CLIENT'S COPY

Barbara Y. Gibbs & Associates, Inc. 110 South Main Street Blackstone, VA 23824 434-298-0020

Virginia Academy Of Science 2500 West Broad Street Richmond, VA 23220-2057

Dear Phil:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to my office. I will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

We sincerely appreciate the opportunity to serve you. Please contact me if you have any questions concerning the tax return.

I have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

A copy of the return is enclosed for your files. I suggest that you retain this copy indefinitely.

Sincerely,

Labara J. Libbs

Barbara Y. Gibbs, M. Tax, CPA

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| PAGE |
| 066  |
| FORM |

| FORM 2       | FORM 990 FAGE 10                             |                  |        |      |                 |   | 066              |                        |                       |                           |  |                               |                           |                                       |
|--------------|--|------------------|--------|------|-----------------|---|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset<br>No. | Description                                  | Date<br>Acquired | Method | Life | C Line<br>o No. | <ul> <li>Unadjusted</li> <li>Cost Or Basis</li> </ul> | Bus<br>%<br>Excl | Section 179<br>Expense | Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|              | MACHINERY & EQUIPMENT                        |                  |        |      |                 |   |                  |                        |                       |                           |  |                               |                           |                                       |
| 1            | SERVER                                       | 07/01/02         | SL     | 5.00 | 16              | 5,000.  |                  |                        |                       | 5,000.                    | 5,000.                                   |                               | •0                        | 5,000.                                |
| 5            | 2 COMPUTER                                   | 05/06/04         | SL     | 5.00 | 16              | 1,878.  |                  |                        |                       | 1,878.                    | 1,878.                                   |                               | •0                        | 1,878.                                |
| Υ<br>Γ       | 3 COMPUTER ACCESSORIES                       | 05/25/04         | SL     | 5.00 | 16              | 210.  |                  |                        |                       | 210.                      | .210.                                    |                               | .0                        | 210.                                  |
|              | * 990 PAGE 10 TOTAL<br>MACHINERY & EQUIPMENT |                  |        |      |                 | 7,088.  |                  |                        |                       | 7,088.                    | 7,088.                                   |                               | .0                        | 7,088.                                |
|              | PROGRAM SERVICES                             |                  |        |      |                 |   |                  |                        |                       |                           |  |                               |                           |                                       |
| 4            | WORD PERFECT OFFICE SOFTWARE                 | 02/17/04         | SL     | 5.00 | 16              | 216.  |                  |                        |                       | 216.                      | 216.                                     |                               | .0                        | 216.                                  |
| ى<br>س       | WORD PERFECT SOFTWARE<br>5 UPGRADE           | 07/22/04         | SL     | 5.00 | 16              | 150.  |                  |                        |                       | 150.                      | 150.                                     |                               | .0                        | 150.                                  |
|              | * 990 PAGE 10 TOTAL PROGRAM<br>SERVICES      |                  |        |      |                 | 366.  |                  |                        |                       | 366.                      | 366.                                     |                               | •0                        | 366.                                  |
|              | * GRAND TOTAL 990 PAGE 10<br>DEPR            |                  |        |      |                 | 7,454.  |                  |                        |                       | 7,454.                    | 7,454.                                   |                               | • 0                       | 7,454.                                |
|              |  |                  |        |      |                 |   |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |                 |   |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |                 |   |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |                 |   |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |                 |   |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |                 |   |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |                 |   |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |                 |   |                  |                        |                       |                           |  |                               |                           |                                       |
| 928111       | 928111 04-01-19                              |                  |        |      |                 |   |                  |                        |                       |                           | ,  |                               |                           |                                       |

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

928111 04-01-19

| Form | 8879 | -EO |
|------|------|-----|
| Form | 8819 | -EC |

#### **IRS e-file Signature Authorization** for an Exempt Organization

Department of the Treasury

For calendar year 2019, or fiscal year beginning , 2019, and ending

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

Go to www.irs.gov/Form8879EO for the latest information.

Internal Revenue Service

Name of exempt organization

Employer identification number 54-6038285

20

#### VIRGINIA ACADEMY OF SCIENCE

Name and title of officer PHILIP SHERIDAN EXECUTIVE DIRECTOR

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| 1a | Form 990 check here <b>X b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 214,637. |
|----|---|----|----------|
| 2a | Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)                     | 2b |          |
| 3a | Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)                            | 3b |          |
| 4a | Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)   | 4b |          |
| 5a | Form 8868 check here <b>b</b> Balance Due (Form 8868, line 3c)                                  | 5b |          |
|    |   |    |          |

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

| X I authorize BARBARA Y. GIBBS & ASSOCIATES   | , INC.                                | to enter my PIN 11160                             |
|---|---------------------------------------|---|
| ERO firm name   |                                       | Enter five numbers, but<br>do not enter all zeros |
| as my signature on the organization's tax year 2019 electronically file<br>is being filed with a state agency(ies) regulating charities as part of the<br>enter my PIN on the return's disclosure consent screen.           |                                       |   |
| As an officer of the organization, I will enter my PIN as my signature of indicated within this return that a copy of the return is being filed with program, I will enter my PIN on the return's disclosure consent screer | a state agency(ies) regulating char   | 5   |
| Officer's signature   | Date 🕨                                |   |
| Part III Certification and Authentication   |                                       |   |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.   | 54992570712<br>Do not enter all zeros |   |
| I certify that the above numeric entry is my PIN, which is my signature on the 20 confirm that I am submitting this return in accordance with the requirements of <i>e-file</i> Providers for Business Returns.             | ,                                     | 8   |
| ERO's signature <b>BARBARA Y. GIBBS &amp; ASSOCIATES</b> ,  | <b>INC</b> . Date ▶ 11,               | /05/20  |
| ERO Must Retain This For<br>Do Not Submit This Form to the IRS  |                                       | So  |
| LHA For Paperwork Reduction Act Notice, see instructions.   |                                       | Form <b>8879-EO</b> (2019)                        |
| 923051 10-03-19   |                                       |   |

FILEABLE FORMS

| Form <b>JJU</b>            |
|----------------------------|
| (Rev. January 2020)        |
| Department of the Treasury |
| Internal Revenue Service   |

#### EXTENDED TO NOVEMBER 16, 2020 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

• Do not enter social security numbers on this form as it may be made public.

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



| AI                      | For th   | e 2019 calendar year, or tax year beginning and   | l ending   | _                             |                               |  |  |  |
|-------------------------|--|---|------------|-------------------------------|-------------------------------|--|--|--|
| B                       | Check if<br>applicab   | e: C Name of organization   |            | D Employer identific          | ation number                  |  |  |  |
|                         |  | VIRGINIA ACADEMY OF SCIENCE   |            |                               |                               |  |  |  |
|                         | Name   |   |            | 54-603828                     | 35                            |  |  |  |
|                         | Initial<br>return  | Number and street (or P.O. box if mail is not delivered to street address)                                    | Room/suite |                               |                               |  |  |  |
|                         | Final  | 2500 WEGT BROAD GTREFT  |            | 804-740-1                     |                               |  |  |  |
|                         | termin-<br>ated City or town, state or province, country, and ZIP or foreign postal code |   |            | G Gross receipts \$           | 292,442.                      |  |  |  |
|                         | Amer<br>returr   | ded DTCHMOND VA 22220 2057  |            | H(a) Is this a group re       | turn                          |  |  |  |
|                         | Appli<br>tion  |   |            | for subordinates?             |                               |  |  |  |
|                         | pendi  | <sup>ng</sup> SAME AS C ABOVE   |            | H(b) Are all subordinates ind | cluded? Yes No                |  |  |  |
|                         |  | empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1)  | or 527     | If "No," attach a             | list. (see instructions)      |  |  |  |
|                         |  | te: ► N/A   |            | H(c) Group exemption          |                               |  |  |  |
| K                       | orm o  | f organization: 🚺 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨   | L Year     | of formation: 1923            | I State of legal domicile: VA |  |  |  |
| Pa                      | art I  | Summary   |            |                               |                               |  |  |  |
| e                       | 1  | Briefly describe the organization's mission or most significant activities: ADVA                              | NCEMEN     | T OF THE SCI                  | ENCES                         |  |  |  |
| anc                     |  |   |            |                               |                               |  |  |  |
| Activities & Governance | 2  |   |            |                               |                               |  |  |  |
|                         | 3  |   |            |                               | <u> </u>                      |  |  |  |
|                         | 4  | Number of independent voting members of the governing body (Part VI, line 1b)                                 |            |                               |                               |  |  |  |
|                         | 5  | Total number of individuals employed in calendar year 2019 (Part V, line 2a)                                  |            |                               | 0 205                         |  |  |  |
| livit                   | 6  | Total number of volunteers (estimate if necessary)  |            |                               | 0.                            |  |  |  |
| Act                     | / a  | Total unrelated business revenue from Part VIII, column (C), line 12  |            |                               | 0.                            |  |  |  |
|                         | D  | Net unrelated business taxable income from Form 990-T, line 39  | <br>I      | Prior Year                    |                               |  |  |  |
|                         | 8  | Contributions and grants (Dart VIII line 1b)  |            | 13,401.                       | Current Year<br>4,375.        |  |  |  |
| iue                     | 9  | Contributions and grants (Part VIII, line 1h)<br>Program service revenue (Part VIII, line 2g)                 |            | 56,689.                       | 65,094.                       |  |  |  |
| Revenue                 | 10   | Program service revenue (Part VIII, line 2g)<br>Investment income (Part VIII, column (A), lines 3, 4, and 7d) |            | 182,521.                      | 145,168.                      |  |  |  |
| Re                      | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                      |            | 0.                            | 0.                            |  |  |  |
|                         | 12   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                            |            | 252,611.                      | 214,637.                      |  |  |  |
|                         | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |            | 31,238.                       | 51,890.                       |  |  |  |
|                         | 14   | Benefits paid to or for members (Part IX, column (A), line 4)   |            | 0.                            | 0.                            |  |  |  |
| Ś                       | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                             |            | 38,641.                       | 43,126.                       |  |  |  |
| Expenses                | 16a  | Professional fundraising fees (Part IX, column (A), line 11e)   |            | 0.                            | 0.                            |  |  |  |
| ber                     | Ь  | Total fundraising expenses (Part IX, column (D), line 25)   | 0.         |                               |                               |  |  |  |
| ш                       | 17   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |            | 42,061.                       | 44,921.                       |  |  |  |
|                         | 18   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                     |            | 111,940.                      | 139,937.                      |  |  |  |
|                         | 19   | Revenue less expenses. Subtract line 18 from line 12  |            | 140,671.                      | 74,700.                       |  |  |  |
| OL OL                   | 3  |   | Be         | ginning of Current Year       | End of Year                   |  |  |  |
| Assets -                | 20   | Total assets (Part X, line 16)  |            | 2,193,456.                    | 2,653,633.                    |  |  |  |
| t As                    | 21   | Total liabilities (Part X, line 26)   |            | 30.                           | 0.                            |  |  |  |
| Re                      |  | Net assets or fund balances. Subtract line 21 from line 20  |            | 2,193,426.                    | 2,653,633.                    |  |  |  |
| 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<br>Here | Signature of officer         PHILIP SHERIDAN, EXECUTIVE DIRECTOR         Type or print name and title | Date                       |
|--------------|---|----------------------------|
| Paid         | Print/Type preparer's name<br>BARBARA Y. GIBBS, M. TAX, Preparer's signature . Date<br>11/0           | 05/20                      |
| Preparer     | Firm's name 🕒 BARBARA Y. GIBBS & ASSOCIATES 🖯   | Firm's EIN > 20-5070712    |
| Use Only     | Firm's address 110 S. MAIN STREET   |                            |
|              | BLACKSTONE, VA 23824  | Phone no. 434 - 298 - 0020 |
| May the IF   | RS discuss this return with the preparer shown above? (see instructions)                              | X Yes No                   |
| 932001 01-2  | 0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.                           | Form <b>990</b> (2019)     |

|                | 1990 (2019) VIRGINIA ACADEMY OF SCIENCE  | 54-60382                                 | 85 Page         |
|----------------|--|--|-----------------|
| Par            | statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III  |  | Г               |
| 1              | Briefly describe the organization's mission:<br>ADVANCEMENT OF THE SCIENCES.   |  |                 |
|                |  |  |                 |
| 2              | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   | ;<br>                                    | Yes X N         |
| 3              | If "Yes," describe these new services on Schedule O.<br>Did the organization cease conducting, or make significant changes in how it conducts, any program service<br>If "Yes," describe these changes on Schedule O.  | es?                                      | Yes X N         |
| 4              | Describe the organization's program service accomplishments for each of its three largest program services,<br>Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o<br>revenue, if any, for each program service reported. |  |                 |
| 4a             | (Code:) (Expenses \$108, 308. including grants of \$51, 890. ) (F  |  | <b>T</b> T 0310 |
|                | RESEARCH GRANTS ARE AWARDED TO PERSONS SUBMITTING WINN<br>IN ORDER TO FUND SCIENTIFIC RESEARCH   | ING APPLICA                              | TIONS           |
|                |  |  |                 |
|                |  |  |                 |
|                |  |  |                 |
|                |  |  |                 |
|                | (Code: ) (Expenses \$ 5,283. including grants of \$ ) (F   | Revenue \$                               |                 |
| łb             | VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUB   | Revenue \$<br>LISHED 4 TI<br>OF THE SCIE | MES A<br>INCES  |
| łb             | VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUB   | LISHED 4 TI                              |                 |
| łb             | VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUB   | LISHED 4 TI                              |                 |
| łb             | VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUB   | LISHED 4 TI                              |                 |
|                | VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUB         YEAR TO PROVIDE INFORMATION REGARDING THE ADVANCEMENT   | LISHED 4 TI<br>OF THE SCIE               | NCES            |
|                | VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUB<br>YEAR TO PROVIDE INFORMATION REGARDING THE ADVANCEMENT (  | LISHED 4 TI<br>OF THE SCIE               | NCES            |
|                | VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUB         YEAR TO PROVIDE INFORMATION REGARDING THE ADVANCEMENT   | LISHED 4 TI<br>OF THE SCIE               | NCES            |
|                | VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUB         YEAR TO PROVIDE INFORMATION REGARDING THE ADVANCEMENT   | LISHED 4 TI<br>OF THE SCIE               | NCES            |
|                | VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUB         YEAR TO PROVIDE INFORMATION REGARDING THE ADVANCEMENT   | LISHED 4 TI<br>OF THE SCIE               | NCES            |
| łc             | VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUB<br>YEAR TO PROVIDE INFORMATION REGARDING THE ADVANCEMENT (<br>  | LISHED 4 TI<br>OF THE SCIE               | NCES            |
| 4b<br>4c<br>4d | VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUB         YEAR TO PROVIDE INFORMATION REGARDING THE ADVANCEMENT   | LISHED 4 TI<br>OF THE SCIE               | NCES            |

| Form 990 (2019 |                          | -     | OF | SCIENCE |
|----------------|--------------------------|-------|----|---------|
| Part IV Ch     | ecklist of Required Sche | dules |    |         |

|           |   |           | Yes | No                 |
|-----------|---|-----------|-----|--------------------|
| 1         | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |           |     |                    |
|           | If "Yes," complete Schedule A   | 1         | Х   |                    |
| 2         | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2         |     | X                  |
| 3         | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |           |     |                    |
|           | public office? If "Yes," complete Schedule C, Part I  | 3         |     | X                  |
| 4         | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |           |     |                    |
|           | during the tax year? If "Yes," complete Schedule C, Part II   | 4         |     | X                  |
| 5         | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |           |     |                    |
|           | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5         |     | Х                  |
| 6         | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |           |     |                    |
|           | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6         |     | Х                  |
| 7         | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |           |     |                    |
|           | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7         |     | Х                  |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete  |           |     |                    |
|           | Schedule D, Part III  | 8         |     | Х                  |
| 9         | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   |           |     |                    |
|           | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |           |     |                    |
|           | If "Yes," complete Schedule D, Part IV  | 9         |     | Х                  |
| 10        | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |           |     |                    |
|           | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10        |     | Х                  |
| 11        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X   |           |     |                    |
| -         | as applicable.  |           |     |                    |
| а         | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |           |     |                    |
| -         | Part VI   | 11a       | х   |                    |
| b         | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  |           |     |                    |
|           | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b       | Х   |                    |
| с         | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |           |     |                    |
| -         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c       |     | х                  |
| d         | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in   |           |     |                    |
| u         | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d       |     | х                  |
| е         | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e       |     | X                  |
| f         | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   | 110       |     |                    |
| •         | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>  | 11f       |     | х                  |
| 12a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |           |     |                    |
| 120       | Schedule D, Parts XI and XII  | 12a       |     | х                  |
| h         | Was the organization included in consolidated, independent audited financial statements for the tax year?   | 120       |     |                    |
| U         | 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 aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 120       |     | X                  |
| 13<br>14a | Did the encoderation maintain an efficiency and send a statistic of the Line had Okater O   | 14a       |     | X                  |
| іња<br>b  | Did the organization maintain an office, employees, or agents outside of the United States?   | та        |     |                    |
| D.        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |           |     |                    |
|           |   | 14b       |     | х                  |
| 15        | or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i><br>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                           |           |     |                    |
| 10        | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15        |     | х                  |
| 16        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |           |     |                    |
| 10        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16        |     | х                  |
| 17        | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |           |     |                    |
| .,        |   | 17        |     | х                  |
| 18        | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i><br>Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                   |           |     | - 23               |
| 10        |   | 18        |     | х                  |
| 19        | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i><br>Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"                            | 10        |     |                    |
| 19        |   | 10        |     | х                  |
| 20        | complete Schedule G, Part III   | 19<br>202 |     | X                  |
| 20a       | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a       |     | - 22               |
|           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?<br>Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b       |     |                    |
| 21        |   | 21        |     | x                  |
| 02000     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II   |           | 990 | <b>A</b><br>(2019) |
| 332000    | 3 01-20-20  |           |     | (ພາຍ)              |

932003 01-20-20

| Form  | 990 | (2019) |
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| FUIII | 330 | (2013) |

 Form 990 (2019)
 VIRGINIA ACADEMY OF SCIENCE

 Part 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       |            |      |          |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                   |            |      |          |
|        | Schedule J   | 23         |      | x        |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the          |            |      |          |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete               |            |      | v        |
|        | Schedule K. If "No," go to line 25a  | 24a        |      | X        |
|        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                | 24b        |      |          |
| С      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease             | 24c        |      |          |
| d      | any tax-exempt bonds?<br>Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240<br>24d |      |          |
|        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                     | 24u        |      |          |
| 200    | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                    | 25a        |      | x        |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and       | 200        |      | <u> </u> |
| -      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete            |            |      |          |
|        | Schedule L. Part I   | 25b        |      | x        |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                  |            |      |          |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                          |            |      |          |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                               | 26         |      | x        |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,      |            |      |          |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled      |            |      |          |
|        | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III         | 27         |      | X        |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV                |            |      |          |
|        | instructions, for applicable filing thresholds, conditions, and exceptions):   |            |      |          |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                 |            |      |          |
|        | "Yes," complete Schedule L, Part IV  | 28a        |      | X        |
|        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                  | 28b        |      | X        |
| с      | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If                        |            |      |          |
|        | "Yes," complete Schedule L, Part IV  | 28c        |      | X        |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                         | 29         |      | X        |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation      |            |      | v        |
| •      | contributions? If "Yes," complete Schedule M   | 30         |      | X<br>X   |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>        | 31         |      |          |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                 | 20         |      | x        |
| 22     | Schedule N, Part II  | 32         |      |          |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                       | 33         |      | x        |
| 34     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33         |      | <u> </u> |
| 54     |  | 34         |      | x        |
| 35 a   | Part V, line 1<br>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        | 554        |      | <u> </u> |
| ~      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b        |      |          |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       |            |      |          |
|        | If "Yes," complete Schedule R, Part V, line 2  | 36         |      | x        |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                 |            |      |          |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                     | 37         |      | x        |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                   |            |      |          |
|        | Note: All Form 990 filers are required to complete Schedule O  | 38         | Х    |          |
| Pa     | rt V Statements Regarding Other IRS Filings and Tax Compliance   |            |      |          |
|        | Check if Schedule O contains a response or note to any line in this Part V   |            |      |          |
|        |  |            | Yes  | No       |
|        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  |            |      |          |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0   |            |      |          |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming               |            |      |          |
|        | (gambling) winnings to prize winners?  | 1c         | 0000 |          |
| 932004 | \$ 01-20-20  | Form       | 990  | (2019)   |

| Part W         Statements Regarding Other HIS Flings and Tax Compliance (continued)         Yes         No           2a         Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a         0         0         0           16 for the calandra year ending with or within the serie rough of the organization file all required feedral employment tax returns?         2b         0         0           3a         Did the organization have unrelated business gross income of \$1,000 or more during the year?         3a         3a         X           3b         Dif wes, Thas If Idd a Form 300 To this year?         3a         X         4a         X           5b         If "xes, "note the name of the foring rountly busin as a bark account, securities account, or other financial accountly FARI, 5a         3a         X         X           5a         Did any baseling barty holly the organization that it was or is a party to a prohibited tax sheller transcial Accounts (FBAR), 5a         X         5b         X           5a         Did any baseling barty holly the organization that it was or is a party to a prohibited tax sheller transcial continuous (FBAR), 5a         X         5b         X           5a         Did any contributions that were number of emplay action that it was or is a party to a prohibited tax sheller transcial Accounts (FBAR), 7b         5a         X           5a         Did the organization in texe and action tha  |     | 990 (2019)       VIRGINIA ACADEMY OF SCIENCE       54-6038         t V       Statements Regarding Other IRS Filings and Tax Compliance (continued)       54-6038 | 285 | P   | age <b>5</b> |
|--|-----|--|-----|-----|--------------|
| 2a         Enter the number of employees reported on From W3. Transmittal of Wage and Tax Statements.         2a         0           b         If at least one is reported on line 2a, did the organization file all regulared fideral employment tax returns?         2b           Note: If the sum of lines 2a, did the organization file all regulared fideral employment tax returns?         2b           a         X         3a         X           b         If the regularization have unretured to buintes groups concer 0 \$1000 more during the varies?         3b           b         If the regularization have unretures in, or a significance or their authority over, a financial account in a foreign country serve, did the organization have an interest in, or a significan control section (BAR).         3a         X           b         If "Yes," instit filed a foreign country serve any time during thax were on the section of the organization for BMB file?         5a         X           b         Does the organization have to need BBF file any time during thax section?         5a         X           b         If "Yes," in the organization for BMB file?         5a         X           c         Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selection any section seatement that section organization selection any section seatement that section any to section any section seateteret and any section seatement that section any secti  | Fai |  |     | V   |              |
| Interface       Image: Im | 22  | Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements   |     | Yes | NO           |
| b       If a least one is reported on line 2a, did the organization file all required to <i>a-da</i> (see instructions)       2b         3a       Dot the organization have unrelated Dusiness gross income of \$1,000 or more during the year?       3a       X         3b       Thes, "has it files a form 990-1" for this year? <i>It 'No'</i> to <i>ine 3b, provide an explanation on Schedule O</i> 3a       X         3b       If 'Yes, "has it files a form 990-1" for this year? <i>It 'No'</i> to <i>ine 3b, provide an explanation on Schedule O</i> 3a       X         3b       If 'Yes, 'has it files a form 990-1" for this year? <i>It 'No'</i> to <i>ine 3b, provide an explanation on Schedule O</i> 3a       X         3b       If 'Yes, 'has it files form 990-1" for this year? <i>It 'No'</i> to <i>ine 3b, provide an explanation on Schedule O</i> 3a       X         3b       If 'Yes, 'has it files form 990-1" for this year? <i>It 'No'</i> to <i>ine 3b, provide an explanation on Schedule O</i> 3a       X         3b       If 'Yes, 'has it files for shot, off the organization have annual gross nealphot the masshot.       5a       X         3c       If 'Yes, 'indicate the name of the organization and year the sub contributions or gifts were not tax deductible as charitable contributions?       5a       X         3c       If 'Yes, 'indicate the unumber of form 8221 field during the year?       7a       X         3c       If 'Yes, 'indicate the unumber of form 8222 field during the year and yearotelan toreacide  | 2a  |  |     |     |              |
| Note:         If the sum of lines 1a and 2a is greater than 250, you may be required to e-thic (see instructions)         Image:   | h   |  | 2h  |     |              |
| 3a         Did the organization have unvelated business gross income of \$1,000 or more during the year?         3a         X           4a         At my 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 (but have an interest in, or a signature or other authority over, a financial account) in a foreign country (but have an interest in, or a signature or other authority over, a financial account) in a foreign country (but have bare account, securities account, or other financial account) (FBAF).         5a         X           50         Was the organization in foreign country (but have bare in the superior)         5a         X           61         Organization party to a prohibit data schefer transaction?         5a         X           61         Organization have annual prose necipits that are normally greater than \$100,000, and did the organization include with every solicitation are express statement that such contributions or gifts were not tax douctibles calmatable contributions?         6a         X           7         Organization necked a payment in neckes of 37 mad party as a contribution and party for goods and sarvias provided to the payor?         7a         X           70         Ub the organization necked a contribution of grass pay as a contribution or grass and payor pay the second account payor pay the second pay of the day of the apy  | D   |  | 20  |     |              |
| b       If "Yes," this it filed a Form 990-T for this year? // No' to Ime 3b, provide an explanation on Schedule 0       3b         4       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts of the instance authority over, a dimensional country (such as a bank account, securities account, or other financial accounts (FBAR).         5       Be instructions for filing requirements for FinCON Experiments for FinCON Experimentin expensed Experiments for FinCON Experiments for Fin  | 3a  |  | 3a  |     | x            |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other funancial 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 (FBAF).       5a       X         b Ud any taxable party notity the organization that It was or is a party to a prohibited tax shelter transaction?       5b       X         c If Yes, 'in the organization name at shelter transaction?       5b       X         c If Yes, 'in the organization include with every solicitation an express statement that such contributions or gifts ware not tax deductible as charitable contributions?       5c       5a         c If Yes, 'id the organization include with every solicitation and partly for goods and services provided to the partice?       7a       X         b If Yes, 'id the organization include with every solicitation and partly for goods and services provided to the partice?       7a       X         b If Yes, 'id the organization include with every solicitation and partly for goods and services provided to the partice?       7a       X         b If Yes, 'id the organization notify the donor the value of the goods or services provided?       7a       X         d If Yes, 'indicate the number of Forms 8282 filed during the year       7d       7d       7d         c Uf the organization necelve a contribution of callefied fundect), to pay premiums on a personal benefit contract?  |     |  |     |     |              |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       b If 'Yes,' renter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).     5a     X       5a Was the organization a party to a prohibited tax sheler transaction at any time during the tax year?     5a     X       5b Did any taxable party notify the organization file Form 8896-17     5c     X       6a Does the organization account y organization file Form 8896-17     5c     X       6a Does the organization notes and gross receives that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions under section 170(c).     6a     X       7 Organization note apament in eccess of \$5 had pet tay as contribution and partly for goods and services provided?     7a     X       7 If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?     7a     X       8 Did the organization receive apament in eccess of \$5 had pet tay as contribution and partly for goods and services provided?     7a     X       9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       10 the organization receive any funds, directly or indirectly, on a personal benefit contract?     7c     X       11 the organization receive accontribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8890 as required? <th></th> <th></th> <th></th> <th></th> <th></th>  |     |  |     |     |              |
| b       H*Yes,* enter the name of the foreign county. ►       5         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).       5a         5a       Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       5a         5a       If Yes's to ine Sa or 5b, dif the organization file Form 888-7?       5a         6a       Does the organization nave annual gross receipts that are normally greater than \$100,000, and dif the organization solid any contributions that were not tax deductibles as chartable contributions?       5a         7b       Organization share annual gross receipts that are normally greater than \$100,000, and dif the organization solid any contributions that may receive deductible contributions and partly for goods and services provided to the part of the organization network eachardable contributions and partly for goods and services provided to the part of the organization networks dispose of tangible personal property for which it was required to the form 8827       7a       X         7b       If Yes,* indicate the number of Forms 8282 field during the year       7d       7d       7d         7b       Did the organization neceive any funds, directly on indirectly, on a personal beneft contract?       7d       7d         7b       the organization neceive any touthy, directly on indirectly, on a personal beneft contract?       7d       7d         7b       the organization neceive any thands, directly on indirectly, on a perso  |     |  | 4a  |     | x            |
| See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction?       5a       X         b D da my taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         c If Yes' to line 5a or 5b, did the organization Respiration that it was or is a party to a prohibited tax shelter transaction?       5a       X         b If Yes, '' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5a       X         b If Yes, '' did the organization noticy the donor of the value of the goods and services provided to the payor?       7a       X         b D di the organization noticy the donor of the value of the goods or services provided?       7b       X         b D di the organization noticy the donor of the value of the goods or services provided?       7c       X         d If Yes, '' di dhe organization noticy the donor of the value of the goods or services provided?       7c       X         d If Yes, '' di dhe organization neceve any funds, directly or indirectly, on a personal benefit contract?       7c       X         d If Yes, '' di dhe organization neceve any funds, directly or indirectly, on a personal benefit contract?       7d       7d         f If the organization neceve any tunds, directly or indirectly, on a personal  | b   |  | _   |     |              |
| 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?     5c     X       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible?     6a     X       7     Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     7a     X       b     If "Yes," did the organization notify the doors of services provided?     7a     X       b     If "Yes," did the organization receive a payment in excess of \$75 made partly as a contributions and partly for goods and services provided?     7a     X       b     If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7c     X       c     Did the organization notify the doore of the value of the goods or services provide?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year.     7d     7d       d     If the organization received a contribution of qualified intellectual property, did the organization file Form 8098 as required?     7d     7d       f     If the organization make any taxable distributions under section 4966?     9a     9a       <  |     |  |     |     |              |
| b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       50       X         c       If "Yes" to line 6a or 5b, did the organization ifle Form 8886-17       5c       Sc       Sc         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions?       6a       X         0       Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         7       Organizations that may receive deductible contributions under section 170(c).       0       Did the organization notify the donor of the value of the goods or services provided?       7a       X         0       If "Yes," did the organization selv.eds.p. or otherwise dispose of trangible personal property for which it was required to file form 8282?       7a       X         10       If "Yes," did the organization selv.ed a contribution of cars, bast, airplanes, or other vehicles, did the organization 164 or 07108-C?       7a       X         11       Organization selv.ed a contribution of cars, bast, airplanes, or other vehicles, did the organization file a Form 1098-C?       7a       7a         12       If the organization make any divide fund.       If a doe organization make any divaide fund. </th <th>5a</th> <th></th> <th>5a</th> <th></th> <th>х</th>  | 5a  |  | 5a  |     | х            |
| c       H*Yes* to line 5a or 5b, did the organization file Form 8886 T?       5c         Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that twee not tax deductible as charitable contributions?       5c         b       If *Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5c         7       Organizations that may receive deductible contributions under section 170(c).       10 the organization notify the door of the value of the goods or services provided to the payor?       7a       X         7       Diff Ves,* did the organization notify the door of the value of the goods or services provided?       7b       7c       X         0       Diff the organization include and provide services provided?       7c       X         10       Did the organization during the year, yap remiums, on a personal benefit contract?       7t       7t         10       Did the organization neceived a contribution of qualified intellectual property, did the organization file Form 1098.C?       7a       X         8       Sponsoring organization, animataining doora advised funds.       Did due organization file Tom 8889 as required?       7a         9       Sponsoring organization make any taxable distributions on davisor, or related person?       9a       9a       9a       9a       9a       9a </th <th></th> <th></th> <th>5b</th> <th></th> <th>Х</th>  |     |  | 5b  |     | Х            |
| Ga       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?       Ga       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       Go       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c).       Go       Za         b If "Yes," did the organization neity the donor of the value of the goods or services provided?       7a       X         b If "Yes," indicate the number of Form 8282 filed during the year       Zd       7c       X         f If Wes," indicate the number of Form 8282 filed during the year       Zd       7c       X         f If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       7d         f If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098 C?       7a       X         g If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       Zd       7d       Zd         f If the organization neceive any funds, directly or indirectly, any thre working the year?       6d       6d       6d       6d       6d <t< th=""><th></th><th></th><th>5c</th><th></th><th></th></t<>  |     |  | 5c  |     |              |
| any contributions that were not tax deductible acharitable contributions?     6a     X       b     if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts     6b       7     Organizations that may receive deductible contributions under section 170(c).     10     10       a     Did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If 'Yes,' indicate the number of Forms 8282 filed during the year     7d     7c     X       d     Did the organization oreceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7t     7t       f     Did the organization during the year, apy remiums, directly or indirectly, or an personal benefit contract?     7t     7t       g     If the organization during the year, apy remiums, directly or indirectly, or an personal benefit contract?     7t     7t       g     Sponsoring organization, during the year, apy remiums, directly or indirectly, or an personal benefit contract?     7t     7t       g     Sponsoring organization maintaining donor advised funds.     Did the organization file a Form 1098 C?     8t       9     Sponsoring organization make a distribution to a donor, donor adviser, or related person?     9a     9a       9     Sponsoring organization make a any taxable distributions under sources against amounts due or pany tother sources against amounts due or related form 1041?   |     |  |     |     |              |
| b       if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         Or Organizations that may receive deductible contributions under section 170(c).       10       10         a       10 the organization receive a payment in excess of SS made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       if "Yes," (did the organization notity the donor of the value of the goods or services provided?       7c       X         c       Did the organization receive a payment in excess of SS made partly as a contribution on a personal benefit contract?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d         d       If the organization received a contribution of qualified intelectual property, did the organization file Form 8090 as required?       7r       7d         d       If the organization received a contribution of carls (bad funds.) Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution such as esclon 4966?       9a       9a         Did the sponsoring organization make and istribution to a donor advised fund present sector 4966?       9a       9b       9b       9b       9b       9b       9a       9b       9a       9a       9a  |     |  | 6a  |     | х            |
| 7       Organizations that may receive deductible contributions under section 170(c).       Image: Contribution and partly for goods and services provided to the payor?         a       Did the organization receive a payment in access of 5/5 made partly as a contribution and partly for goods and services provided 7       Ta       X         b       If "Nes," tid the organization notify the donor of the value of the goods or services provided?       Tb       Tc       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       Tc       X         d       If "Nes," indicate the number of Forms 8282 filed during the year       Td       Te       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         g       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Th       X         8       Sponsoring organization make any taxable distributions under section 4966?       Sa       Sa       Sa         9       Sponsoring organization nake any taxable distributions under section 4966?       Sa       Sa       Sa         10       Borts incepts, included no form 900, Part VIII, line 12.       Imal       Imal       Imal       Imal       Sa         10       <   | b   |  |     |     |              |
| 7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7b       X         b If "Yes," (did the organization notify the donor of the value of the goods or services provided?       7c       X         c 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       7d       7e       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7ft       7g         h If the organization maintaining donor advised funds.       1d a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9 Socient 601(c)(7) organizations. Enter:       a filt any antice and capital contributions included on Part VIII, line 12       10a       10a       11a       10a         12 Section 601(c)(2) organizations. E   |     | were not tax deductible?   | 6b  |     |              |
| b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       76         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       76       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07       7h         g       Sponsoring organizations maintaining donor advised funds.       8         sponsoring organization make any taxable distributions under section 4966?       9a         D       Did the sponsoring organizations nicluded on Part VIII, line 12       10a         1       Initiation fies and capital contributions included on Part VIII, line 12       10a       10b         1       B cection 501(c)(7) organizations. Enter:       11a       10a       10b         1       Socian form members or shareholders       11a       10a       10b         1       Section 501(c)(7) organizations. Enter:       11a       10b       10b       10b  | 7   |  |     |     |              |
| c       Did the organization sell, exchange, or otherwise dispose of targible 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       7e         d       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       7g         h       If the organization received a contribution of oars boats, airplanes, or other vehicles, did the organization file a Form 1099.C?       7h       7g         8       Sponsoring organizations maintaining door advised funds.       7d       7d       7d         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9       Did the sponsoring organization make a distribution to a donor, door advisor, or related person?       9b       9b       9b       9b         10       the secons of the member of form 90, Part VIII, line 12, for public use of club facilities       10a       10a       10b       10a       10b       10b       10c       10   | а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                  | 7a  |     | Х            |
| to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         Poid the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       7d         g If the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7d       7d         B If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7d         B Sponsoring organization make any taxable distributions to days of thrue vehicles, did the organization file a Form 1098-C?       7n       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10 the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10 section 501(c)(7) organizations. Enter:       10a       10b       9b         11 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b         12 Section 501(c)(2) organizations. Enter:       10a       11b       12a       12a         13 Section 501(c)(22) organization theres and capital contributions included on Part VIII, line 12, or public use of club facilities       10b       10b       12a         13 Section 501(c)(22) organization incenue thara   | b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |              |
| d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Tf         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th         g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       B         9 Sponsoring organization make any taxable distributions under section 4966?       9a       B         10 did the sponsoring organization make a distribution to a donor, donor adviser, or related person?       9b       B         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12 Section 501(c)(12) organizations. Enter:       10a       10b       10c       10c       10  | с   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |     |     |              |
| e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       76         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       73         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       76         8       Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       96       9a         10       Bection 501(c)(7) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         a       Gross income from members or shareholders       11a       10b       12a         12       Bestion 501(c)(21) organizations. Enter:       11a       11b       12a         13       Besction 501(c)(21) organizations. Enter:       11a       11b       12a         14       Bit Yes, " there amount of tax-exempt interest received or accrued during Form 990 in lieu of Form   |     | to file Form 8282?   | 7c  |     | X            |
| f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       71         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       71         Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.       8         9       Sponsoring organization maintaining donor advised funds.       96         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Bestion 501(c)(7) organizations. Enter:       10a       10b         1       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       11a       10b         11       Section 501(c)(12) organizations. Enter:       10b       11a       10b         12       Section 501(c)(12) organization. Enter:       10b       11b       12a         13       Section 501(c)(2) organization. Enter:       10b       11b       12a         14       Section 501(c)(2) organization meter were the   | d   | If "Yes," indicate the number of Forms 8282 filed during the year7d  |     |     |              |
| g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       7         9       Sponsoring organization have excess business holdings at any time during the year?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         12       Section 501(c)(12) organizations. Enter:       10a       11a         13       Section 501(c)(12) organizations. Enter:       11a       12a         14       50 Gross income from members or shareholders       11a       12a         15       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       b       If 'Yes,' enter the amount of tax-exempt intererst received or accrued during the year       12a   | е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     |              |
| h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make abusiness holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       8         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Bection 501(c)(7) organizations. Enter:       10a         10       Initiation fees and capital contributions included on Part VIII, line 12.       10a         11       Section 501(c)(12) organizations. Enter:       11a         12       Gross income from members or shareholders       11a         13       Section 501(c)(12) organization intervent the amounts due or paid to other sources against amounts due or received from them.)       11b         12a       If 1*Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a   | f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     |              |
| 8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make excess business holdings at any time during the year?       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(7) organizations. Enter:       10a       11a       10b         11       Section form ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a         14a       X       13b       13a         13       Enter the amount of reserves the organiza  | g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                 | 7g  |     |              |
| sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions on donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Gross receipts, included on Form 990, Part VIII, line 12.       10a       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       10b         b       Gross income from members or shareholders       11a       11b       12a         b       Gross income from them.)       11b       12a       12a         12a       Section 501(c)(20) qualified nonprofit health insurance issuers.       11a       11b       12a         13       Section 10 incensed to issue qualified health plans in more than one state?       13a       13a       13a         14a       X       13a       13a       13a       13a       14a       X         14a       Did the organization subject to the section 4960 tax on payment(s)   | h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                               | 7h  |     |              |
| 9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   10 Section 501(c)(7) organizations. Enter:   a 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:   a Gross income from members or shareholders   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   b fr Yes," enter the amount of tax-exempt interest received or accrued during the year   13 Section 501(c)(22) qualified nonprofit health plans in more than one state?   14 Section 501(c)(20) qualified health plans in more than one state?   15 Enter the amount of reserves on hand   14a X   15 Is the organization subject to the section 4960 excise tax on net investment income?   16 X   | 8   |  |     |     |              |
| a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter: <ul> <li>a Initiation fees and capital contributions included on Part VIII, line 12</li> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>10b</li> <li>11a</li> <li>11a</li> <li>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>11b</li> <li>11b</li> <li>11b</li> <li>12a</li> <li>Section 501(c)(29) qualified nonprofit health insurance issuers.</li> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li> <li>13a</li> <li>Note: See the instructions for additional information the organization must report on Schedule O.</li> <li>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is cleased to issue qualified health plans</li> <li>c Enter the amount of reserves on hand</li> <li>13a</li> <li>Note: See the instructions for indoor tanning services during the tax year?</li> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O</li> <li>14a</li> <li>X</li> <li>b the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li> <li>If "Yes," see instructions and file Form 4720, Schedule N.</li></ul>  |     |  | 8   |     |              |
| b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501 col(2)(29) qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X <td< th=""><th>9</th><th></th><th></th><th></th><th></th></td<>  | 9   |  |     |     |              |
| 10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         3       Section 501 (c)(29) qualified nonprofit health insurance issuers.       13a       Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       Enter the amount of reserves on hand       13c       13c       14a       X         14       Did the organization receive any payments for indoor tanning services during the xyear?       14a       X         b       If "Yes," see instructions and file Form 4720, Schedule N.       14b       14a       X         15       Is the organization subject to the section 49  |     |  |     |     |              |
| a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         3 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         if "Yes," see instructions and file Form 4720  |     |  | 9b  |     |              |
| b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the xyear?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject   |     |  |     |     |              |
| 11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       11b       11b       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         c       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       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X      <   |     |  |     |     |              |
| a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X   |     |  |     |     |              |
| b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X   |     |  |     |     |              |
| amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         16       X   |     |  |     |     |              |
| 12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X  | b   |  |     |     |              |
| b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X  | 100 |  | 120 |     |              |
| 13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X  |     |  | 120 |     |              |
| a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is licensed to issue qualified health plans         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16   |     |  |     |     |              |
| Note: See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the instruction of the instruction of the instruction is licensed to issue qualified health plans       13b       13b         Image: Construction is licensed to issue qualified health plans       13b       13c       14a         Image: Construction of the organization receive any payments for indoor tanning services during the tax year?       14a       14a       X         Image: Imag   |     |  | 13a |     |              |
| b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       15       X         16       X   | u   |  | 100 |     |              |
| organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       16       X   | b   |  |     |     |              |
| c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X   | ~   |  |     |     |              |
| 14a     Did the organization receive any payments for indoor tanning services during the tax year?     14a     X       b     If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O     14b     14b       15     Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?     15     X       16     Is the organization an educational institution subject to the section 4968 excise tax on net investment income?     16     X  | с   |  |     |     |              |
| b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X   |     |  | 14a |     | х            |
| 15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X  |     |  |     |     |              |
| excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.<br>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>16 X   |     |  |     |     |              |
| If "Yes," see instructions and file Form 4720, Schedule N.         16         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  |     |  | 15  |     | x            |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   |     |  |     |     |              |
|  | 16  | Is the exercise time of a structure limit time as his state the section 4000 suries tay on set in sectors at income  | 16  |     | X            |
|  |     |  |     |     |              |

| Form <b>990</b> | (2019) |
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932005 01-20-20

| Form 990 | (2019) |
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#### VIRGINIA ACADEMY OF SCIENCE

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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.

|          | Check if Schedule O contains a response or note to any line in this Part VI   |            |        | X      |
|----------|---|------------|--------|--------|
| Sec      | tion A. Governing Body and Management   |            |        |        |
|          |   |            | Yes    | No     |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year 1a  | 1          |        |        |
|          | If there are material differences in voting rights among members of the governing body, or if the governing   |            |        |        |
|          | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.   |            |        |        |
| b        | Enter the number of voting members included on line 1a, above, who are independent 1b   | '          |        |        |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |            |        |        |
|          | officer, director, trustee, or key employee?  | 2          |        | X      |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision   |            |        |        |
|          | of officers, directors, trustees, or key employees to a management company or other person?   | 3          |        | X      |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4          |        | X      |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5          |        | X      |
| 6        | Did the organization have members or stockholders?  | 6          |        | X      |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  |            |        |        |
|          | more members of the governing body?   | 7a         |        | X      |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  |            |        |        |
|          | persons other than the governing body?  | 7b         |        | X      |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |            |        |        |
| а        | The governing body?   | 8a         | X      |        |
| b        | Each committee with authority to act on behalf of the governing body?   | 8b         | X      |        |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the  |            |        |        |
|          | organization's mailing address? If "Yes." provide the names and addresses on Schedule O   | 9          |        | X      |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |            |        |        |
|          |   |            | Yes    | No     |
|          | Did the organization have local chapters, branches, or affiliates?  | 10a        |        | X      |
| D        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,  | 101        |        |        |
| 44-      | and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b        |        | x      |
|          | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a        |        |        |
|          | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   | 100        |        | x      |
|          | Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>  | 12a<br>12b |        |        |
|          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> | 120        |        |        |
| С        |   | 12c        |        |        |
| 13       | in Schedule O how this was done   | 13         |        | x      |
| 13<br>14 | Did the organization have a written whistleblower policy?<br>Did the organization have a written document retention and destruction policy?   | 14         |        | X      |
| 15       | Did the process for determining compensation of the following persons include a review and approval by independent  | 17         |        |        |
| 15       | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |            |        |        |
| а        | The organization's CEO, Executive Director, or top management official  | 15a        |        | x      |
|          | Other officers or key employees of the organization   | 15b        |        | X      |
| 2        | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   | 100        |        |        |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   |            |        |        |
|          | taxable entity during the year?   | 16a        |        | X      |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation  |            |        |        |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  |            |        |        |
|          | exempt status with respect to such arrangements?  | 16b        |        |        |
| Sec      | tion C. Disclosure  |            |        |        |
| 17       | List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>  |            |        |        |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3  | s only)    | availa | ble    |
|          | for public inspection. Indicate how you made these available. Check all that apply.   |            |        |        |
|          | Own website Another's website X Upon request Other (explain on Schedule O)  |            |        |        |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and   | d finan    | cial   |        |
|          | statements available to the public during the tax year.   |            |        |        |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and records  |            |        |        |
|          | PHILIP SHERIDAN - 804-864-1451  |            |        |        |
| _        | 2500 WEST BROAD STREET, RICHMOND, VA 23220  | _          | 000    | 105.1  |
| 932006   | 01-20-20 <b>C</b>   | Form       | 1 990  | (2019) |
|          | 6   |            |        |        |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

| (A)  | (B)  |                                |                       | (0                                  | C)             |                                 |        | (D)                                    | (E)  | (F)  |
|--|--|--------------------------------|-----------------------|-------------------------------------|----------------|---------------------------------|--------|--|--|--|
| Name and title                                     | Average<br>hours per<br>week   | box                            | not c<br>, unle:      | Posi<br>heck i<br>ss per<br>id a di | more<br>rson i | than o<br>s both                | n an   | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other  |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer                             | Key employee   | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) PHILIP SHERIDAN                                | 20.00  | .,                             |                       |                                     |                |                                 |        | 10 020                                 | 0  | 01 000   |
| EXECUTIVE OFFICER                                  | 1 0 0  | X                              |                       | X                                   |                |                                 |        | 19,030.                                | 0.   | 21,032.  |
| (2) ARTHUR F. CONWAY<br>EXECUTIVE OFFICER EMERTIUS | 1.00   | x                              |                       |                                     |                |                                 |        | 0.                                     | 0.   | 0.   |
| (3) SUSAN P. BOOTH                                 | 20.00  |                                |                       |                                     |                |                                 |        | 0.                                     | 0.   | 0.   |
| VJAS DIRECTOR                                      | 20.00  | x                              |                       |                                     |                |                                 |        | 21,032.                                | 0.   | 19,030.  |
| (4) CAROLYN CONWAY                                 | 1.00   |                                |                       |                                     |                |                                 |        | <u>21,032</u> .                        | 0.   | 19,030.  |
| ASSOCIATE EXECUTIVE                                | 1.00   | x                              |                       |                                     |                |                                 |        | 0.                                     | 0.   | 0.   |
| (5) AMORETTE BARBER                                | 10.00  |                                |                       |                                     |                |                                 |        | 0.                                     |  |  |
| VICE PRESIDENT                                     | 10100  |                                |                       | x                                   |                |                                 |        | 0.                                     | 0.   | 0.   |
| (6) GARY ISSACS                                    | 10.00  |                                |                       |                                     |                |                                 |        |  |  |  |
| PRESIDENT  |  | 1                              |                       | x                                   |                |                                 |        | 0.                                     | Ο.   | 0.   |
| (7) CHRISTOPHER J. OSGOOD                          | 1.00   |                                |                       |                                     |                |                                 |        |  |  |  |
| SECRETARY  |  | 1                              |                       | x                                   |                |                                 |        | 0.                                     | Ο.   | 0.   |
| (8) MICHAEL WOLYNAIK                               | 1.00   |                                |                       |                                     |                |                                 |        |  |  |  |
| PRESIDENT-ELECT                                    |  |                                |                       | X                                   |                |                                 |        | 0.                                     | 0.   | 0.   |
| (9) JOSEPH D'SILVA                                 | 1.00   |                                |                       |                                     |                |                                 |        |  |  |  |
| TREASURER  |  |                                |                       | X                                   |                |                                 |        | 0.                                     | 0.   | 0.   |
|  |  | -                              |                       |                                     |                |                                 |        |  |  |  |
|  |  |                                |                       |                                     |                |                                 |        |  |  |  |
|  |  |                                |                       |                                     |                |                                 |        |  |  |  |
|  |  |                                |                       |                                     |                |                                 |        |  |  |  |
|  |  | -                              |                       |                                     |                |                                 |        |  |  |  |
|  |  |                                |                       |                                     |                |                                 |        |  |  |  |
|  |  | -                              |                       |                                     |                |                                 |        |  |  |  |
|  |  | -                              |                       |                                     |                |                                 |        |  |  |  |
|  |  | I                              |                       |                                     |                |                                 |        |  |  |  |

932007 01-20-20

Form 990 (2019)

|     | 990 (2019) VIRGINIA  |  |                                |                       |                       |                |                                  |             |   | 54-60  | )382          | 285                      | P  | age <b>8</b>   |
|-----|--|--|--------------------------------|-----------------------|-----------------------|----------------|----------------------------------|-------------|---|--|---------------|--------------------------|--|----------------|
| Par | t VII Section A. Officers, Directors, Trust  |  | ploy                           | ees,                  |                       |                | ghes                             | t C         | ompensated Employee                       | s (continued)  | <u> </u>      |                          |  |                |
|     | (A)<br>Name and title  | <b>(B)</b><br>Average<br>hours per<br>week                           | box                            | not c<br>, unle       | Pos<br>heck<br>ss per | more<br>rson i | l<br>than c<br>s both<br>r/trust | an          | (D)<br>Reportable<br>compensation<br>from | <b>(E)</b><br>Reportable<br>compensation<br>from related |               | an                       | (F)<br>timate<br>nount<br>other                |                |
|     |  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer               | Key employee   | Highest compensated<br>employee  | Former      | (W-2/1099-MISC)                           | organizations<br>(W-2/1099-MIS                           | s             | com<br>fr<br>orga<br>and | pensa<br>om th<br>anizat<br>d relat<br>inizati | e<br>ion<br>ed |
|     |  |  |                                |                       |                       |                |                                  |             |   |  | $\rightarrow$ |                          |  |                |
|     |  |  |                                |                       |                       |                |                                  |             |   |  |               |                          |  |                |
|     |  |  |                                |                       |                       |                |                                  |             |   |  |               |                          |  |                |
|     |  |  |                                |                       |                       |                |                                  |             |   |  |               |                          |  |                |
|     |  |  |                                |                       |                       |                |                                  |             |   |  |               |                          |  |                |
|     |  |  |                                |                       |                       |                |                                  |             |   |  |               |                          |  |                |
|     |  |  |                                |                       |                       |                |                                  |             |   |  |               |                          |  |                |
| 1b  | Subtotal   |  |                                |                       |                       |                |                                  | <b>&gt;</b> | 40,062.                                   |  | 0.            | 4                        | 0,0  | 62.            |
| с   | Total from continuation sheets to Part VII<br>Total (add lines 1b and 1c)  | , Section A  |                                |                       |                       |                |                                  |             | 0.40,062.                                 |  | 0.            |                          | ), O   | 0.             |
| 2   | Total number of individuals (including but no compensation from the organization   | ot limited to th   | ose                            | liste                 | d ab                  | ove            | ) wh                             | o re        | eceived more than \$100,                  | 000 of reportable  | !             |                          |  | 0              |
| 3   | Did the organization list any <b>former</b> officer,   | ,  | ,                              | ,                     | •                     |                | ,                                |             |   | 5  | F             |                          | Yes  | No<br>X        |
| 4   | line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i><br>For any individual listed on line 1a, is the su<br>and related organizations greater than \$150 | m of reportable  | e co                           | mpe                   | ensa                  | tion           | and                              | oth         | ner compensation from t                   | he organization  |               | 3                        |  | X              |
| 5   | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>  | ccrue compen   | Isati                          | on fi                 | rom                   | any            | unre                             | late        | ed organization or individ                | lual for services  |               | 5                        |  | X              |
| Sec | tion B. Independent Contractors  |  |                                |                       |                       |                |                                  |             |   |  |               |                          |  |                |
| 1   | Complete this table for your five highest con<br>the organization. Report compensation for t   |  |                                |                       |                       |                |                                  |             | the organization's tax y                  | , ,  | ensati        |                          |  |                |
|     | (A)<br>Name and business   | address  | NC                             | ONE                   | 3                     |                |                                  |             | (B)<br>Description of s                   | ervices  | C             | (C<br>omper              |  | n              |
|     |  |  |                                |                       |                       |                |                                  |             |   |  |               |                          |  |                |
|     |  |  |                                |                       |                       |                |                                  |             |   |  |               |                          |  |                |
|     |  |  |                                |                       |                       |                |                                  |             |   |  |               |                          |  |                |
|     |  |  |                                |                       |                       |                |                                  |             |   |  |               |                          |  |                |
| 2   | Total number of independent contractors (ir \$100,000 of compensation from the organiz   | 0  | ot lin                         | nited                 | d to                  | thos<br>(      |                                  | ted         | above) who received mo                    | ore than   |               |                          |  |                |

Form **990** (2019)

932008 01-20-20

|   |       |        |                                   |                     | ACAD        | EMY OF SC          | CIENCE               |                          | 54-6038          | 285 Page <b>9</b>       |
|---|-------|--------|-----------------------------------|---------------------|-------------|--------------------|----------------------|--------------------------|------------------|-------------------------|
| Pa  | rt V  | /111   | Statement of Re                   | venue               |             |                    |                      |                          |                  |                         |
|   |       |        | Check if Schedule O               | contains a re       | sponse      | or note to any lin |                      | (D)                      |                  |                         |
|   |       |        |                                   |                     |             |                    | (A)<br>Totol rovenue | (B)<br>Related or exempt | (C)<br>Unrelated | (D)<br>Revenue excluded |
|   |       |        |                                   |                     |             |                    | Total revenue        |                          | business revenue | from tax under          |
|   |       |        |                                   |                     |             |                    |                      |                          |                  | sections 512 - 514      |
| t<br>S  | 1     | а      | Federated campaigns               |                     | 1a          |                    |                      |                          |                  |                         |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |       |        |                                   |                     | 1b          |                    |                      |                          |                  |                         |
| Ωg  |       |        | Fundraising events                |                     | 1c          |                    |                      |                          |                  |                         |
| LA,   |       |        | Related organizations             |                     | ld          |                    |                      |                          |                  |                         |
| ilai  |       |        |                                   |                     | le          |                    |                      |                          |                  |                         |
| Sin's,  |       |        | Government grants (contr          | · · · -             | le          |                    |                      |                          |                  |                         |
| er (  |       | f      | All other contributions, gifts,   |                     |             | 4 275              |                      |                          |                  |                         |
| -ið H   |       |        | similar amounts not included      |                     | lf          | 4,375.             |                      |                          |                  |                         |
| dut   |       | g      | Noncash contributions included in | lines 1a-1f         | 1g \$       |                    |                      | _                        |                  |                         |
| a C   |       | h      | Total. Add lines 1a-1f            |                     |             | 🕨                  | 4,375.               |                          |                  |                         |
|   |       |        |                                   |                     |             | Business Code      |                      |                          |                  |                         |
| a   | 2     | а      | ANNUAL MEETIN                     | ſG                  |             | 900099             | 36,735.              | 36,735.                  |                  |                         |
| Ś   | _     | b      | DUES                              |                     |             | 900099             | 14,952.              | 14,952.                  |                  |                         |
| jer<br>ue   |       |        | ENTRY FEES                        |                     |             | 900099             | 11,722.              | 11,722.                  |                  |                         |
| am Ser<br>evenue  |       | C<br>d | FALL MEETING                      |                     |             | 900099             | 1,245.               | 1,245.                   |                  |                         |
| Program Service<br>Revenue                                |       |        |                                   |                     |             | 900099             | 440.                 | 440.                     |                  | <u> </u>                |
| ğ   |       |        | JOURNAL                           |                     |             |                    | 440.                 | 440.                     |                  |                         |
| ₽   |       | f      | All other program service         | revenue             |             | 900099             |                      |                          |                  |                         |
|   |       | g      | Total. Add lines 2a-2f            |                     |             | ►                  | 65,094.              |                          |                  |                         |
|   | 3     |        | Investment income (includ         | ding dividend       | ds, intere  | est, and           |                      |                          |                  |                         |
|   |       |        | other similar amounts)            |                     |             | ▶                  | 136,103.             | 136,103.                 |                  |                         |
|   | 4     |        | Income from investment of         |                     |             |                    |                      |                          |                  |                         |
|   | 5     |        | Royalties                         | -                   |             |                    |                      |                          |                  |                         |
|   | -     |        | ,                                 | (i)                 | Real        | (ii) Personal      |                      |                          |                  |                         |
|   | 6     | а      | Gross rents                       | 6a                  |             |                    |                      |                          |                  |                         |
|   | 0     |        |                                   |                     |             |                    |                      |                          |                  |                         |
|   |       |        | Less: rental expenses             | 6b                  |             |                    |                      |                          |                  |                         |
|   |       |        | Rental income or (loss)           | 6c                  |             |                    |                      |                          |                  |                         |
|   |       |        | Net rental income or (loss        |                     |             |                    |                      |                          |                  |                         |
|   | 7     | а      | Gross amount from sales of        |                     | curities    | (ii) Other         |                      |                          |                  |                         |
|   |       |        | assets other than inventory       | 7a 86,              | <u>870.</u> |                    |                      |                          |                  |                         |
|   |       | b      | Less: cost or other basis         |                     |             |                    |                      |                          |                  |                         |
| e   |       |        | and sales expenses                | <sub>7b</sub>   77, |             |                    |                      |                          |                  |                         |
| enne  |       | с      | Gain or (loss)                    | 7c 9,               | 065.        |                    |                      |                          |                  |                         |
|   |       |        | Net gain or (loss)                |                     |             |                    | 9,065.               |                          |                  | 9,065.                  |
| Other R   | 0     |        | Gross income from fundraisi       |                     |             |                    |                      |                          |                  |                         |
| Ţ   | 0     | a      |                                   |                     |             |                    |                      |                          |                  |                         |
| 0   |       |        | including \$                      |                     |             |                    |                      |                          |                  |                         |
|   |       |        | contributions reported on         | ,                   |             |                    |                      |                          |                  |                         |
|   |       |        | Part IV, line 18                  |                     |             |                    |                      |                          |                  |                         |
|   |       |        | Less: direct expenses             |                     |             |                    |                      |                          |                  |                         |
|   |       | С      | Net income or (loss) from         | fundraising e       | events      | 🕨                  | _                    |                          |                  |                         |
|   | 9     | а      | Gross income from gamin           | ng activities.      | See         |                    |                      |                          |                  |                         |
|   |       |        | Part IV, line 19                  |                     | 9a          |                    |                      |                          |                  |                         |
|   |       | b      | Less: direct expenses             |                     |             |                    |                      |                          |                  |                         |
|   |       |        | Net income or (loss) from         |                     |             | <b>&gt;</b>        |                      |                          |                  |                         |
|   | 10    |        | Gross sales of inventory, I       |                     |             |                    |                      |                          |                  |                         |
|   |       |        | and allowances                    |                     | 10a         |                    |                      |                          |                  |                         |
|   |       | F      |                                   |                     |             |                    |                      |                          |                  |                         |
|   |       |        | Less: cost of goods sold          |                     | ·····       |                    |                      |                          |                  |                         |
|   |       | С      | Net income or (loss) from         | sales of inve       | ntory       |                    |                      |                          |                  |                         |
| ŝ   |       |        |                                   |                     |             | Business Code      |                      |                          |                  |                         |
| jo<br>∎   | 11    | а      |                                   |                     |             |                    |                      |                          |                  | l                       |
| ane   |       | b      |                                   |                     |             |                    |                      |                          |                  |                         |
| le K  |       | С      |                                   |                     |             |                    |                      |                          |                  |                         |
| Miscellaneous<br>Revenue                                  |       | d      | All other revenue                 |                     |             | L                  |                      |                          | <u> </u>         |                         |
| <   |       |        | Total. Add lines 11a-11d          |                     |             |                    |                      |                          |                  |                         |
|   | 12    |        | Total revenue. See instruction    |                     |             |                    | 214,637.             | 201,197.                 | 0.               | 9,065.                  |
| 93200   | 9 01- | -20-   | 20                                |                     |             |                    |                      |                          |                  | Form <b>990</b> (2019   |

VIRGINIA ACADEMY OF SCIENCE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

|                | include amounts reported on lines 6b,<br>9b, and 10b of Part VIII.                                  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
|----------------|---|------------------------------|---|---|---------------------------------------|
|                | ants and other assistance to domestic organizations   |                              | ·   |   |                                       |
| an             | d domestic governments. See Part IV, line 21  | 500.                         | 500.                                      |   |                                       |
| <b>2</b> Gr    | rants and other assistance to domestic  |                              |   |   |                                       |
| inc            | dividuals. See Part IV, line 22   | 51,390.                      | 51,390.                                   |   |                                       |
| 3 Gr           | rants and other assistance to foreign   |                              |   |   |                                       |
| org            | ganizations, foreign governments, and foreign   |                              |   |   |                                       |
| inc            | dividuals. See Part IV, lines 15 and 16   |                              |   |   |                                       |
| <b>4</b> Be    | enefits paid to or for members  |                              |   |   |                                       |
| 5 Co           | ompensation of current officers, directors,   |                              |   |   |                                       |
| tru            | ustees, and key employees   | 19,030.                      | 18,078.                                   | 952.                                      |                                       |
| <b>6</b> Co    | ompensation not included above to disqualified  |                              |   |   |                                       |
| pei            | rsons (as defined under section 4958(f)(1)) and   |                              |   |   |                                       |
| pei            | rsons described in section 4958(c)(3)(B)  |                              |   |   |                                       |
| <b>7</b> Ot    | ther salaries and wages   | 21,032.                      | 19,980.                                   | 1,052.                                    |                                       |
|                | ension plan accruals and contributions (include   |                              |   |   |                                       |
|                | ction 401(k) and 403(b) employer contributions)   |                              |   |   |                                       |
|                | ther employee benefits  |                              |   |   |                                       |
| <b>0</b> Pa    | ayroll taxes  | 3,064.                       | 2,911.                                    | 153.                                      |                                       |
| <b>1</b> Fe    | ees for services (nonemployees):  |                              |   |   |                                       |
| <b>a</b> Ma    | anagement   |                              |   |   |                                       |
| <b>b</b> Le    | egal  |                              |   |   |                                       |
| <b>c</b> Ac    | ccounting   | 6,100.                       |   | 6,100.                                    |                                       |
| <b>d</b> Lo    | bbying  |                              |   |   |                                       |
| e Pro          | ofessional fundraising services. See Part IV, line 17   |                              |   |   |                                       |
| f Inv          | vestment management fees  |                              |   |   |                                       |
| g Ot           | ther. (If line 11g amount exceeds 10% of line 25,   |                              |   |   |                                       |
| col            | lumn (A) amount, list line 11g expenses on Sch O.)  |                              |   |   |                                       |
| <b>2</b> Ac    | dvertising and promotion  |                              |   |   |                                       |
| <b>3</b> Of    | ffice expenses  | 1,293.<br>2,003.             | 1,164.                                    | 129.                                      |                                       |
| 4 Inf          | formation technology  | 2,003.                       | 2,003.                                    |   |                                       |
| <b>5</b> Ro    | oyalties  |                              |   |   |                                       |
| 6 Oc           | ccupancy  |                              |   |   |                                       |
| 1 <b>7</b> Tra | avel  | 5,154.                       | 4,639.                                    | 515.                                      |                                       |
| <b>8</b> Pa    | ayments of travel or entertainment expenses   |                              |   |   |                                       |
| for            | r any federal, state, or local public officials   |                              |   |   |                                       |
| 9 Co           | onferences, conventions, and meetings   | 7,689.                       | 7,689.                                    |   |                                       |
| .0 Int         | terest  |                              |   |   |                                       |
| 2 <b>1</b> Pa  | ayments to affiliates   |                              |   |   |                                       |
| <b>2</b> De    | epreciation, depletion, and amortization  |                              |   |   |                                       |
| 3 Ins          | surance   |                              |   |   |                                       |
| <b>4</b> Otl   | her expenses. Itemize expenses not covered  |                              |   |   |                                       |
| ab)<br>lin     | ove (List miscellaneous expenses on line 24e. If<br>e 24e amount exceeds 10% of line 25, column (A) |                              |   |   |                                       |
| am             | nount, list line 24e expenses on Schedule 0.)   |                              |   |   |                                       |
|                | JAS – VJAS  | 7,607.                       | 7,607.                                    |   |                                       |
|                | UDIT/INSURANCE  | 7,373.                       | 7,373.                                    |   |                                       |
|                | RINTING & PUBLICATIONS  | 2,531.                       | 2,531.                                    |   |                                       |
| d W            | EBSITE  | 1,639.                       | 1,639.                                    |   |                                       |
| e All          | l other expenses  | 3,532.                       | 2,136.                                    | 1,396.                                    |                                       |
| 5 To           | tal functional expenses. Add lines 1 through 24e  | 139,937.                     | 129,640.                                  | 10,297.                                   | 0                                     |
| 6 Joi          | int costs. Complete this line only if the organization  |                              |   |   |                                       |
| rep            | ported in column (B) joint costs from a combined  |                              |   |   |                                       |
| ed             | ucational campaign and fundraising solicitation.  |                              |   |   |                                       |
| Ch             | eck here if following SOP 98-2 (ASC 958-720)  |                              |   |   |                                       |

932010 01-20-20

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Form 990 (2019)

Form 990 (2019)

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|                             |     | Check il Schedule O contains à response or not        |            |                  | <b>(A)</b><br>Beginning of year |        | (B)<br>End of year |
|-----------------------------|-----|---|------------|------------------|---------------------------------|--------|--------------------|
|                             | 1   | Cash - non-interest-bearing                           |            |                  | 20.                             | 1      | 21.                |
|                             | 2   | Savings and temporary cash investments                |            |                  | 63,123.                         | 2      | 46,754.            |
|                             | 3   | Pledges and grants receivable, net                    |            |                  | ,                               | 3      |                    |
|                             | 4   | Accounts receivable, net                              |            |                  |                                 | 4      |                    |
|                             | 5   | Loans and other receivables from any current or       |            |                  |                                 |        |                    |
|                             | 5   | trustee, key employee, creator or founder, subst      |            |                  |                                 |        |                    |
|                             |     |   |            |                  |                                 | 5      |                    |
|                             | 6   | controlled entity or family member of any of thes     |            |                  |                                 | 5      |                    |
|                             | 6   | Loans and other receivables from other disqualif      |            | 4050(-)(0)(D)    |                                 | 6      |                    |
|                             | -   | under section 4958(f)(1)), and persons described      |            |                  |                                 | 0<br>7 |                    |
| Assets                      | 7   | Notes and loans receivable, net                       |            |                  |                                 |        |                    |
| Ass                         | 8   | Inventories for sale or use                           |            |                  |                                 | 8      |                    |
| 1                           | 9   |   |            |                  |                                 | 9      |                    |
|                             | 10a | Land, buildings, and equipment: cost or other         |            |                  |                                 |        |                    |
|                             |     | basis. Complete Part VI of Schedule D                 | 10a        | 7,454.<br>7,454. | 0                               |        | 0                  |
|                             |     | Less: accumulated depreciation                        |            |                  | 0.                              | 10c    | 0.                 |
|                             | 11  | Investments - publicly traded securities              |            |                  | 0 1 2 0 2 1 2                   | 11     |                    |
|                             | 12  | Investments - other securities. See Part IV, line 1   |            |                  | 2,130,313.                      | 12     | 2,606,858.         |
|                             | 13  | Investments - program-related. See Part IV, line 1    |            |                  |                                 | 13     |                    |
|                             | 14  | Intangible assets                                     |            |                  |                                 | 14     |                    |
|                             | 15  | Other assets. See Part IV, line 11                    |            |                  |                                 | 15     |                    |
|                             | 16  | Total assets. Add lines 1 through 15 (must equa       |            |                  | 2,193,456.                      | 16     | 2,653,633.         |
|                             | 17  | Accounts payable and accrued expenses                 |            |                  |                                 | 17     |                    |
|                             | 18  | Grants payable  |            | ·····  _         |                                 | 18     |                    |
|                             | 19  | Deferred revenue                                      |            |                  |                                 | 19     |                    |
|                             | 20  | Tax-exempt bond liabilities                           |            |                  |                                 | 20     |                    |
|                             | 21  | Escrow or custodial account liability. Complete F     | Part IV of | chedule D        |                                 | 21     |                    |
| Sé                          | 22  | Loans and other payables to any current or form       | er officer | director,        |                                 |        |                    |
| liti€                       |     | trustee, key employee, creator or founder, subst      | antial cor | ributor, or 35%  |                                 |        |                    |
| Liabilities                 |     | controlled entity or family member of any of thes     | e person   |                  |                                 | 22     |                    |
|                             | 23  | Secured mortgages and notes payable to unrela         | ted third  | arties           |                                 | 23     |                    |
|                             | 24  | Unsecured notes and loans payable to unrelated        | l third pa | ies              |                                 | 24     |                    |
|                             | 25  | Other liabilities (including federal income tax, page | yables to  | elated third     |                                 |        |                    |
|                             |     | parties, and other liabilities not included on lines  | 17-24). (  | omplete Part X   |                                 |        |                    |
|                             |     | of Schedule D   |            |                  | 30.                             | 25     | 0.                 |
|                             | 26  | Total liabilities. Add lines 17 through 25            |            |                  | 30.                             | 26     | 0.                 |
|                             |     | Organizations that follow FASB ASC 958, che           | ck here    | ► X              |                                 |        |                    |
| ces                         |     | and complete lines 27, 28, 32, and 33.                |            |                  |                                 |        |                    |
| and                         | 27  | Net assets without donor restrictions                 |            |                  | 2,193,426.                      | 27     | 2,653,633.         |
| Bal                         | 28  | Net assets with donor restrictions                    |            |                  |                                 | 28     |                    |
| pu                          |     | Organizations that do not follow FASB ASC 9           | 58, checl  | here 🕨 🗌         |                                 |        |                    |
| ·Fu                         |     | and complete lines 29 through 33.                     |            |                  |                                 |        |                    |
| Net Assets or Fund Balances | 29  | Capital stock or trust principal, or current funds    |            | [                |                                 | 29     |                    |
| set                         | 30  | Paid-in or capital surplus, or land, building, or eq  |            |                  |                                 | 30     |                    |
| As                          | 31  | Retained earnings, endowment, accumulated inc         |            |                  |                                 | 31     |                    |
| let                         | 32  | Total net assets or fund balances                     |            |                  | 2,193,426.                      | 32     | 2,653,633.         |
|                             | 33  | Total liabilities and net assets/fund balances        |            |                  | 2,193,456.                      | 33     | 2,653,633.         |

VIRGINIA ACADEMY OF SCIENCE Part X Balance Sheet

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

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| Form | 1990 (2019) VIRGINIA ACADEMY OF SCIENCE   | 54-60     | 38285 | Page <b>12</b> |
|------|---|-----------|-------|----------------|
| Pa   | rt XI Reconciliation of Net Assets  |           |       |                |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |           |       | X              |
|      |   |           |       |                |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         | 214   | ,637.          |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 139   | ,937.          |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         | 74    | ,700.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4         | 2,193 | ,426.          |
| 5    | Net unrealized gains (losses) on investments  | 5         | 385   | ,518.          |
| 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         |       | -11.           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |           |       |                |
|      | column (B))   | 10        | 2,653 | ,633.          |
| Pa   | rt XII Financial Statements and Reporting   |           |       |                |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |           |       |                |
|      |   |           |       | Yes No         |
| 1    | Accounting method used to prepare the Form 990: X Cash Accrual Other  |           |       |                |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | 0.        |       |                |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |           | 2a    | X              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a      |       |                |
|      | separate basis, consolidated basis, or both:  |           |       |                |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |       |                |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |           | 2b    | X              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,    |       |                |
|      | consolidated basis, or both:  |           |       |                |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |       |                |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | e audit,  |       |                |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |           | 2c    |                |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch     | edule O.  |       |                |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Audit |       |                |
|      | Act and OMB Circular A-133?   |           | 3a    | X              |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit |       |                |
| _    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |           | 3b    |                |
|      |   |           | ~     |                |

Form **990** (2019)

| SCHED | ULE A |
|-------|-------|
|-------|-------|

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047            |
|------------------------------|
| 2019                         |
| Open to Public<br>Inspection |

Employer identification number

ı.

#### Name of the organization

| _    |       | VIRG  | INIA ACADE   | MY OF SCIENCI   | Ξ                                   |                                   |                  | 5              | 4-6038285                             |
|------|-------|---|--|---|-------------------------------------|-----------------------------------|------------------|----------------|---------------------------------------|
| Pa   | rt I  | Reason for Public (   | Charity Status (/  | All organizations must co                             | omplete thi                         | is part.) Se                      | e instructions.  |                |                                       |
| The  | organ | ization is not a private found  | ation because it is: (I  | For lines 1 through 12, c                             | heck only                           | one box.)                         |                  |                |                                       |
| 1    |       | A church, convention of ch  | urches, or associatio  | on of churches described                              | l in <b>sectio</b>                  | n 170(b)(1                        | I)(A)(i).        |                |                                       |
| 2    |       | A school described in secti   | ion 170(b)(1)(A)(ii). (  | Attach Schedule E (Forn                               | n 990 or 99                         | 90-EZ).)                          |                  |                |                                       |
| 3    |       | A hospital or a cooperative   | hospital service orga  | anization described in se                             | ection 170                          | )(b)(1)(A)(ii                     | ii).             |                |                                       |
| 4    |       | A medical research organization   | ation operated in cor  | njunction with a hospital                             | described                           | in sectio                         | n 170(b)(1)(A)   | iii). Enter    | the hospital's name,                  |
|      |       | city, and state:  |  |   |                                     |                                   |                  |                |                                       |
| 5    |       | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |  |   |                                     |                                   |                  |                |                                       |
|      |       | section 170(b)(1)(A)(iv). (C  | Complete Part II.)   |   |                                     |                                   |                  |                |                                       |
| 6    |       | A federal, state, or local gov  | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |   |                                     |                                   |                  |                |                                       |
| 7    | X     | An organization that normal   | lly receives a substa  | ntial part of its support fi                          | rom a gove                          | ernmental                         | unit or from the | e general p    | oublic described in                   |
|      |       | section 170(b)(1)(A)(vi). (C  | omplete Part II.)  |   |                                     |                                   |                  |                |                                       |
| 8    |       | A community trust describe  |  | (1)(A)(vi). (Complete Par                             | t II.)                              |                                   |                  |                |                                       |
| 9    |       | An agricultural research org  |  |   |                                     | ed in conju                       | Inction with a l | and-grant      | college                               |
|      |       | or university or a non-land-g   |  |   |                                     | -                                 |                  | -              | -                                     |
|      |       | university:   |  | , , , , , , , , , , , , , , , , , , ,                 |                                     |                                   | ,                | U              |                                       |
| 10   |       | An organization that normal   | Ilv receives: (1) more   | than 33 1/3% of its sup                               | port from c                         | contributio                       | ns. membersh     | p fees. an     | d aross receipts from                 |
|      |       | activities related to its exem  |  |   |                                     |                                   |                  |                |                                       |
|      |       | income and unrelated busir  |  |   |                                     |                                   |                  |                | -                                     |
|      |       | See section 509(a)(2). (Cor   |  | (   |                                     |                                   | , ,              |                | , , , , , , , , , , , , , , , , , , , |
| 11   |       | An organization organized a   | , ,  | vely to test for public sa                            | fety. See                           | section 50                        | <b>)9(a)(4).</b> |                |                                       |
| 12   |       | An organization organized a   | -  | •   | •                                   |                                   |                  | ry out the     | purposes of one or                    |
|      |       | more publicly supported or  |  | •   | -                                   |                                   |                  | •              |                                       |
|      |       | lines 12a through 12d that  |  |   |                                     |                                   |                  |                |                                       |
| а    |       | <b>Type I.</b> A supporting orga  | • •  |   |                                     | -                                 |                  | -              | aivina                                |
|      |       | the supported organization  |  | -   | • • • •                             | -                                 |                  |                |                                       |
|      |       | organization. You must c  |  |   | , ,                                 |                                   |                  |                | 11 5                                  |
| b    |       | <b>Type II.</b> A supporting org  | -  |   | tion with its                       | s supporte                        | ed organization  | (s). by hav    | vina                                  |
|      |       | control or management o   | -  |   |                                     |                                   | •                |                | •                                     |
|      |       | organization(s). You mus  |  |   |                                     |                                   | 5                |                |                                       |
| с    |       | Type III functionally inte  |  |   | in connect                          | tion with, a                      | and functionally | / integrate    | d with.                               |
|      |       | its supported organization  |  |   |                                     |                                   |                  | U U            | ,                                     |
| d    |       | Type III non-functionally   |  | -   |                                     |                                   |                  | ed organiz     | zation(s)                             |
|      |       | that is not functionally int  |  |   |                                     |                                   |                  | -              |                                       |
|      |       | requirement (see instructi  |  |   | •                                   |                                   | -                |                |                                       |
| е    |       | Check this box if the orga  | -  | -   |                                     |                                   |                  | . Type III     |                                       |
|      |       | functionally integrated, or   |  |   |                                     |                                   | <b>31 3</b>      | , <b>, , ,</b> |                                       |
| f    | Ente  | er the number of supported c  |  | ,               |                                     |                                   |                  |                |                                       |
| g    | Prov  | vide the following informatior  |  |   |                                     |                                   |                  |                |                                       |
|      | (     | i) Name of supported  | (ii) EIN   | (iii) Type of organization                            | (iv) Is the orga<br>in your governi | anization listed<br>ing document? | (v) Amount of    | monetary       | (vi) Amount of other                  |
|      |       | organization  |  | (described on lines 1-10<br>above (see instructions)) | Yes                                 | No                                | support (see ins | structions)    | support (see instructions)            |
|      |       |   |  |   |                                     |                                   |                  |                |                                       |
|      |       |   |  |   |                                     |                                   |                  |                |                                       |
|      |       |   |  |   |                                     |                                   |                  |                |                                       |
|      |       |   |  |   |                                     |                                   |                  |                |                                       |
|      |       |   |  |   |                                     |                                   |                  |                |                                       |
|      |       |   |  |   |                                     |                                   |                  |                |                                       |
|      |       |   |  |   |                                     |                                   |                  |                |                                       |
|      |       |   |  |   |                                     |                                   |                  |                |                                       |
|      |       |   |  |   |                                     |                                   |                  |                |                                       |
|      |       |   |  |   |                                     |                                   |                  |                |                                       |
| Tota | l     |   |  | _   |                                     |                                   |                  |                |                                       |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

## Schedule A (Form 990 or 990-EZ) 2019 VIRGINIA ACADEMY OF SCIENCE 54-6038 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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(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) 2015             | <b>(b)</b> 2016 | (c) 2017             | (d) 2018            | <b>(e)</b> 2019    | (f) Total                              |
|      | Gifts, grants, contributions, and            |                      |                 |                      |                     |                    |  |
|      | membership fees received. (Do not            |                      |                 |                      |                     |                    |  |
|      | include any "unusual grants.")               | 18,887.              | 392,640.        | 97,361.              | 70,089.             | 32,734.            | 611,711.                               |
| 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                 | 18,887.              | 392,640.        | 97,361.              | 70,089.             | 32,734.            | 611,711.                               |
|      | 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)                                   |                      |                 |                      |                     |                    |  |
| 6    | Public support. Subtract line 5 from line 4. |                      |                 |                      |                     |                    | 611,711.                               |
|      | ction B. Total Support                       |                      |                 |                      | I                   |                    |  |
|      | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2015      | <b>(b)</b> 2016 | (c) 2017             | (d) 2018            | <b>(e)</b> 2019    | (f) Total                              |
|      | Amounts from line 4                          | 18,887.              | 392,640.        | 97,361.              | 70,089.             | 32,734.            | 611,711.                               |
|      | Gross income from interest,                  |                      |                 |                      |                     |                    |  |
|      | dividends, payments received on              |                      |                 |                      |                     |                    |  |
|      | securities loans, rents, royalties,          |                      |                 |                      |                     |                    |  |
|      | and income from similar sources              | 72,982.              | 70,227.         | 131,935.             | 169,918.            | 136,103.           | 581,165.                               |
| 9    | Net income from unrelated business           | ,                    | •               |                      |                     |                    | <b>r</b>                               |
| •    | 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   | <b>Total support.</b> Add lines 7 through 10 |                      |                 |                      |                     |                    | 1192876.                               |
|      | Gross receipts from related activities,      | etc. (see instructio | uns)            |                      |                     | 12                 |  |
|      | First five years. If the Form 990 is for     |                      |                 | h fourth or fifth ta | x vear as a section |                    |  |
| .0   | organization, check this box and <b>stor</b> |                      |                 |                      |                     | 1001(0)(0)         |  |
| Sec  | ction C. Computation of Publi                | c Support Per        | centage         |                      |                     |                    |  |
|      | Public support percentage for 2019 (I        |                      |                 | olumn (f))           |                     | 14                 | 51.28 %                                |
|      | Public support percentage from 2018          |                      |                 |                      |                     | 15                 | 53.26 %                                |
|      | <b>33 1/3% support test - 2019.</b> If the c |                      |                 |                      |                     |                    |  |
|      | stop here. The organization qualifies        | -                    |                 |                      |                     |                    | • <b>v</b>                             |
| b    | <b>33 1/3% support test - 2018.</b> If the c |                      | -               |                      |                     |                    | ······································ |
| -    | and <b>stop here.</b> The organization qual  |                      |                 |                      |                     |                    |  |
| 17a  | 10% -facts-and-circumstances test            |                      | • •             |                      |                     |                    |  |
|      | and if the organization meets the "fac       |                      |                 |                      |                     |                    |  |
|      | meets the "facts-and-circumstances"          |                      |                 | -                    | -                   | t vi now the organ |  |
| Ь    | 10% -facts-and-circumstances test            | -                    |                 | • • •                | -                   |                    |  |
| N    | more, and if the organization meets th       |                      |                 |                      |                     |                    |  |
|      | organization meets the "facts-and-circ       |                      |                 |                      |                     |                    | ´<br>▶□                                |
| 18   | Private foundation. If the organization      |                      |                 | -                    |                     |                    |  |
| 10   | i mate roundation. If the organizatio        |                      |                 | a, 100, 17a, 01 17b  |                     | dule A (Form 990   |  |

Schedule A (Form 990 or 990-EZ) 2019

### Schedule A (Form 990 or 990-EZ) 2019 VIRGINIA ACADEMY OF SCIENCE 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.)

| Sec   | ction A. Public Support  |                           |                       |                         | _                   | _               |                       |
|-------|--|---------------------------|-----------------------|-------------------------|---------------------|-----------------|-----------------------|
| Cale  | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015           | <b>(b)</b> 2016       | (c) 2017                | (d) 2018            | (e) 2019        | (f) Total             |
| 1     | Gifts, grants, contributions, and  |                           |                       |                         |                     |                 |                       |
|       | membership fees received. (Do not  |                           |                       |                         |                     |                 |                       |
|       | include any "unusual grants.")   |                           |                       |                         |                     |                 |                       |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                           |                       |                         |                     |                 |                       |
| 3     | Gross receipts from activities that  |                           |                       |                         |                     |                 |                       |
|       | are not an unrelated trade or bus-<br>iness under section 513  |                           |                       |                         |                     |                 |                       |
| 4     | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                           |                       |                         |                     |                 |                       |
| 5     | The value of services or facilities  |                           |                       |                         |                     |                 | ·                     |
|       | furnished by a governmental unit to<br>the organization without charge   |                           |                       |                         |                     |                 |                       |
| 6     | Total. Add lines 1 through 5   |                           |                       |                         |                     |                 |                       |
|       | Amounts included on lines 1, 2, and  |                           |                       |                         |                     |                 |                       |
|       | 3 received from disqualified persons   |                           |                       |                         |                     |                 |                       |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                           |                       |                         |                     |                 |                       |
| c     | Add lines 7a and 7b  |                           |                       |                         |                     |                 |                       |
|       | Public support. (Subtract line 7c from line 6.)  |                           |                       |                         |                     |                 |                       |
| Sec   | ction B. Total Support   |                           |                       |                         |                     |                 |                       |
| Cale  | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015           | <b>(b)</b> 2016       | (c) 2017                | (d) 2018            | (e) 2019        | (f) Total             |
| 9     | Amounts from line 6  |                           |                       |                         |                     |                 |                       |
| 10a   | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                           |                       |                         |                     |                 |                       |
| b     | Unrelated business taxable income  |                           |                       |                         |                     |                 |                       |
|       | (less section 511 taxes) from businesses acquired after June 30, 1975  |                           |                       |                         |                     |                 |                       |
|       | Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on                          |                           |                       |                         |                     |                 |                       |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                           |                       |                         |                     |                 |                       |
| 13    | Total support. (Add lines 9, 10c, 11, and 12.)   |                           |                       |                         |                     |                 |                       |
| 14    | First five years. If the Form 990 is for   | the organization'         | s first, second, thir | rd, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) org | anization,            |
| _     | check this box and stop here   |                           |                       |                         |                     |                 |                       |
| Sec   | ction C. Computation of Public   | Support Per               | rcentage              |                         |                     |                 |                       |
| 15    | Public support percentage for 2019 (lin  | ne 8, column (f), c       | divided by line 13,   | column (f))             |                     | 15              | %                     |
|       | Public support percentage from 2018  |                           |                       |                         |                     | 16              | %                     |
|       | ction D. Computation of Invest   |                           | -                     |                         |                     |                 |                       |
| 17    | Investment income percentage for 20  | <b>19</b> (line 10c, colu | mn (f), divided by I  | ine 13, column (f))     |                     | 17              | %                     |
|       | Investment income percentage from 2  |                           |                       |                         |                     | 18              | %                     |
| 19a   | 33 1/3% support tests - 2019. If the   |                           |                       |                         |                     |                 |                       |
|       | more than 33 1/3%, check this box an   |                           |                       |                         |                     |                 | ▶∟                    |
| b     | 33 1/3% support tests - 2018. If the   |                           |                       |                         |                     |                 |                       |
|       | line 18 is not more than 33 1/3%, chec   |                           |                       |                         |                     |                 | tion▶                 |
| 20    | Private foundation. If the organization  | <u>ו did not check a</u>  | box on line 14, 19    | a, or 19b, check tl     |                     |                 | ▶∟                    |
| 93202 | 23 09-25-19  |                           |                       |                         | Sch                 | edule A (Form   | n 990 or 990-EZ) 2019 |

#### Schedule A (Form 990 or 990 EZ) 2019 VIRGINIA ACADEMY OF SCIENCE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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## Schedule A (Form 990 or 990 EZ) 2019 VIRGINIA ACADEMY OF SCIENCE Part IV Supporting Organizations (continued)

|     |   |          | Yes | No |
|-----|---|----------|-----|----|
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |          |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                      |          |     |    |
|     | below, the governing body of a supported organization?  | 11a      |     |    |
| b   | A family member of a person described in (a) above?   | 11b      |     |    |
|     | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.             | 11c      |     |    |
|     | tion B. Type I Supporting Organizations   |          |     |    |
|     |   |          | Yes | No |
| 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to                               | _        |     |    |
|     | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the                |          |     |    |
|     | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or              |          |     |    |
|     | controlled the organization's activities. If the organization had more than one supported organization,                           |          |     |    |
|     | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                         |          |     |    |
|     | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                            | 1        |     |    |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported                               | _        |     |    |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                        |          |     |    |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                       |          |     |    |
|     | supervised, or controlled the supporting organization.  | 2        |     |    |
| Sec | stion C. Type II Supporting Organizations   |          |     |    |
|     |   |          | Yes | No |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                  |          |     |    |
| -   | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control              |          |     |    |
|     | or management of the supporting organization was vested in the same persons that controlled or managed                            |          |     |    |
|     | the supported organization(s).  | 1        |     |    |
| Sec | tion D. All Type III Supporting Organizations   |          |     |    |
|     |   |          | Yes | No |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                    |          |     |    |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax             |          |     |    |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the            |          |     |    |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?                  | 1        |     |    |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                  |          |     |    |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how                |          |     |    |
|     | the organization maintained a close and continuous working relationship with the supported organization(s).                       | 2        |     |    |
| 3   | By reason of the relationship described in (2), did the organization's supported organizations have a                             |          |     |    |
|     | significant voice in the organization's investment policies and in directing the use of the organization's                        |          |     |    |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                      |          |     |    |
|     | supported organizations played in this regard.  | 3        |     |    |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations   |          |     |    |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). |          |     |    |
| а   | The organization satisfied the Activities Test. Complete line 2 below.  |          |     |    |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.                                     |          |     |    |
| с   | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr            | uctions) | -   |    |
| 2   | Activities Test. Answer (a) and (b) below.  | ,        | Yes | No |
| а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of                |          |     |    |
|     | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                        |          |     |    |
|     | those supported organizations and explain how these activities directly furthered their exempt purposes,                          |          |     |    |
|     | how the organization was responsive to those supported organizations, and how the organization determined                         |          |     |    |
|     | that these activities constituted substantially all of its activities.  | 2a       |     |    |
| b   | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more               |          |     |    |
|     | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                      |          |     |    |
|     | reasons for the organization's position that its supported organization(s) would have engaged in these                            |          |     |    |
|     | activities but for the organization's involvement.  | 2b       |     |    |
| 3   | Parent of Supported Organizations. Answer (a) and (b) below.  |          |     |    |
| а   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                       |          |     |    |
|     | trustees of each of the supported organizations? Provide details in Part VI.  | 3a       |     |    |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each               |          |     |    |
| _   | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.                 | 3b       |     |    |
|     |   |          |     |    |

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

|        | (Form 990 or 990-EZ) 2019 |                |              |        |                 |         |
|--------|---------------------------|----------------|--------------|--------|-----------------|---------|
| Part V | Type III Non-Functio      | onally Integra | ted 509(a)(3 | ) Supp | porting Organia | zations |

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

| Sect | ion A - Adjusted Net Income  |              | (A) Prior Year             | (B) Current Year<br>(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<br>(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 <b>Part VI</b> ):                                |              |                            |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                   | 2            |                            |                                |
| 3    | Subtract line 2 from line 1d.  | 3            |                            |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,   |              |                            |                                |
|      | see instructions).   | 4            |                            |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)               | 5            |                            |                                |
| 6    | Multiply line 5 by .035.   | 6            |                            |                                |
| 7    | Recoveries of prior-year distributions   | 7            |                            |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                    | 8            |                            |                                |
| Sect | ion C - Distributable Amount   |              |                            | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1            |                            |                                |
| 2    | Enter 85% of line 1.   | 2            |                            |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3            |                            |                                |
| 4    | Enter greater of line 2 or line 3.   | 4            |                            |                                |
| 5    | Income tax imposed in prior year   | 5            |                            |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to           |              |                            |                                |
|      | emergency temporary reduction (see instructions).                              | 6            |                            |                                |
| 7    | Check here if the current year is the organization's first as a non-functional | v integrated | d Type III supporting orga | nization (see                  |

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

#### Schedule A (Form 990 or 990-EZ) 2019 VIRGINIA ACADEMY OF SCIENCE

| Pa   | rt V   Type III Non-Functionally Integrated 509(                | (a)(3) Supporting Orga        | nizations (continued)          |                                  |
|------|---|-------------------------------|--------------------------------|----------------------------------|
| Sect | ion D - Distributions   |                               | · · · ·                        | Current Year                     |
| _1   | Amounts paid to supported organizations to accomplish exer      | mpt purposes                  |                                |                                  |
| 2    | Amounts paid to perform activity that directly furthers exemp   |                               |                                |                                  |
|      | organizations, in excess of income from activity                |                               |                                |                                  |
| 3    | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 3                              |                                  |
| 4    | Amounts paid to acquire exempt-use assets                       |                               |                                |                                  |
| 5    | Qualified set-aside amounts (prior IRS approval required)       |                               |                                |                                  |
| 6    | Other distributions (describe in Part VI). See instructions.    |                               |                                |                                  |
| 7    | Total annual distributions. Add lines 1 through 6.              |                               |                                |                                  |
| 8    | Distributions to attentive supported organizations to which the | ne organization is responsive |                                |                                  |
|      | (provide details in <b>Part VI</b> ). See instructions.         |                               |                                |                                  |
| 9    | Distributable amount for 2019 from Section C, line 6            |                               |                                |                                  |
| 10   | Line 8 amount divided by line 9 amount                          |                               |                                |                                  |
|      |   | (i)                           | (ii)                           | (iii)                            |
| Sect | ion E - Distribution Allocations (see instructions)             | Excess Distributions          | Underdistributions<br>Pre-2019 | Distributable<br>Amount for 2019 |
| 1    | Distributable amount for 2019 from Section C, line 6            |                               |                                |                                  |
| 2    | Underdistributions, if any, for years prior to 2019 (reason-    |                               |                                |                                  |
|      | able cause required- explain in Part VI). See instructions.     |                               |                                |                                  |
| 3    | Excess distributions carryover, if any, to 2019                 |                               |                                |                                  |
| a    | From 2014   |                               |                                |                                  |
| b    | From 2015   |                               |                                |                                  |
| C    | From 2016   |                               |                                |                                  |
| d    | From 2017   |                               |                                |                                  |
| e    | From 2018   |                               |                                |                                  |
| f    | Total of lines 3a through e                                     |                               |                                |                                  |
| g    | Applied to underdistributions of prior years                    |                               |                                |                                  |
| h    | Applied to 2019 distributable amount                            |                               |                                |                                  |
| i    | Carryover from 2014 not applied (see instructions)              |                               |                                |                                  |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from 3f.               |                               |                                |                                  |
| 4    | Distributions for 2019 from Section D,                          |                               |                                |                                  |
|      | line 7: \$  |                               |                                |                                  |
| а    | Applied to underdistributions of prior years                    |                               |                                |                                  |
| b    | Applied to 2019 distributable amount                            |                               |                                |                                  |
| с    | Remainder. Subtract lines 4a and 4b from 4.                     |                               |                                |                                  |
| 5    | Remaining underdistributions for years prior to 2019, if        |                               |                                |                                  |
|      | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |                                |                                  |
|      | than zero, explain in <b>Part VI.</b> See instructions.         |                               |                                |                                  |
| 6    | Remaining underdistributions for 2019. Subtract lines 3h        |                               |                                |                                  |
|      | and 4b from line 1. For result greater than zero, explain in    |                               |                                |                                  |
|      | Part VI. See instructions.                                      |                               |                                |                                  |
| 7    | Excess distributions carryover to 2020. Add lines 3j            |                               |                                |                                  |
|      | and 4c.   |                               |                                |                                  |
| 8    | Breakdown of line 7:  |                               |                                |                                  |
|      | Excess from 2015  |                               |                                |                                  |
| -    | Excess from 2016  |                               |                                |                                  |
|      | Excess from 2017  |                               |                                |                                  |
| -    | Excess from 2018  |                               |                                |                                  |
| -    | Excess from 2019  |                               |                                |                                  |

Schedule A (Form 990 or 990-EZ) 2019

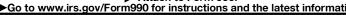
| Schedule A | (Form 990 or 990-EZ) 2019 VIRGINIA ACADEMY OF SCIENCE  | 54-6038285 Page 8  |
|------------|--|--|
| Part VI    | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.) | a or 17b; Part III, line 12;<br>is 1 and 2; Part IV, Section C,<br>rt V, Section B, line 1e; Part V, |
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| SCHEDULE D | ) |
|------------|---|
|------------|---|

Department of the Treasury Internal Revenue Service

| (Form 9 | 90) |
|---------|-----|
|---------|-----|

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Employer identification number

54-6038285

Name of the organization

#### VIRGINIA ACADEMY OF SCIENCE

| Par | rt I Organizations Maintaining Donor Advise  | ed Funds or Other Similar Funds or                | Accounts. Complete if the           |
|-----|--|---|-------------------------------------|
|     | organization answered "Yes" on Form 990, Part IV, li   | ne 6.   |                                     |
|     |  | (a) Donor advised funds                           | (b) Funds and other accounts        |
| 1   | Total number at end of year  |   |                                     |
| 2   | Aggregate value of contributions to (during year)  |   |                                     |
| 3   | Aggregate value of grants from (during year)   |   |                                     |
| 4   | Aggregate value at end of year   |   |                                     |
| 5   | Did the organization inform all donors and donor advisors in   | writing that the assets held in donor advised     | funds                               |
|     | are the organization's property, subject to the organization's   | s exclusive legal control?                        | Yes 🗌 No                            |
| 6   | Did the organization inform all grantees, donors, and donor  | advisors in writing that grant funds can be use   | ed only                             |
|     | for charitable purposes and not for the benefit of the donor   | or donor advisor, or for any other purpose cor    | nferring                            |
|     |  |   |                                     |
| Par | rt II Conservation Easements. Complete if the o  | rganization answered "Yes" on Form 990, Pa        | rt IV, line 7.                      |
| 1   | Purpose(s) of conservation easements held by the organizat   | tion (check all that apply).                      |                                     |
|     | Preservation of land for public use (for example, recre  | ation or education)                               | historically important land area    |
|     | Protection of natural habitat  | Preservation of a                                 | certified historic structure        |
|     | Preservation of open space   |   |                                     |
| 2   | Complete lines 2a through 2d if the organization held a qual   | lified conservation contribution in the form of a | a conservation easement on the last |
|     | day of the tax year.   |   | Held at the End of the Tax Year     |
| а   | Total number of conservation easements   |   |                                     |
|     | <b>c</b>   |   |                                     |
|     | Number of conservation easements on a certified historic st  |   |                                     |
| d   | Number of conservation easements included in (c) acquired  |   |                                     |
|     | listed in the National Register  |   |                                     |
| 3   | Number of conservation easements modified, transferred, re   | eleased, extinguished, or terminated by the or    | ganization during the tax           |
|     | year 🕨   |   |                                     |
| 4   | Number of states where property subject to conservation ea   |   |                                     |
| 5   | Does the organization have a written policy regarding the pe   |   |                                     |
|     | violations, and enforcement of the conservation easements  |   |                                     |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting  | i, handling of violations, and enforcing conserv  | vation easements during the year    |
| _   |  |   |                                     |
| 7   | Amount of expenses incurred in monitoring, inspecting, han   | idling of violations, and enforcing conservation  | n easements during the year         |
| •   |  |   |                                     |
| 8   | Does each conservation easement reported on line 2(d) abo  |   |                                     |
| •   | and section 170(h)(4)(B)(ii)?  |   |                                     |
| 9   | In Part XIII, describe how the organization reports conservat  |   |                                     |
|     | balance sheet, and include, if applicable, the text of the foot<br>organization's accounting for conservation easements. | mote to the organization's infancial statement    | s that describes the                |
| Par | rt III Organizations Maintaining Collections of  | of Art. Historical Treasures, or Othe             | er Similar Assets.                  |
|     | Complete if the organization answered "Yes" on Forr  |   |                                     |
|     | If the organization elected, as permitted under FASB ASC 9   |   | balance sheet works                 |
|     | of art, historical treasures, or other similar assets held for pu  | · ·   |                                     |
|     | service, provide in Part XIII the text of the footnote to its fina   | · · ·   |                                     |
| b   | If the organization elected, as permitted under FASB ASC 9   |   | ance sheet works of                 |
| ~   | art, historical treasures, or other similar assets held for public   |   |                                     |
|     | provide the following amounts relating to these items:   |   | ,                                   |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |   | ▶ \$                                |
|     |  |   | <b>N A</b>                          |
| 2   | If the organization received or held works of art, historical tr   |   | ······ · · ·                        |
| -   | the following amounts required to be reported under FASB   | · · · ·   | · ·                                 |
| а   | Revenue included on Form 990, Part VIII, line 1  | -   | ▶ \$                                |
|     | Assets included in Form 990, Part X  |   |                                     |
|     | For Paperwork Reduction Act Notice, see the Instruction  |   | Schedule D (Form 990) 2019          |
|     | 1 10-02-19   |   | . ,                                 |

| Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contraced)         a Using the organization's accussion, and other records, check any of the following that make significant use of its collection times (check all that apply):       a Public schematics         a Public schematics       a Generation's accussion, and other records, check any of the following that make significant use of its collection times (check all that apply):       a Public schematics         b Schematy research       e       Other         c Dynamic schematics       e Control time (check all that apply):       e         c Dynamic schematics       e Control time (check all that apply):       e       No         c Dynamic schematics       e Control time (check all that apply):       e       No         c Dynamic schematics       e Control time (check all that apply):       e       No         c Dynamic schematics       e Control time (check all that apply):       No       No         c Dynamic schematics       e Control time (check all that apply):       No       No       No         c Dynamic schematics       e Control time (check all that apply):       No       No       No         c Dynamic schematics       e Control time (check all that apply):       No       No       No         c Dynamic schematics       e Control tititititititititititititititititititi  | <u>Sche</u> |   | A ACADEMY               |             |                     |                 |             |           | 54-60      |           |         | age <b>2</b>     |
|--|-------------|---|-------------------------|-------------|---------------------|-----------------|-------------|-----------|------------|-----------|---------|------------------|
| collection terms (check all that apply): <ul> <li>Collection terms (check all that apply):</li> <li>Scholarly research</li> <li>Other</li></ul>  | Par         | t III   Organizations Maintaining C                   | ollections of Ar        | t, Histo    | orical Tre          | asures, or      | Other S     | Simila    | r Assets   | (contin   | ued)    |                  |
| a Public schulttion delta view of the organization is collections and explain how they further the organization's exempt purpose in Part XIII.  4 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization societ or receive donations of art, historical treasures, or other similar assets to be soft or raise funds; rather than to be maintained as part of the organization's collection?  4 Provide a description of the organization societ or receive donations of art, historical treasures, or other similar assets to be soft or raise funds; rather than to be maintained as part of the organization's collection?  4 Provide a description or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  5 Beginning balance  4 Additions outing the year  5 Beginning balance  4 Additions outing the year  5 Beginning balance  5 Beginning balance  6 Additions outing the year  5 Beginning balance  5 Beginning balance  6 Additions outing the year  5 Beginning balance  6 Additions outing the year  5 Beginning balance  6 Additions  6 Det H*Ves* explain the arrangement in Part XIII and complete the following table:  7 The set of part the part of the organization answered "Yes" on Form 990, Part X, line 10.  7 Bert VI Endowment FLUGS. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  7 Bert VI Endowment FLUGS. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  7 Bert I Endowment FLUGS. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  7 Bert VI Endowment FLUGS. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  7 Bert I Vester elemangs, galas, and losses 7 Berd degraphical or quasi endowment  5 S 7 The porcentage on lines 2, 2b, and 2c should equal 100%.  7 Addition or addition and work the related organization size data engliced on or the organization 7 Berd degraphica or quasi endowment | 3           | Using the organization's acquisition, accessi         | on, and other record    | s, check    | any of the f        | ollowing that n | nake sign   | ificant ι | use of its |           |         |                  |
| b       Scholarly research       e       Other         c       Preservation for future generations       Provide a description of the organization scillections and explain how they further the organization science of art with the organization science of art with a set to be solid to raise funds artist than to be maintained as part of the organization answered 'Yes' on Form 990, Part XII.         Part U       Escrow and CutStoCial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part XI. Ine 21.         Ta Is the organization and perturbation or other intermediary for contributions or other assets not included on Form 990, Part XI. Ine 21.       Yes.         c       Beginning balance       Amount         c       Beginning balance       Amount         d       Distributions during the year       1d         d       Distributions during the year       1d <tr< th=""><th></th><th>collection items (check all that apply):</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr<>  |             | collection items (check all that apply):              |                         |             |                     |                 |             |           |            |           |         |                  |
| C Preservation for future generations     Forkide a description of the organization's collections and explain how they further the organization's evennpt purpose in Part XIII.     During the year, did the organization's collections and explain how they further the organization's evennpt purpose in Part XIII.     During the year, did the organization solution or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9.     Prest V Encover and Custodial Arrangements. Compute if the organization answered "Yes" on Form 990, Part X, line 9.     For the set of the organization or other intermediary for contributions or other assets not included     on Form 990, Part X 2     If 'yes," explain the arrangement in Part XIII and complete the following table: <b>1 1</b>   | а           | Public exhibition                                     | c                       | 1 🛄 L       | _oan or exc         | hange program   | า           |           |            |           |         |                  |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solic receive donations of art, historical ressures, or other similar assets     to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or     responde an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization and explain the arrangement in Part XIII and complete the following table:         C Beginning balance         C Beginning balance         C Amount         (e         C Additions during the year         (e         C Beginning balance         (e) Distributions during the year         (e) Control the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         (ves explain the arrangement in Part XIII. Check here if the organization naswered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?         (e) Four years back         (f) Four years back         (f) Foury years back         (f) Foury years back         (f) Foury years back         (f) Foury years balance         (f) Administry expenses         (f) Administry ex     | b           | Scholarly research                                    | e                       | , 🗌 (       | Other               |                 |             |           |            |           |         |                  |
| 5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       No         Part IV       Escorow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an anount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         18       She organization and service status       Ves       No         19       She organization and service status       Ives       No         10       It organization and service status       Ives       No         10       It organization and service status       Ives       No         11       It organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       Ves       No         11       It organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       Ves       No         12       Bid the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       Ves       No         14       Endowment FundS.       Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Ives or form 990, Part X, line 21, for secrow or custodial account liability?       Ves       No         14       Begrinning of   | с           | Preservation for future generations                   |                         |             |                     |                 |             |           |            |           |         |                  |
| tops sold to raise funds rather than to be maintained as part of the organization scelection?       Yes       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X       No.         19       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X       No.       No.         10       Is diductions during the year       14       Is diductions during the year       14         20       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No.         Part V       Enclowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10.       Interves, "spillan the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Interves, and the organization include an amount on Form 990, Part V, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two yars back       (d) Three years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two yars back       (d) Three years back         1a       Administrative exponetizes for facilities an  | 4           | Provide a description of the organization's co        | ollections and explair  | n how the   | ey further th       | e organization  | 's exemp    | t purpos  | se in Part | XIII.     |         |                  |
| Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP.       Ves       No         b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Image: Complete the followin   | 5           | During the year, did the organization solicit of      | or receive donations of | of art, his | torical treas       | sures, or other | similar as  | sets      |            | _         |         | _                |
| reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included<br>on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete the following table:       Image: Complete the following table:       Image: Complete the following table:         c       Beginning balance       Image: Complete the following table:       Image: Complete the following table:       Image: Complete the following table:         d       Additions during the year       Image: Complete the following table:       Image: Complete the following table:       Image: Complete the complete the explanation has been provided on Part XIII.       Image: Complete the complete the explanation has been provided on Part XIII.       Image: Complete the complete the explanation has been provided on Part XIII.       Image: Complete the complete the explanation has been provided on Part XIII.       Image: Complete the complete the explanation has been provided on Part XIII.       Image: Complete the complete the explanation has been provided on Part XIII.       Image: Complete table:       Image: Complete tabl   |             |   |                         |             |                     |                 |             |           |            |           |         | No               |
| 1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included<br>on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediate interm   | Par         |   |                         | ete if the  | organizatio         | n answered "Y   | es" on Fo   | orm 990   | , Part IV, | ine 9, or |         |                  |
| on Form 990, Part X7   |             |   |                         |             |                     |                 |             |           |            |           |         |                  |
| b If 'Yes,' explain the arrangement in Part XIII and complete the following table:            Beginning balance  | 1a          |   |                         | •           |                     |                 |             |           |            | -         |         | -                |
| c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       ft "Yes," explain the arrangement in Part XIII. Check here if the explanation nawseed "Yes" on Form 990, Part X, line 10.       Image: State St   |             |   |                         |             |                     |                 |             |           | L          | Yes       |         | _ No             |
| c       Beginning balance       1c         id       id         id  | b           | If "Yes," explain the arrangement in Part XIII        | and complete the fo     | llowing ta  | able:               |                 |             |           |            |           |         |                  |
| d Additions during the year       id         e Distributions during the year       id         f Ending balance       if         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the explanation answered 'Yes' on Form 990, Part V, line 10.         e Onthributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance   |             |   |                         |             |                     |                 |             |           |            | Amount    |         |                  |
| e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization naswered "Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment enamings, gains, and losses       (a) Current year end balance       (a) Current year end balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a)   |             |   |                         |             |                     |                 |             |           |            |           |         |                  |
| f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       f**es* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Not investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g       End of year balance       (a) Current year end balance (line 1g, column (a) held as:       Board designated or quasi-endowment >  |             |   |                         |             |                     |                 |             |           |            |           |         |                  |
| 2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Other expenditures for facilities       and programs       (a) Current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶       %         7       Form endowment ▶       %       %       Fermendowment ↓       %       Seconda       Seconda       Seconda       Seconda       Seconda       Seconda       Seconda       Seconda       Sec   | e           |   |                         |             |                     |                 |             |           |            |           |         |                  |
| b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c)       (c) Two years       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c)       (c) Two years       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c)       (c)       (c)       (c)       (c)         e       Other expenditures for facilities       (c)       (c)       (c)       (c)       (c)         g       End of year balance       (c)       (c)       (c)       (c)       (c)       (c)         g       Ford designated or quasiendowment       (c)       (c) <th>T<br/>0-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th><u> </u></th> <th></th> <th><b>V</b></th> <th></th> <th></th>  | T<br>0-     |   |                         |             |                     |                 |             | <u> </u>  |            | <b>V</b>  |         |                  |
| Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back         c       Other expenditures for facilities       (c) Two years back       (c) Two years back         of ther expenditures for facilities       (c) Other expenditures for facilities       (c) Other expenditures for facilities         and programs       (c) Other expenditures for facilities       (c) Other expenditures for facilities         and programs       (c) Other back       (c) Other back         f       Addministrative expenses       (c) Other back       (c) Other back         g       End of year balance       (c) Courtent year end balance (line 1g, column (a)) held as:       (c) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasizendowment       (c) Sot or ther       (c) Other applet   |             | -   |                         |             |                     |                 |             | ·         | ∟          | lites     |         | <b>טאו</b> [<br> |
| (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance   |             |   |                         |             |                     |                 |             |           |            |           |         | <u></u>          |
| 1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs  | . ai        |   |                         |             |                     |                 |             | Three     | ware back  |           | Veare   | hack             |
| b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   i i<   | 10          | Reginning of year balance                             | (a) Ourient year        |             | nor year            |                 |             | THICC y   |            | (e) i oui | ycars   | Dack             |
| c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs   |             |   |                         |             |                     |                 |             |           |            |           |         |                  |
| d Grants or scholarships   | c<br>c      |   |                         |             |                     |                 |             |           |            |           |         |                  |
| e Other expenditures for facilities<br>and programs  | d<br>d      |   |                         |             |                     |                 |             |           |            |           |         |                  |
| and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c Term endowment Iunds not in the possession of the organization that are held and administered for the organization by:   (i) Unrelated organizations   (ii) Related organizations   y   b If "Yes" on line 3a(ii), are the related organization sited as required on Schedule R?   4 Describe in Part XII the intended uses of the organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c Leasehold improvements   c Leasehold improvements   d Equipment   c Leasehold improvements   d Equipment   c Leasehold inprovements  | e           |   |                         |             |                     |                 |             |           |            |           |         |                  |
| f       Administrative expenses  | Ū           |   |                         |             |                     |                 |             |           |            |           |         |                  |
| g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶%   c Term endowment ▶%   c Term endowment ▶%   c Term endowment ▶%   ii) Percentages on lines 2a, 2b, and 2c should equal 100%.   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i) Unrelated organizations   (ii) Related organizations   (iii) Related organizations   3a(ii)3bi   2 Describe in Part XIII the intended uses of the organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c Leasehold improvements   c Leasehold improvements   d Equipment   quipment   7,088, 7,088, 0.   e Other   366, 366, 0.  | f           |   |                         |             |                     |                 |             |           |            |           |         |                  |
| 2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment ▶%         (i)       Unrelated organizations   |             |   |                         |             |                     |                 |             |           |            |           |         |                  |
| a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li></ul>   |             | ,   | rent vear end balance   | e (line 1a  | . column (a)        | ) held as:      |             |           |            |           |         |                  |
| b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:      %         (i)       Unrelated organizations      %       3a(i)      %         (ii)       Related organizations      %       3a(i)      %         ii)       Related organizations      %       3b      %         4       Describe in Part XIII the intended uses of the organization's endowment funds.      %      %         Part VI       Land, Buildings, and Equipment.   | a           |   |                         |             | , · - · · · · · (-) | ,               |             |           |            |           |         |                  |
| The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(f) 0.088.</li> <li>(g) Cost or other</li> <li>(g) Cost or 0.</li>             &lt;</ul>   | b           | - · ·   |                         |             |                     |                 |             |           |            |           |         |                  |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) Unrelated organizations       3a(i)       istick   | с           | Term endowment  | %                       |             |                     |                 |             |           |            |           |         |                  |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) Unrelated organizations       3a(i)       istick   |             | The percentages on lines 2a, 2b, and 2c sho           | uld equal 100%.         |             |                     |                 |             |           |            |           |         |                  |
| (i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       5         c       Leasehold improvements       5         d       Equipment       7,088.       7,088.         e       Other       366.       366.       0.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.)       0.   | 3a          |   |                         | ation that  | are held ar         | nd administered | d for the o | organiza  | ation      | -         |         |                  |
| (ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land   |             | by:   |                         |             |                     |                 |             |           |            |           | Yes     | No               |
| (ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land   |             | (i) Unrelated organizations                           |                         |             |                     |                 |             |           |            | 3a(i)     |         |                  |
| b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land  |             |   |                         |             |                     |                 |             |           |            | 3a(ii)    |         |                  |
| Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other<br>basis (investment)       (b) Cost or other<br>basis (other)       (c) Accumulated<br>depreciation       (d) Book value         1a       Land   | b           | If "Yes" on line 3a(ii), are the related organization | ations listed as requir | red on Sc   | hedule R?           |                 |             |           |            | 3b        |         |                  |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land   | 4           |   |                         | wment fu    | unds.               |                 |             |           |            |           |         |                  |
| Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land  | Par         | t VI _ Land, Buildings, and Equipm                    | ient.                   |             |                     |                 |             |           |            |           |         |                  |
| basis (investment)       basis (other)       depreciation         1a Land  |             | Complete if the organization answere                  | d "Yes" on Form 990     | ), Part IV, | , line 11a. S       | ee Form 990, F  | Part X, lin | e 10.     |            |           |         |                  |
| b Buildings  |             | Description of property                               |                         |             | • •                 |                 |             |           | ed         | (d) Bool  | < value | e                |
| b Buildings  | 1a          | Land  |                         |             |                     |                 |             |           |            |           |         |                  |
| c Leasehold improvements       7,088.       7,088.       0.         d Equipment       7,088.       7,088.       0.         e Other       366.       366.       0.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)       0.   | -           |   |                         |             |                     |                 |             |           |            |           |         |                  |
| d Equipment         7,088.         7,088.         0.           e Other         366.         366.         0.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)         ▶         0.   | с           |   |                         |             |                     |                 |             |           |            |           |         |                  |
| e Other         366.         0.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)         ▶         0.   |             |   |                         |             |                     |                 |             |           |            |           |         |                  |
|  | e           | Other   |                         |             |                     | 366.            |             | 30        | 56.        |           |         |                  |
|  | <u>Tota</u> | . Add lines 1a through 1e. (Column (d) must e         | equal Form 990. Part    | X. colum    | n (B). line 1       | 0c.)            |             |           |            |           |         |                  |

Schedule D (Form 990) 2019

|   | ADEMY OF SCIEN               | <u>NCE 54–</u>                              | 6038285 Page 3       |
|---|------------------------------|---|----------------------|
| Part VII Investments - Other Securities.  |                              |   |                      |
| Complete if the organization answered "Yes"   | on Form 990, Part IV, line 1 | 11b. See Form 990, Part X, line 12.         |                      |
| (a) Description of security or category (including name of security)                            | (b) Book value               | (c) Method of valuation: Cost or end-       | of-year market value |
| (1) Financial derivatives   |                              |   |                      |
| (2) Closely held equity interests   |                              |   |                      |
| (3) Other   |                              |   |                      |
| (A) VAS-GENERAL FUND  |                              |   |                      |
| (B) INVESTMENTS   | 1,985,549.                   | END-OF-YEAR MARKET                          | VALUE                |
| (C) JR. ACADEMY   |                              |   |                      |
| (D) ENDOWMENT-GENERAL FUND  |                              |   |                      |
| (E) INVESTMENTS   | 261,852.                     | END-OF-YEAR MARKET                          | VALUE                |
| (F) RESEARCH FUND INVESTMENTS   | 330,571.                     | END-OF-YEAR MARKET                          |                      |
| (G) BETHEL HIGH SCHOOL  | 550,5710                     |   | <u> </u>             |
| (H) INVESTMENTS   | 28,886.                      | END-OF-YEAR MARKET                          |                      |
|   | 2,606,858.                   | END-OF-TEAK MARKET                          | VADOR                |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                                | 2,000,050.                   |   |                      |
|   |                              |   |                      |
| Complete if the organization answered "Yes"<br>(a) Description of investment                    |                              |   |                      |
|   | (b) Book value               | (c) Method of valuation: Cost or end-o      | or-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 1 | 11d. See Form 990, Part X, line 15.         |                      |
| (a)   | Description                  |   | (b) Book value       |
| (1)   |                              |   |                      |
| (2)   |                              |   |                      |
| (3)   |                              |   |                      |
| (4)   |                              |   |                      |
| (5)   |                              |   |                      |
| (6)   |                              |   |                      |
| (7)   |                              |   |                      |
| (8)   |                              |   |                      |
| (9)   |                              |   |                      |
|   | 45)                          | <b>&gt;</b>                                 |                      |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line<br>Part X Other Liabilities.      | <u>(5.)</u>                  |   |                      |
|   | on Form QQQ Dort IV line 1   | 110 or 11f Soo Form 000 Dort V line OF      |                      |
| Complete if the organization answered "Yes" (<br><b>1</b> ( <b>a</b> ) Description of liability | on Form 990, Part IV, line 1 | 116 0F FTT. See FOTTI 990, Part X, IINE 25. | (b) Book value       |
| <u> </u>  |                              |   | (D) DOOK VAIUE       |
| (1) Federal income taxes  |                              |   |                      |
| (2)   |                              |   |                      |
| (3)   |                              |   |                      |
| (4)   |                              |   |                      |
| (5)   |                              |   |                      |
| (6)   |                              |   |                      |
| (7)   |                              |   |                      |
|   |                              |   |                      |
| (8)   |                              |   |                      |
| (8)<br>(9)  |                              |   |                      |
|   | 25.)                         |   |                      |
| (9)   | ,                            |   | it reports the       |

VIRGINIA ACADEMY OF SCIENCE

Schedule D (Form 990) 2019

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| Sche | dule D (Form 990) 2019 VIRGINIA ACADEMY OF SCIENC                                | E              | 54-6038285 Page 4 |
|------|--|----------------|-------------------|
| Par  | t XI Reconciliation of Revenue per Audited Financial Stateme                     | nts With Rever | ue per Return.    |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |                |                   |
| 1    | Total revenue, gains, and other support per audited financial statements         |                |                   |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |                |                   |
| а    | Net unrealized gains (losses) on investments                                     | 2a             |                   |
| b    | Donated services and use of facilities   | 2b             |                   |
| с    | Recoveries of prior year grants  |                |                   |
| d    | Other (Describe in Part XIII.)   | _2d            |                   |
| е    | Add lines 2a through 2d  |                | 2e                |
| 3    | Subtract line 2e from line 1   |                |                   |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |                |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a             |                   |
| b    | Other (Describe in Part XIII.)   | 4b             |                   |
| с    | Add lines 4a and 4b  |                |                   |
| _5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  |                |                   |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Stateme                   | ents With Expe | nses per Return.  |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |                |                   |
| 1    | Total expenses and losses per audited financial statements                       |                | 1                 |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |                |                   |
| а    | Donated services and use of facilities   | 2a             |                   |
| b    | Prior year adjustments   | 2b             |                   |
| С    | Other losses   | 2c             |                   |
| d    | Other (Describe in Part XIII.)   | 2d             |                   |
| е    | Add lines 2a through 2d  |                | 2e                |
| 3    | Subtract line 2e from line 1   |                |                   |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |                |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | . 4a           |                   |
| b    | Other (Describe in Part XIII.)   | _4b            |                   |
| С    | Add lines 4a and 4b  |                |                   |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) |                |                   |
| Pa   | t XIII Supplemental Information.   |                |                   |

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

| SCHEDULE I<br>(Form 990)                               |  | G<br>GOV<br>Comple | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br><sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup> | er Assistand<br>d Individuals<br>answered "Yes" | d Other Assistance to Organizations,<br>ts, and Individuals in the United States<br>anization answered "Yes" on Form 990, Part IV, line 21 or 2 | izations,<br>ed States<br>t IV, line 21 or 22.                 |   | OMB No. 1545-0047                            |
|--|--|--------------------|---|---|---|--|---|--|
| Department of the Treasury<br>Internal Revenue Service |  |                    | Go to www.irs   | Attach to Form 990.<br>s.gov/Form990 for the la | <ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>  | ation.   |   | Open to Public<br>Inspection                 |
| Name of the organization                               | VIRGINIA   | ACADEMY OF         | <u></u> <u></u>   |   |   |  |   | Employer identification number 54 – 6038285  |
| Part I General Ir                                      |  |                    |   |   |   |  |   |  |
| 1 Does the organiz                                     | Does the organization maintain records to substantiate the amount of the   | ubstantiate the    | amount of the grants c  | or assistance, the c                            | grantees' eligibility   | for the grants or assis  | e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection |  |
| criteria used to ٤                                     | criteria used to award the grants or assistance?   | ice?               |   |   |   |  |   | X Yes No                                     |
| 2 Describe in Part                                     | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  | dures for monitc   | ring the use of grant fu  | unds in the United                              | States.   |  |   |  |
| Part II Grants an                                      | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | nestic Organiza    | ations and Domestic   | Governments. C                                  | omplete if the orga   | inization answered "Y  | es" on Form 990, Part I   | IV, line 21, for any                         |
| recipient t  | recipient that received more than \$5,000. Part II can be duplicated if additional space is needed   | 000. Part II can t | be duplicated if additio  | nal space is neede                              | ed.   |  |   |  |
| <b>1 (a)</b> Name and ac<br>or go                      | <b>1 (a)</b> Name and address of organization or government  | ( <b>b</b> ) EIN   | <b>(c)</b> IRC section<br>(if applicable)   | <b>(d)</b> Amount of<br>cash grant              | <b>(e)</b> Amount of<br>non-cash<br>assistance  | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance   | <b>(h)</b> Purpose of grant<br>or assistance |
|  |  |                    |   |   |   |  |   |  |
|  |  |                    |   |   |   |  |   |  |
|  |  |                    |   |   |   |  |   |  |
|  |  |                    |   |   |   |  |   |  |
|  |  |                    |   |   |   |  |   |  |
|  |  |                    |   |   |   |  |   |  |
|  |  |                    |   |   |   |  |   |  |
|  |  |                    |   |   |   |  |   |  |
| 2 Enter total numb                                     | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  | government org:    | anizations listed in the  | line 1 table                                    |   |  |   |  |
|  | Enter total number of other organizations instead in the line 1 table  | e the Instructio   | laule<br>ins for Form 990.  |   |   |  |   | Schedule I (Form 990) (2019)                 |

932101 10-26-19

| Schedule I (Form 990) (2019) VIRGINIA ACADEMY   | Y OF SCIENCE             | INCE                            |  |   | 54-6038285 Page 2                     |
|---|--------------------------|---------------------------------|--|---|---------------------------------------|
| Part III         Grants and Other Assistance to Domestic Individuals.           Part III         can be duplicated if additional space is needed. | . Complete if the        | organization answei             | Complete if the organization answered "Yes" on Form 990, Part IV, line 22. | 0, Part IV, line 22.  |                                       |
| (a) Type of grant or assistance   | (b) Number of recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance                                      | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
| AWARNA - AMAGUAR - AMAGUAR  | c                        | c                               | c  |   |                                       |
| - VJAS  | 0                        |                                 |  |   |                                       |
| AWARDS - VAS  | 0                        | . 0                             | . 0  |   |                                       |
| RESEARCH AWARD - VAS  | 0                        | . 0                             | . 0  |   |                                       |
|   |                          |                                 |  |   |                                       |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | uired in Part I, line    | e 2; Part III, column (         | (b); and any other add   | litional information.   |                                       |
| PART I, LINE 2:   |                          |                                 |  |   |                                       |
| APPLICATIONS ARE SUBMITTED AT THE V   | THE VARIOUS SO           | SCIENCE DEP.                    | DEPARTMENTS OF   | ' SCHOOLS OR  |                                       |
| COLLEGES AND ARE JUDGED BEFORE BEING  | NG CONSIDERED            | ERED FOR A                      | RESEARCH   | GRANT. THE  |                                       |
| APPLICANT WORKS UNDER THE DIRECTION   | OF THE                   | COLLEGE/SCHOOL                  | AND  | THEIR   |                                       |
| FINDINGS ARE PUBLISHED IN THE VARIOUS   | S                        | CIENCE JOURNALS.                | THE  | ORGANIZATION  |                                       |
| WORKS CLOSELY WITH THE SCIENCE DEPA   | DEPARTMENTS              | AND THEIR                       | HEADS DURING   | IG THE  |                                       |
| ENTIRE PROCESS.   |                          |                                 |  |   |                                       |
|   |                          |                                 |  |   |                                       |
|   |                          |                                 |  |   |                                       |

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Schedule I (Form 990) (2019)

| SCH | E | D | U | LE | ( | C |  |
|-----|---|---|---|----|---|---|--|
|     |   |   |   |    |   |   |  |

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 54-6038285

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

THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990, SIGNS AND FILES THE FORM. Α

VIRGINIA ACADEMY OF SCIENCE

COPY IS PROVIDED TO THE FULL ACADEMY COUNCIL ALONG WITH THE ISSUED COMPILED

FINANCIAL STATEMENTS.

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

THE ORGANIZATION PROVIDES A COPY OF THE GOVERNING DOCUMENTS, INCLUDING FORM

990 AND THE RELATED COMPILED FINANCIAL STATEMENTS UPON REQUEST AND THEY CAN

BE INSPECTED AT THE OFFICE OF THE ORGANIZATION DURING NORMAL OPERATING

HOURS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING

-11.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

(Rev. January 2020)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

| File a | senarate | application | for | each | return |
|--------|----------|-------------|-----|------|--------|

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or  | Name of exempt organization or other filer, see instruct   | ctions.   |   | Taxpayer                  | ridentificatio                                      | n number (TIN)                         |
|--|--|---|---|---------------------------|---|--|
| print  |  |   |   |                           |   |  |
|  | VIRGINIA ACADEMY OF SCIENCE  |   |   |                           | 54-60   | 38285                                  |
| File by the<br>due date for<br>filing your<br>return. See  | Number, street, and room or suite no. If a P.O. box, see 2500 WEST BROAD STREET  | e instruct  | ions.   |                           |   |  |
| instructions.  | City, town or post office, state, and ZIP code. For a fo RICHMOND, VA 23220-2057                                       | reign add   | ress, see instructions.   |                           |   |  |
| Enter the  | Return Code for the return that this application is for (file  | a separat   | te application for each return)   |                           |   |  |
| Applicati  | on   | Return  | Application   |                           |   | Return                                 |
| Is For   |  | Code  | Is For  |                           |   | Code                                   |
| Form 990   | or Form 990-EZ   | 01  | Form 990-T (corporation)  |                           |   | 07                                     |
| Form 990   | -BL  | 02  | Form 1041-A   |                           |   | 08                                     |
| Form 472   | 0 (individual)   | 03  | Form 4720 (other than individual)   |                           |   | 09                                     |
| Form 990   | -PF  | 04  | Form 5227   |                           |   | 10                                     |
| Form 990   | -T (sec. 401(a) or 408(a) trust)   | 05  | Form 6069   |                           |   | 11                                     |
| Form 990   | -T (trust other than above)<br>PHILIP SHERIDAN   | 06  | Form 8870   |                           |   | 12                                     |
| <ul> <li>If the c</li> <li>If this is box ▶ [</li> <li>1 I re the ▶ [</li> <li>▶ [</li> <li>2 If tt</li> </ul> | The tax year entered in line 1 is for less than 12 months, ch  | Aroup Exe<br>and atta<br>NOVEI<br>unization's<br>, an<br>neck reaso | mption Number (GEN)<br>Ich a list with the names and TINs of<br>MBER 16, 2020 , to file<br>return for:<br>Id ending<br>on: Initial return | If this is fo<br>all memb | r the whole g<br>ers the exter<br>npt organizat<br> | group, check this<br>asion is for.     |
|  | his application is for Forms 990-BL, 990-PF, 990-T, 4720,<br>nonrefundable credits. See instructions.                  | or 6069, e  | enter the tentative tax, less   | 3a                        | \$  | 0.                                     |
| b lfth   | nis application is for Forms 990-PF, 990-T, 4720, or 6069,   | , enter any   | refundable credits and  |                           |   |  |
| est  | mated tax payments made. Include any prior year overpa   | ayment all  | owed as a credit.   | 3b                        | \$  | 0.                                     |
| c Ba   | ance due. Subtract line 3b from line 3a. Include your pay  | yment wit   | h this form, if required, by  |                           |   |  |
| usi  | ng EFTPS (Electronic Federal Tax Payment System). See  | instructio  | ns.   | 3c                        | \$  | 0.                                     |
| instructio   | If you are going to make an electronic funds withdrawal<br>ns.<br>or Privacy Act and Paperwork Reduction Act Notice, s |   |   | 453-EO an                 |   | 9-EO for payment<br>8868 (Rev. 1-2020) |