) (8) (9) 524,831 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. (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5)

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

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

X

Schedule D (Form 990) 2022

232053 09-01-22

(6) (7)(8) (9)

	dule D (Form 990) 2022 VMI ALUMNI ASSOCIATION		54-0515753 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 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		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>)</u>	
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li		
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		
С	Other losses	2c	
d	Other (Describe in Part XIII.)	<b>2</b> d	
е	Add lines 2a through 2d		
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 1	8.)	
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

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

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.

232054 09-01-22

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form a.gov/Form990 for		ation.		Open to Public Inspection			
Name of the organization			TON					Employer identification number			
Part I General Inform	VMI ALUMN		I'ION					54-0515753			
J. J	the grants or assis	tance?				•	stance, and the selection				
			ations and Domestic be duplicated if addition			anization answered "Y	′es" on Form 990, Part	IV, line 21, for any			
1 (a) Name and address or governm	s of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
VIRGINIA MILITARY INS 319 LETCHER AVENUE LEXINGTON, VA 24450	TITUTE	54-6001803	115	34,782.	0.			NEW CADET RECRUITING			
VIRGINIA MILITARY INS 319 LETCHER AVENUE LEXINGTON, VA 24450	TITUTE	54-6001803	115	6,915.	0.			MOODY HALL OPERATIONS			
VIRGINIA MILITARY INS 319 LETCHER AVENUE LEXINGTON, VA 24450	TITUTE	54-6001803	115	16,570.	0.			PLACEMENT			
2 Enter total number of	section 501(c)(3) ar	nd government org	anizations listed in the	e line 1 table							

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

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

Schedule I (Form 990) 2022

## Schedule I (Form 990) 2022 VMI ALUMNI ASSOCIATION

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.

(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	(b) Number of recipients	(b) Number of recipients       (c) Amount of cash grant         (c) Amount of cash grant	(b) Number of recipients       (c) Amount of cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash assistance       (d) Amount of non-cash assistance         (d) Amount of non-cash assistance       (d) Amount of non-cash assistance         (d) Amount of non-cash assistance       (d) Amount of no	(b) Number of recipients       (c) Amount of cash grant       (d) Amount of non-cash assistance       (e) Method of valuation (book, FMV, appraisal, other)         Image:

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

PART I, LINE 2:

VMI ALUMNI ASSOCIATION AWARDS ASSISTANCE ONLY TO VIRGINIA MILITARY

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

INSTITUTE'S NEED AND REQUEST FOR FUNDS.

54-0515753

Page 2

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	_	20	99	
		Compensated Employees		20	22	
Denar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
Interna	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatior		Employer i			mber
		VMI ALUMNI ASSOCIATION	54-0	51575	3	
Pa	rt I Questions	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	X Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	pending account Personal services (such as maid, chauffer	ur, chet)			
•	If any of the barrow	n line to ave absolved, did the avecation follows a written as Parameters are the				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41.	х	
•		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>	<u> </u>	
2	0	require substantiation prior to reimbursing or allowing expenses incurred by all directors,			х	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indicate which if an	v of the following the examination used to establish the compensation of the examination's				
3		y, of the following the organization used to establish the compensation of the organization's ctor. Check all that apply. Do not check any boxes for methods used by a related organizati				
	·	tion of the CEO/Executive Director, but explain in Part III.				
	Compensation	चर				
	·		o m mitto o			
		ther organizations <b>X</b> Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a rel					
а	•	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				x
		eive payment from an equity-based compensation arrangement?				x
Ū		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the re					
а	•			5a		x
		ation?				X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					
а	•					Х
	Any related organiza					Х
	If "Yes" on line 6a o	r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
		es 5 and 6? If "Yes," describe in Part III		7		Х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	-			8		X
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section		<u></u>	9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	2022

232111 10-18-22

#### 54-0515753

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

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

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

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID L. PRASNICKI	(i)	0.	0.	0.	0.	0.	0.	0.
2	(ii)	258,562.	26,500.	1,943.	12,000.	1,440.	300,445.	0.
(2) CRISSY S. ELLIOTT	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	169,499.	18,000.	685.	25,248.	4,325.	217,757.	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) 2022

#### Part III Supplemental Information

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

#### PART I, LINE 1A:

TYPE OF BENEFIT: TRAVEL FOR COMPANIONS

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

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

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

THERE WAS NOT ANY SUCH TRAVEL FOR THIS FISCAL YEAR.

PART I, LINE 3:

THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ALL SALARIES.

COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection Employer identification number 54-0515753

OMB No. 1545-0047

VMI ALUMNI ASSOCIATION

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

RELATIONS.

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

THE VMI ALUMNI ASSOCIATION HAS MEMBERS CONSISTING OF THOSE WHO GRADUATED

AND ATTENDED VMI.

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

THE MEMBERS OF THE ALUMNI ASSOCIATION ELECT DIRECTORS OF THE ALUMNI

ASSOCIATION.

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

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

AVAILABLE TO BOARD MEMBERS. SINCE A COMPLETE COPY OF THE FORM 990 WAS NOT

PROVIDED TO THE BOARD, THE ASSOCIATION HAS ANSWERED "NO" TO FORM 990, PART

VI, QUESTION 11A.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY ALL BOARD MEMBERS. ADDITIONALLY, A CONFLICT OF INTEREST POLICY WHICH GOVERNS ALL BOARD MEMBERS IS IN PLACE AND REVIEWED AND UPDATED ANNUALLY FOR EXISTING AND NEW BOARD MEMBERS. IF A CONFLICT BETWEEN THE ORGANIZATION AND A BOARD MEMBER ARISES, THAT BOARD MEMBER RECUSES HIMSELF FROM VOTING OR OTHERWISE INFLUENCING POLICY ON THAT MATTER.

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

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization VMI ALUMNI ASSOCIATION	Employer identification number $54 - 0515753$
THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS	ALL SALARIES.

COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.

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

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

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE IN PLACE THAT ASSUMES

RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN

INDEPENDENT ACCOUNTANT. THE AUDITED FINANCIAL STATEMENTS ARE REVIEWED

AT A SCHEDULED MEETING EACH YEAR.

232212 10-28-22

232161 09-14-22 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.

## Department of the Treasury Internal Revenue Service

Name of the organization

#### VMI ALUMNI ASSOCIATION

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

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

#### 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 Part II organizations during the tax year.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 54-0515753



## Schedule R (Form 990) 2022 VMI ALUMNI ASSOCIATION

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?			or Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
										+	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?
		country)				400010		Yes No	
	1								

## Schedule R (Form 990) 2022 VMI ALUMNI ASSOCIATION

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

		,	Yes	No			
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?						
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			
с	Gift, grant, or capital contribution from related organization(s)	1c	X	<b></b>			
	Loans or loan guarantees to or for related organization(s)	1d	X				
	Loans or loan guarantees by related organization(s)	1e		Х			
f	Dividends from related organization(s)	1f		Х			
g	Sale of assets to related organization(s)	1g		Х			
h	Purchase of assets from related organization(s)	1h		Х			
i	Exchange of assets with related organization(s)	1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х			
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х			
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	1			
	Sharing of paid employees with related organization(s)	10	X	1			
р	Reimbursement paid to related organization(s) for expenses	1p		Х			
	Reimbursement paid by related organization(s) for expenses	1q		Х			
-							
r	Other transfer of cash or property to related organization(s)	1r		Х			
s	Other transfer of cash or property from related organization(s)	1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds						

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

## Schedule R (Form 990) 2022 VMI ALUMNI ASSOCIATION

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

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

(a)	(b)	(c)	(d)	10		(f)	(g)	/	h)	(i)	(j)	(k)
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	Predominant incomo	Are Are partners 501(c orgs	all	(י) Share of	(9) Share of		ronor-	UI Code V-UBI	(J) General c	
of entity	Frimary activity	(state or foreign	(related, unrelated,	501(c	s sec. ;)(3)	total	end-of-year	tio	ropor- nate	amount in box 20	managin	ownership
or onacy		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs		income	assets		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	
		country)	Sections 512-514)	Yes	No			Yes	No	(FUITI 1003)	Yes NO	<u></u>
												1
									'			

Schedule R (Form 990) 2022

## Part VII Supplemental Information

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

232165 09-14-22