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 2022 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-TE 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,

Garbara J. Libbs

Barbara Y. Gibbs, M. Tax, CPA

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10
PAGE
990
FORM

FORM	FORM 990 PAGE 10						066							
Asset No.	et Description	Date Acquired	Method	Life	C o No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT													
	1 SERVER	07/01/02	SL	5.00	16	5,000.				5,000.	5,000.		0.	5,000.
	2 COMPUTER	05/06/04	SL	5.00	16	1,878.				1,878.	1,878.		0.	1,878.
	3 COMPUTER ACCESSORIES	05/25/04	SL	5.00	16	210.				210.	210.		.0	210.
	* 990 PAGE 10 TOTAL 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.
	WORD PERFECT SOFTWARE 5 UPGRADE	07/22/04	SL	5.00	16	150.				150.	150.		.0	150.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					366.				366.	366.		.0	366.
	* GRAND TOTAL 990 PAGE 10 DEPR					7,454.				7,454.	7,454.		.0	7,454.
228111	228111 04-01-22													

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

(D) - Asset disposed

228111 04-01-22

Form 8879-TE IRS e-file Signature Authorization OMB No. 1545-0047				OMB No. 1545-0047			
Form 88/9-1E	E				2022		
Department of the Treasury	For calendar yea	Do no	eginning ot send to the IRS. Kee	p for your recor	ds.	20	2022
Internal Revenue Service		Go to www.	irs.gov/Form8879TE f	or the latest info	rmation.	EIN or SSN	
	ים גייע	EMY OF SC	TENCE			54-603	8285
			SHERIDAN			1 24-003	0205
Name and title of officer or pe			IVE DIRECTOR	<b>,</b>			
Part I Type of	Return and	Return Inform		<i>۲</i>			
Check the box for the retu				the applicable ar	nount if any from	m the return E	form 8038 CD and
Form 5330 filers may enter or <b>10a</b> below, and the am whichever is applicable, b than one line in Part I.	er dollars and ce ount on that lin	ents. For all other e for the return be	forms, enter whole dolla eing filed with this form	ars only. If you ch was blank, then I	neck the box on li eave line <b>1b, 2b</b> ,	ine 1a, 2a, 3a , 3b, 4b, 5b, 6l	, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b,
1a Form 990 check	nere	X b Total re	evenue, if any (Form 99	0, Part VIII, colun	nn (A), line 12)	1	ь 217,912.
2a Form 990-EZ che	r		evenue, if any (Form 99				b
3a Form 1120-POL			ax (Form 1120-POL, line				b
4a Form 990-PF che	eck here		sed on investment inc				b
5a Form 8868 check	here [		<b>e due</b> (Form 8868, line				b
6a Form 990-T chec	k here		ax (Form 990-T, Part III,				b
7a Form 4720 check	r		ax (Form 4720, Part III, I				b
8a Form 5227 check	here [		assets at end of tax y				b
9a Form 5330 check	here [	b Tax du	e (Form 5330, Part II, lir	ne 19)			b
_ 10a Form 8038-CP cl			t of credit payment re			ine 22) <b>1</b>	0b
Part II Declara	tion and Sig	nature Autho	prization of Officer	or Person S	ubject to Tax		
Under penalties of perjury	, I declare that	X I am an offi	cer of the above entity of	or 📃 I am a pe	rson subject to ta	ax with respec	t to (name
of entity)				(EIN)	and	l that I have ex	amined a copy of the
entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receip personal identification nur <b>PIN: check one box only</b>	it the entry to tl prior to the pa ve confidential i nber (PIN) as m	his account. To re syment (settlemen information neces	evoke a payment, I must it) date. I also authorize ssary to answer inquiries	the financial insti and resolve issue	. Treasury Financ tutions involved i les related to the	ial Agent at 1- n the processi payment. I ha	888-353-4537 no ng of the electronic ve selected a
		. GIBBS &	ASSOCIATES,	INC.	to	enter my PIN	11160
			ERO firm name		(0	•	Enter five numbers, but
							do not enter all zeros
, ,	ncy(ies) regulat	ting charities as p	ally filed return. If I have art of the IRS Fed/State				<b>v</b>
return. If I have	indicated within	n this return that a	ect to the entity, I will en a copy of the return is b ne return's disclosure co	eing filed with a s	-	•	•
Signature of officer or person subjection		uthentication				Date	
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	-			992570712 not enter all zeros		
I certify that the above nu submitting this return in a Business Returns.	-						
ERO's signature <b>BAR</b>	BARA Y.	GIBBS &	ASSOCIATES,	INC.	Date <u>11/</u>	07/23	
			t Retain This Form				
<u></u>	Do No	ot Submit This	s Form to the IRS	Unless Reque	ested To Do S		
LHA For Privacy Act and	d Paperwork R	Reduction Act No	otice, see instructions.				Form <b>8879-TE</b> (2022)
202521 12-16-22							

FILEABLE FORMS

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

### File a separate 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.

Туре	ype orName of exempt organization or other filer, see instructions.Taxpayer identification number (TIN)					
print	VIRGINIA ACADEMY OF SCIENCE	7			54-603	38285
File by th due date filing you return. S	Number, street, and room or suite no. If a P.O. box, s 2500 WEST BROAD STREET		ions.		<u> </u>	56265
instructio		oreign add	ress, see instructions.			
Enter	the Return Code for the return that this application is for (fil	e a separa	te application for each return)			
Applic	cation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	990 or Form 990-EZ	01	Form 1041-A			08
Form 4	4720 (individual)	03	Form 4720 (other than individual)			09
Form 9	990-PF	04	Form 5227			10
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	990-T (trust other than above)	06	Form 8870			12
Form 990-T (corporation) 07 PHILIP SHERIDAN						
• If th • If th box • 1	I request an automatic 6-month extension of time until the organization named above. The extension is for the org Image: The extension of time until state         Image: The extension of time until titer until time until time	Group Exe and atta NOVEI anization's , an theck rease	mption Number (GEN), . ach a list with the names and TINs of MBER 15, 2023 , to file return for: d ending on: Initial return	f this is for all membe	r the whole g ers the exten opt organizati	roup, check this sion is for.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions.	), enter the	tentative tax, less	3a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year over			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your part				¥	
	using EFTPS (Electronic Federal Tax Payment System). See	-		3c	\$	0.
	on: If you are going to make an electronic funds withdrawal					
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)

Τ

# EXTENDED TO NOVEMBER 15, 2023 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.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection		
			ar year, or tax year beginning and	ending				
Β	beck if	C Name o	forganization		D Employer identifica	tion number		
	Addre		INIA ACADEMY OF SCIENCE					
F			usiness as		54-603828	5		
	Initial			Room/suite		<u> </u>		
	Final Final	2500	WEST BROAD STREET	nooni, suite	804-864-1	451		
	termi	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	304,577.		
	Amer	nded DTCU	MOND, VA 23220-2057		H(a) Is this a group retu			
	Appli tion		nd address of principal officer: PHILIP SHERIDAN		for subordinates?			
	pend		AS C ABOVE		H(b) Are all subordinates inclu	uded? Yes No		
11	Tax-ex	empt status: [	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 📃 527		st. See instructions		
J /	Nebsi	ite: N/A			H(c) Group exemption	number		
KF	orm o		X Corporation Trust Association Other	L Year	of formation: 1923 M	State of legal domicile: VA		
Part I Summary								
Briefly describe the organization's mission or most significant activities: ADVANCEMENT OF THE SCIENCES								
Ű								
<ul> <li>2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.</li> <li>3 Number of voting members of the governing body (Part VI, line 1a)</li> <li>4 Number of independent voting members of the governing body (Part VI, line 1b)</li> </ul>						ts.		
ove	3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1b)       4							
	4	7						
es	5		of individuals employed in calendar year 2022 (Part V, line 2a)			0		
ĬŻ	6		of volunteers (estimate if necessary)			0		
Activities &					<u>7a</u>	0.		
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
		<b>a</b>			Prior Year	Current Year		
ne	8		and grants (Part VIII, line 1h)		120,751.	47,302.		
Revenue	9	•	ce revenue (Part VIII, line 2g)		<u> </u>	40,352.		
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	<u>130,244.</u> 14.		
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		477,696.	217,912.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		31,599.	-		
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	30,433.		
	14		to or for members (Part IX, column (A), line 4)		49,406.	49,582.		
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		49,400.	49,582.		
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.		
, N	b		ing expenses (Part IX, column (D), line 25)	0.	25,043.	23,051.		
	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		106,048.	103,066.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		371,648.	114,846.		
v	19	Revenue less	expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year		
Net Assets or		Tatal assate //			3 , 688 , 292 .	2,914,767.		
SSe Bala	20	Total assets (I		······	5,000,292.	2,914,707.		
let A	21		; (Part X, line 26)	······	3,688,287.	2,914,767.		
the second s	art II		fund balances. Subtract line 21 from line 20		5,000,207.	4,314,101.		
			I declare that I have examined this return, including accompanying schedules	and statem	ente and to the best of my k	nowledge and helief, it is		
onu	or hou	and of porjury,	r dooraro ana r navo ovarinnou ano rotarit, moruany accompanyiny Schedules	s and statell	ionio, una lo uno bost oi my K	nomouyo unu bonoi, it ib		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date				
Here	PHILIP SHERIDAN, EXECUTIVE DIRECTOR					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature Date	Check PTIN				
Paid	BARBARA Y. GIBBS, M. TAX, Garbara J. Libbs 11/07	/23 self-employed P00819892				
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				
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)					

Form	990 (2022) VIRGINIA ACADEMY OF SCIENCE	54-6038285	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	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?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and	b
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 79,870. including grants of \$ 30,433. ) (Revenue	ue\$ <u>10,4</u>	65 <b>.</b> )
	RESEARCH GRANTS ARE AWARDED TO PERSONS SUBMITTING WINNING	3 APPLICATION	S
	IN ORDER TO FUND SCIENTIFIC RESEARCH		
4b	(Code:) (Expenses \$234. including grants of \$) (Revenue	ue \$ 6	<b>40.</b> )
	VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUBLIS	SHED 4 TIMES	A
	YEAR TO PROVIDE INFORMATION REGARDING THE ADVANCEMENT OF	THE SCIENCES	
4c	(Code:) (Expenses \$17,394. including grants of \$) (Revenue	2.2.7	05.)
40	ANNUAL MEETINGS PROVIDE AN OPPORTUNITY FOR PRESENTATION (		
	PAPERS AND INTERCHANGE OF INFORMATION	<u>, , , , , , , , , , , , , , , , , , , </u>	·
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 97,498.		
		Form <b>99</b>	0 (2022)
23200	2 12-13-22		

<u>Form 990 (</u>		VIRGINIA		OF	SCIENCE
Part IV	Checklist o	of Required Scheo	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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			v
_	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	_		v
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>			
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		х
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			- 23
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		х
232003	12-13-22		990	(2022)

232003 12-13-22

4

Form	990	(2022)
	330	(2022)

 Form 990 (2022)
 VIRGINIA
 ACADEMY
 OF
 SCIENCE

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

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	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			х
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u></u>
<b>24</b> a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	31		
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 <b>1a 1a 0</b>			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b U</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c		
232004	(garibing) withings to prize withers?		990	(2022)
04				

<u>Form</u>	990 (2022) VIRGINIA ACADEMY OF SCIENCE 54-60	38285	Р	age <b>5</b>						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a	0								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country	_								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? <b>7a</b>		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
-	to file Form 8282?	. 7c		х						
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	····								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
•		8								
9										
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12 10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_								
11	Section 501(c)(12) organizations. Enter:	_								
	Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources against	_								
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
U.	organization is licensed to issue qualified health plans									
r	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>						
15		15		х						
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15								
16	Is the converting on advecting lighting exclanation to the continue 1000 evolution to use the investment income	16		Х						
10	If "Yes," complete Form 4720, Schedule O.									
17										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.	17								
222005	5 12-13-22	Form	n <b>990</b>	(2022)						
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Form 990	(2022)
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### VIRGINIA ACADEMY OF SCIENCE

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

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

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	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	,		
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		X
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		
3		3		x
4	of officers, directors, trustees, or key employees to a management company or other person?	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		Х
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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10		X
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c		
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website I Upon request Other (explain on Schedule O)	al fl-a		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d tinan	ciai	
20	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			
232004	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Forn	990	(2022)
_02000	7	1 011		(-322)

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

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(do not check more than one does not check mo	imated
	ount of
	other
(list any ઙ૽ૢૻ   the organizations com	ensation
hours for 💆 organization (W-2/1099-MISC/ fro	om the
related $3$ $3$ $3$ $3$ $3$ $3$ $3$ $3$ $3$ $3$	nization related
organizations $\begin{bmatrix} 3 \\ 1 \\ 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \\ 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \\ 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \\ 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \\ 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1$	nizations
(list any hours for related organizations treated organizations line) up to approximate the line) organizations line) up to approximate the line) up to approximate the line) up to approximate the line line line line line line line lin	1124110113
(1) SUSAN P. BOOTH $20.00$	
VJAS DIRECTOR X 19,030. 0.	0.
(2) PHILIP SHERIDAN 20.00	
EXECUTIVE OFFICER X X 11,865. 0.	0.
(3) ROBIN CURTIS 20.00	
ASSOCIATE DIRECTOR VJAS X 10,000. 0.	0.
(4) CAROLYN CONWAY 1.00	
ASSOCIATE EXECUTIVE X 5,000. 0.	0.
(5) PARRISH WATERS 0.00	
VICE PRESIDENT X 0. 0.	0.
(6) DEOBRAH NEELY-FISCHER 10.00	
PRESIDENT X O. O.	0.
(7) ARTHUR F. CONWAY <u>1.00</u>	
EXECUTIVE OFFICER EMERTIUS X 0. 0.	0.
(8) CHRISTOPHER J. OSGOOD 1.00	
SECRETARY X O. O.	0.
(9) CONLEY NCMULLIN 1.00	
PRESIDENT-ELECT X O. O.	0.
(10) APRIL WYNN 1.00	
TREASURER X 0. 0.	0.

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	990 (2022) VIRGINIA									54-60	382	85	Page <b>8</b>
Par	Section A. Onicers, Directors, Trust		oloye	es,			phest	t C		, ,			<u> </u>
	(A) Name and title	(B) Average hours per week	box, offic	not ch unles	s per	tion nore t son is	than o s both r/truste	an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	1	Esti amo	<b>(F)</b> mated ount of ther
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS( 1099-NEC)		fro orgai and	ensation m the nization related nizations
			Inc	ling	Of	Kei	en	Fo					
											+		
											_		
											+		
1b	Subtotal								45,895.		0.		0.
	Total from continuation sheets to Part VII	, Section A							0.		0.		0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no								45,895.		0.		0.
	compensation from the organization		0301	1310	4 40	000)	,						0
											Г	`	Yes No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-		-	•	-		Ŭ	• •	•	- F	3	X
4	For any individual listed on line 1a, is the su										F	0	
_	and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	-				-			•			5	X
Sec	tion B. Independent Contractors		; ] /(	JI SU		10/30					<u>····</u>	<u> </u>	
1	Complete this table for your five highest con the organization. Report compensation for t										ensati		
	(A) (B) Name and business address NONE Description of services								ervices	Cc	(C) ompens	sation	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lim	nited	l to t	hos 0		ed	above) who received mo	pre than			

Form **990** (2022)

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Form						'AD	EMY OF SC	CIENCE		54-6038	285 Page <b>9</b>
Pa	rt V	111	Statement of Rev	ven	ue						
			Check if Schedule O o	conta	ains a respo	nse o	or note to any lin				
								(A)	(B) Related or exempt	<b>(C)</b> Unrelated	<b>(D)</b> Revenue excluded
								Total revenue		business revenue	from tax under
											sections 512 - 514
ts t	1	а	Federated campaigns		1a						
ran		b	Membership dues		1b						
Contributions, Gifts, Grants and Other Similar Amounts		с	Fundraising events		1c						
ar A		d	Related organizations		1d						
S, G			Government grants (contri								
ŝ			All other contributions, gifts,								
her			similar amounts not included				47,302.				
ĒĐ		a	Noncash contributions included in			6	-				
and		-	Total. Add lines 1a-1f					47,302.			
							Business Code				
	2	а	ANNUAL MEETIN	G			900099	21,095.	21,095.		
Program Service Revenue			DUES				900099	8,542.	8,542.		
Ser			ENTRY FEES				900099	8,465.	8,465.		
E N			FALL MEETING			_	900099	1,610.	1,610.		
Be			JOURNAL				900099	640.	640.		
Pro			All other program service	rovor				0100	0101		
_			Total. Add lines 2a-2f	levei	iue		L	40,352.			
	3	y	Investment income (incluc	dina a		atoro	ct and	10,0021			
	0							103,234.	103,234.		
	л		Income from investment o				racaada	10072010	100,2010		
	4				•	•	oceeus				
	5		Royalties		(i) Real		(ii) Personal				
	6	_	Cross rests	6.	(1) 1104						
	6		Gross rents	6a Ch							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)	,,	(i) Securit		(ii) Other				
	1	а	Gross amount from sales of	_	113,67						
			assets other than inventory	<u>/a</u>	113,07	5.					
		b	Less: cost or other basis			Ē					
evenue			and sales expenses		86,66 27,01						
eve			Gain or (loss)	7c				27,010.			27,010.
Other R			Net gain or (loss)					27,010.			27,010.
the	8	а	Gross income from fundraisin	-	-						
0			including \$								
			contributions reported on								
			Part IV, line 18			<u>8a</u>					
			Less: direct expenses			8b					
			Net income or (loss) from								
	9	а	Gross income from gamin	-							
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			s					
	10	а	Gross sales of inventory, l								
			and allowances			10a					
			Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	s of inventor	у					
s			DANK OUTDOES	****			Business Code	A 1	1 4		
eou	11	а	BANK CHARGES-	NE'	Ľ		900099	14.	14.		
enu		b									
Sev Cel		С									
Miscellaneous Revenue			All other revenue								
_		е	Total. Add lines 11a-11d					14.	140 500		00.010
_	12		Total revenue. See instruction	ons				217,912.	143,600.	0.	27,010.
232009	9 12-	13-:	22								Form <b>990</b> (2022

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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).

3601	on 501(c)(3) and 501(c)(4) organizations must complete	e er pete te apy line in t	bio Dort IV		
De	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	30,433.	30,433.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	45,895.	43,600.	2,295.	
6	Compensation not included above to disqualified			-	
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,687.	3,511.	176.	
11	Fees for services (nonemployees):	-	-		
а	Management				
b	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,317.	2,317.		
12	Advertising and promotion				
13	Office expenses	1,104.	994.	110.	
14	Information technology	2,147.		2,147.	
15	Royalties				
16	Occupancy				
17	Travel	356.	356.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,628.	6,628.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	ACCOUNTANT/TAX RETURN	6,295.	6,295.		
b	WEBSITE	1,427.	1,427.		
С	PAYPAL FEES	1,123.	1,123.		
d	TELEPHONE/INTERNET -NOT	840.		840.	
е	All other expenses	814.	814.		
25	Total functional expenses. Add lines 1 through 24e	103,066.	97,498.	5,568.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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		Check if Schedule O contains a response or not			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			20.	1	
	2	Savings and temporary cash investments			90,373.	2	119,710.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or				-	
	_	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
	_	under section 4958(f)(1)), and persons described				6	
ŝ	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,454.			
	ь	Less: accumulated depreciation	10b	7,454. 7,454.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			3,597,899.	12	2,795,057.
	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			3,688,292.	16	2,914,767.
	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				21	
~	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
llide		controlled entity or family member of any of thes				22	
Ľ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			5.	25	0.
	26	Total liabilities. Add lines 17 through 25			5.	26	0.
		Organizations that follow FASB ASC 958, che	ck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			3,688,287.	27	2,914,767.
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
٥ د	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		Г		31	
Vet	32	Total net assets or fund balances			3,688,287.	32	2,914,767.
	33	Total liabilities and net assets/fund balances			3,688,292.	33	2,914,767.
							Form <b>990</b> (2022)

VIRGINIA ACADEMY OF SCIENCE

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

54-6038285 Page 11

Form 990 (			
Part X	Ba	ance	Sheet

Form	990 (2022) VIRGINIA ACADEMY OF SCIENCE	54-	-6038285	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	217		
2	Total expenses (must equal Part IX, column (A), line 25)	2	103	,06	56.
3	Revenue less expenses. Subtract line 2 from line 1	3	114	, 84	46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,688	, 28	87.
5	Net unrealized gains (losses) on investments	5	-888	,36	56.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,914	,76	<u>57.</u>
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 Cash Corual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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	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 Sche	edule C	).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ie or i				7				
Do	rt I			MY OF SCIENCE		ie weet) C		5	4-6038285
		Reason for Public (					ee instructions.	•	
	organ	ization is not a private found							
1		A church, convention of chu				n 170(b)(1	1)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative					•		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(i	III). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for		lege or university owned	l or operate	ed by a go	overnmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
7	X	An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from the	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of th	ne college	or
		university:							
10		An organization that norma							
		activities related to its exem							
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	, ,				O(-)(4)		
11 12	$\square$	An organization organized a An organization organized a		•	•			v out the	numpeose of one or
12		more publicly supported or	•					•	• •
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	• •					-	nivina
u	L	the supported organization		-	•	-			
		organization. You must c			majority o				pporting
b		<b>Type II.</b> A supporting orga			ion with its	s supporte	d organization	s), by hav	ina
		control or management o	-				-		-
		organization(s). You mus					5		
с		] Type III functionally inte			in connect	ion with, a	and functionally	integrate	d with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.	-	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its supporte	ed organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and a	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
		functionally integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) to the orde	inization listed			
	(	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of n support (see ins		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ins		
Tota	al								

### Schedule A (Form 990) 2022

VIRGINIA ACADEMY OF SCIENCE

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	70,089.	32,734.	35,483.	120,247.	87,655.	346,208.
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		20 824	25 402	100 045		246 000
	Total. Add lines 1 through 3	70,089.	32,734.	35,483.	120,247.	87,655.	346,208.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						346,208.
	ction B. Total Support						540,200.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	70,089.	32,734.	35,483.	120,247.	87,655.	346,208.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	169,918.	136,103.	78,896.	278,480.	103,234.	766,631.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1112839.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	0	rst, second, third, f	ourth, or fifth tax y	ear as a section 5/	01(c)(3)	
0	organization, check this box and stop						
	ction C. Computation of Publi			. (6)			31.11 %
	Public support percentage for 2022 (I		•	.,,		14	20.00
	Public support percentage from 2021					<b>15</b>	
108	<b>33 1/3% support test - 2022.</b> If the o						
F	stop here. The organization qualifies 33 1/3% support test - 2021. If the o		-			or more, check thi	
	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances test					und line 14 is 10% (	
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-	vine organiz	
b	10% -facts-and-circumstances test	-			-		
~	more, and if the organization meets th	-					
	organization meets the facts-and-circi						
<u>18</u>	Private foundation. If the organization						
							(Form 990) 2022

232022 12-09-22

Schedule A	(Form 990)	2022	VI	RGINIA	ACADEMY	OF	SCIENCE	
Part III	Support	Schedule	for Or	ganizatio	ns Describe	d in S	Section 509(a	a)(2)

### VIRGINIA ACADEMY OF SCIENCE

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

# qualify under the tests listed below, please complete Part II.) Section A. Public Support

000							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	-					
	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support	-	·				
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
_	check this box and stop here						
	ction C. Computation of Public	••	•				
	Public support percentage for 2022 (			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						ine 17 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2021. If the	•					·
_	line 18 is not more than 33 1/3%, che						tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
23202	23 12-09-22					Sched	lule A (Form 990) 2022

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1

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

### Section A. All Supporting Organizations

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

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### chedule A (Form 990) 2022 VIRGINIA ACADEMY OF SCIENCE

1

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	the governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported dization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	0	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	${f VI}$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Sec	ction D. All Type III Supporting Organizations			
			Yes	N
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 <b>Part VI</b> how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3		1

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)
	Check the box next to the method that the organization used to satisfy the integral Part Test during the year	

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

С		The organization supported a	governmental entity.	Describe in Part VI how v	you supported a governmental entity	(see instructions).
---	--	------------------------------	----------------------	---------------------------	-------------------------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes." describe in Part VI the role played by the organization in this regard.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

18

Yes No

Schedule A		
Part V	Type III	No

(Form 990)	2022	VIRGINIA	ACADEMY	OF	SCIENCE
Type III	Non-Funct	ionally Integrat	ed 509(a)(3)	Supp	oorting Organizations

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

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) 2022

232026 12-09-22

Schedule A (Form 990) 2022

Section D - Distributions

		npt pulpooco			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
<u>10</u>	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				-
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				-
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

VIRGINIA ACADEMY OF SCIENCE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

**1** Amounts paid to supported organizations to accomplish exempt purposes

54-6038285 Page 7

1

**Current Year** 

Schedule A	(Form 990) 2022	VIRGINIA	ACADEMY	OF SCIEN	ICE	54-6038285	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Parl	e the explanations 5a, 6, 9a, 9b, 9c : IV, Section E, lin	s required by Par , 11a, 11b, and 1 es 1c, 2a, 2b, 3a	rt II, line 10; Part II, line 17a o I 1c; Part IV, Section B, lines <sup>-</sup> a, and 3b; Part V, line 1; Part <sup>-</sup> pplete this part for any additio	r 17b; Part III, line 12; 1 and 2; Part IV, Section ( V, Section B, line 1e; Part	С,

1/171107 126000 1116

SCHEDULE D	
(Form 990)	

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.



Department of the Treasury Internal Revenue Service

Name of the organization

VIRGINIA ACADEMY OF SCIENCE

Employer identification number 54-6038285

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin			Complete if the
		(a) Donor advised	d 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 v	writing that the assets hel	d in donor advised f	funds
	are the organization's property, subject to the organization's	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	nt funds can be use	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any	other purpose con	ferring
	impermissible private benefit?			Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the org	janization answered "Yes	" on Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	tion in the form of a	
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and no	t on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	panization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enf	orcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) abov			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense stat	tement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statements	that describes the
	organization's accounting for conservation easements.	<u> </u>		<u>.</u>
Pai	t III Organizations Maintaining Collections of		isures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form			
<b>1</b> a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pub			erance of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthera	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treater	asures, or other similar as	sets for financial ga	in, provide
	the following amounts required to be reported under FASB A	-		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X	<u></u>		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 202
23205	1 09-01-22			
		22		

<u>Sche</u>		A ACADEMY (					54-60			age <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historica	al Treasures, o	r Othe	r Simila	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the following tha	t make s	ignificant u	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🗌 Loan	or exchange progr	am					
b	Scholarly research	e	e 🗌 Othei							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they fu	ther the organization	on's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historic	al treasures, or othe	er similar	r assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the orga	nization answered	"Yes" or	n Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					<b>A</b>		
								Amoun	τ	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
T	Ending balance					<b>1</b> f		Vee		
	Did the organization include an amount on F					lity?	∟	Yes		_ No
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete					10				
		(a) Current year	(b) Prior y			(d) Three y	ears back	(e) Fou	r vears	back
19	Beginning of year balance	(1) 0 0 0 ) 0 0	(2) :	(0)	no suon	(,	ouro suon	(0) ! 0	Jouro	Juon
h	Contributions									
č	Net investment earnings, gains, and losses									
o h	Grants or scholarships									
۵ ۵	Other expenditures for facilities									
Ũ	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a. colı	umn (a)) held as:						
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation that are	neld and administe	red for th	ne				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedu	Ile R?				3b		
_4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line	11a. See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		) Cost or other basis (other)		Accumulate preciation	èd	(d) Boo	k valu	e
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment			7,088.		7,0				0.
	Other			366.		3	66.			0.
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. column (B)	line 10c.)						0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 VIRGINIA ACA	ADEMY OF SCIEN	ICE 5	54-6038285 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) VAS-GENERAL FUND			
(B) INVESTMENTS	2,448,778.		
(C) RESEARCH FUND INVESTMENTS	317,790.	END-OF-YEAR MARKE	T VALUE
(D) BETHEL HIGH SCHOOL			
(E) INVESTMENTS	28,489.	END-OF-YEAR MARKE	T VALUE
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,795,057.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<u>_</u>	
2. Liability for uncertain tax positions. In Part XIII, provide			s that reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	re if the text of the footnote has been	provided in Part XIII

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 VIRGINIA ACADEMY OF SCIENC	Е	54-6038285 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.	
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	<b>4a</b>	
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 Statem	•	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:	1 1	
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	_ <b>2</b> b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
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 (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup>	d Other Assistance to Organizations, is, and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organi s in the Unit on Form 990, Parl	zations, ed States : IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	990. the latest informa	tion.		Open to Public Inspection
Name of the organization	VIRGINIA	ACADEMY OF	ວິດ ບິ					Employer identification number 54 – 6038285
Part I General In								
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	substantiate the		or assistance, the g	grantees' eligibility	or the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	criteria used to award the grants or assistance?	nce?						X Yes No
SCI	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monito	oring the use of grant fu	unds in the United	States.			
Part II Grants an recipient th	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Organiz 000. Part II can I	ations and Domestic of the destination of the desti	Governments. Contraction Contractico Contr	omplete if the orga d.	nization answered "Y	es" on Form 990, Part I	IV, line 21, for any
<b>1 (a)</b> Name and ac or go <sup>,</sup>	<b>1 (a)</b> Name and address of organization or government	( <b>b</b> ) EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb 3 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	government org sted in the line 1	anizations listed in the table	line 1 table				
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instructio	ons for Form 990.					Schedule I (Form 990) 2022

232101 10-31-22

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Schedule I (Form 990) 2022 VIRGINIA ACADEMY	Y OF SCIENCE	INCE			54-6038285 Page 2
Part III       Grants and Other Assistance to Domestic Individuals.       Complete if the organization answered "Yes" on Form 990, Part IV, line 22.         Part III       can be duplicated if additional space is needed.	. Complete if the	organization answe	red "Yes" on Form 99	90, 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- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARDS - ENDOWED - VJAS	53	5 0 0			
- VAS	100	14,980.			
RESEARCH AWARD - VAS	12	.500,	•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 ad	litional information.	
2:					
IONS ARE SUBMITTED AT	RIOUS	1711	9	SCHOOL	
COLLEGES AND ARE JUDGED BEFORE BEING		CONSIDERED FOR A	RESEARCH	GRANT. THE	
APPLICANT WORKS UNDER THE DIRECTION	OF THE	COLLEGE/SCHOOL	AND	THEIR	
FINDINGS ARE PUBLISHED IN THE VARIOUS		SCIENCE 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) 2022

SCHEDULE	0
(Form 990)	

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 54-6038285

VIRGINIA ACADEMY OF SCIENCE

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

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

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22