

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 2021 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,

Barbara Y. Gibbs, M. Tax, CPA

Labara J. Libbs

2021 DEPRECIATION AND AMORTIZATION REPORT

Current Year Deduction	.000.	•0	0.	0.		0.	0.	0		0				
	.000													
Current Sec 179 Expense	,000													
Beginning Accumulated Depreciation	2	1,878.	210.	7,088.		216.	150.	366.		7,454.				
Basis For Depreciation	5,000.	1,878.	210.	7,088.		216.	150.	366.		7,454.				
* Reduction In Basis														
Section 179 Expense														
Bus % Excl														
Unadjusted Cost Or Basis	5,000.	1,878.	210.	7,088.		216.	150.	366.		7,454.				
No. No.	16	16	16			16	16							
Life	2,00	5.00	5.00			5.00	5.00							
Method														
	/02 SL	/04 SL	/04 SL			/04 SL	/04 SL							
Date Acquired	07/01/02	05/06/04	05/25/04			02/17/04	07/22/04							
FORM 990 PAGE 10 Asset No. Description	MACHINERY & EQUIPMENT SERVER	COMPUTER	COMPUTER ACCESSORIES	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT	PROGRAM SERVICES	WORD PERFECT OFFICE SOFTWARE	WORD PERFECT SOFTWARE UPGRADE	* 990 PAGE 10 TOTAL PROGRAM SERVICES	* GRAND TOTAL 990 PAGE 10	DEPR				
Asset No.	1	2	3			7	S							

128111 04-01-21

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN 54-6038285

VIRGINIA ACADEMY OF SCIENCE

PHILIP SHERIDAN

Name and title of officer or person subject to tax EXECUTIVE DIRECTOR

Part I	Type of Return and	d Return Informatio
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For

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	Total revenue, if any (Form 990, Part VIII, colum	nn (A), line 12) 1b _	477,696			
2a	Form 990-EZ check here >	Total revenue, if any (Form 990-EZ, line 9)	2b				
За	Form 1120-POL check here	Total tax (Form 1120-POL, line 22)	3b _	3b			
4a	Form 990-PF check here	Tax based on investment income (Form 990-P	F, Part V, line 5) 4b _				
5a	Form 8868 check here >	Balance due (Form 8868, line 3c)	5b _				
6a	Form 990-T check here	Total tax (Form 990-T, Part III, line 4)					
7a	Form 4720 check here	20 check here ▶ b Total tax (Form 4720, Part III, line 1)					
8a	Form 5227 check here	FMV of assets at end of tax year (Form 5227, I	tem D) 8b _				
9a	Form 5330 check here	Tax due (Form 5330, Part II, line 19)	9b _				
10a	Form 8038-CP check here	Amount of credit payment requested (Form 80					
Part	II Declaration and Signati	Authorization of Officer or Person Su	ibject to Tax				
Jnder	penalties of perjury, I declare that X	m an officer of the above entity or 🔲 I am a per	rson subject to tax with respect to	(name			
of entit	y)	, (EIN)	and that I have exami	ned a copy of the			
n21 a	lectronic return and accompanying sch	iles and statements, and to the hest of my knowle	adde and helief they are true corre	ect and			

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box on

X I authorize	BARBARA	Υ.	GIBBS	&	ASSOCIATES, INC.	

to enter my PIN

11160 Enter five numbers, but do not enter all zeros

ERO firm name

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN

on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54992570712

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► BARBARA Y. GIBBS & ASSOCIATES, INC. Date ► 11/09/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

FILEABLE FORMS

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print VIRGINIA ACADEMY OF SCIENCE 54-6038285 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2500 WEST BROAD STREET return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 23220-2057 RICHMOND, VA Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 Form 990-T (corporation) PHILIP SHERIDAN The books are in the care of ► 2500 WEST BROAD STREET - RICHMOND, VA 23220 Telephone No. ► 804-864-1451 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box
If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending Final return | Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Name of organization Demployer identification number	Α	ror u	ne 2021 calendar year, or tax year beginning and	a enaing						
Define business as S4-6038285 Telephore number S4-6038	В	Check applica	if able: C Name of organization		D Employer identifi	cation number				
District District Control D										
Number and street (of Yo. U. by if mail is fold delivered to street aboress) Solution Solutio		Nam char	nge Doing business as		54-60382	85				
Story Stor		Initia retu	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er				
City or town, state or province, country, and ziP or foreign postal code RTCHMOND, VA 23220-2057 Angeles Patrice Patri		Fina	2500 WEST BROAD STREET							
RichMondo Va 23220 - 2057		term	nin-							
SAME AS C ABOVE No. Tax-exempt status: X 301(c)(3) 501(c)() 4 (insert no.) 4947(a)(1) or 527 Mebatic N/A N	Г									
SAME AS C ABOVE	F			 7						
Tax-exempt status:		tion pend								
J. Webstite: № N/A Hick Group exemption number ►	_	T								
Part Summary				01 52	–					
Part				1						
1 Briefly describe the organization's mission or most significant activities: ADVANCEMENT OF THE SCIENCES				L Yea	r of formation: 1943	M State of legal domicile; VA				
2 Check this box ▶		Т		MODMO		TUNCEC				
B Net unrelated business taxable income from Form 990-1, Part 1, line 11	ë	1	Briefly describe the organization's mission or most significant activities: ADVE	MCEMEI	NT OF THE SC.	IENCES				
Solution	rnan	2	Check this box if the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as:	șets.				
Solution	Š.	3	Number of voting members of the governing body (Part VI, line 1a)		3	-				
Solution	Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7				
Solution	o S	5 5				0				
Solution	ij	6				0				
Solution	₽	7,	•			0.				
R	ĕ		, , , , , , , , , , , , , , , , , , , ,							
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 26 (808. 39,606. 39,606. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising efees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total assets (Part IX, column (A), line 11e) 10 Total assets (Part IX, column (A), line 11e) 10 Total assets (Part IX, column (A), line 11e) 10 Total assets (Part IX, column (A), line 11e) 10 Total assets (Part IX, column (A), line 11e) 10 Total assets (Part IX, column (A), line 11e) 10 Total assets (Part IX, column (A), line 11e) 11 Total liabilities (Part IX, line 16) 12 Total liabilities (Part IX, line 16) 13 Total assets (Part IX, line 16) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) 10 Total assets (Part IX, column (A), line 11e) 10 Total assets (Part IX, column (A), line 11e) 11 Total liabilities (Part IX, line 16) 12 Total liabilities (Part IX, line 26) 13 Total assets (Part IX, line 26) 15 Total assets (Part IX, column (A), line 25) 16 Total assets (Part IX, line 26) 17 Total assets (Part IX, line 26) 18 Total assets (Part IX, line 26) 19 Total assets (Part IX, line 26) 10 Total assets (Part IX, line 26) 11 Total liabilities (Part IX, line 26) 12 Total liabiliti		–	b that dimodated beamloss taxable mosmic month of the color, i are i, mile in							
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12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 137,870. 477,696. 13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 19,070. 31,599. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 49,406. 49,406. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 0. 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 103,257. 106,048. 19 Revenue less expenses. Subtract line 18 from line 12 34,781. 371,648. 19 Revenue less expenses. Subtract line 18 from line 12 33,153,335. 3,688,292. 20 Total assets (Part X, line 26) 3,153,335. 3,688,292. 21 Total liabilities (Part X, line 26) 5. 5. 22 Net assets or fund balances. Subtract line 21 from line 20 3,153,330. 3,688,287. 24 Part II Signature Block Signature Block Print/Type preparer (other than officer) is based on all information of which preparer has any knowledge. 25 Pint II Print/Type preparer's name BARBARA Y. GIBBS, M. TAX, Preparer's signature Print/Type preparer's name BARBARA Y. GIBBS & ASSOCIATES Firm's name BARBARA Y. GIBBS & ASSOCIATES Firm's slowes 110 S. MAIN STREET BLACKSTONE, VA 23824 Phone no.434-298-0020	Be	10								
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Net assets or fund balances. Subtract line 21 from line 20	o.	3		В	eginning of Current Year					
Net assets or fund balances. Subtract line 21 from line 20	sets	20	Total assets (Part X, line 16)			3,688,292.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Bignature of officer PHILIP SHERIDAN, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name BARBARA Y. GIBBS, M. TAX, Preparer's signature Firm's name BARBARA Y. GIBBS & ASSOCIATES Firm's name BARBARA Y. GIBBS & ASSOCIATES Firm's address 110 S. MAIN STREET BLACKSTONE, VA 23824 Phone no. 434-298-0020	AS C	21	Total liabilities (Part X, line 26)			5.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign BARBARA Y. GIBBS, M. TAX, Preparer's signature BARBARA Y. GIBBS, M. TAX, Preparer's signature Firm's name BARBARA Y. GIBBS & ASSOCIATES Firm's lin BARBARA Y. GIBBS & ASSOCIATES Firm's address 110 S. MAIN STREET BLACKSTONE, VA 23824 Phone no. 434-298-0020	Nei Nei	22	Net assets or fund balances. Subtract line 21 from line 20		3,153,330.	3,688,287.				
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here PHILIP SHERIDAN, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name BARBARA Y. GIBBS, M. TAX, Preparer Firm's name BARBARA Y. GIBBS & ASSOCIATES Firm's line BARBARA Y. GIBBS & ASSOCIATES Firm's address 110 S. MAIN STREET BLACKSTONE, VA 23824 Phone no. 434-298-0020	P	art I	I Signature Block							
Sign Here PHILIP SHERIDAN, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name BARBARA Y. GIBBS, M. TAX, Preparer Use Only Firm's name BARBARA Y. GIBBS & ASSOCIATES Firm's lame BARBARA Y. GIBBS & ASSOCIATES Firm's address 110 S. MAIN STREET BLACKSTONE, VA 23824 Phone no. 434-298-0020	Unc	der pei	nalties of perjury, I declare that I have examined this return, including accompanying schedul	es and staten	nents, and to the best of my	y knowledge and belief, it is				
Here PHILIP SHERIDAN, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Paid BARBARA Y. GIBBS, M. TAX, Preparer's signature Preparer's signature 11/09/22 Check PTIN P	true	e, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information of v	hich prepare	r has any knowledge.					
Here PHILIP SHERIDAN, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Paid BARBARA Y. GIBBS, M. TAX, Preparer's signature Preparer's signature 11/09/22 Check PTIN P										
Here PHILIP SHERIDAN, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Paid BARBARA Y. GIBBS, M. TAX, Preparer's signature Preparer's signature Date 11/09/22 self-employed PO819892 Firm's name BARBARA Y. GIBBS & ASSOCIATES Firm's eaddress 110 S. MAIN STREET BLACKSTONE, VA 23824 Phone no. 434-298-0020	Sig	ın	Signature of officer		Date					
Print/Type preparer's name Paid Paid BARBARA Y. GIBBS, M. TAX, Preparer's signature 11/09/22 Firm's name Preparer's signature			▶ PHILIP SHERIDAN, EXECUTIVE DIRECTOR							
Paid BARBARA Y. GIBBS, M. TAX, Contained Property 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										
Paid BARBARA Y. GIBBS, M. TAX, Control of the contr			Print/Type preparer's name Preparer's-signature	,		PTIN				
Preparer Use Only Firm's address	Pai	d	BARBARA Y. GIBBS, M. TAX, Caubara 4.	Lebbs	11/09/22 self-employ	P00819892				
Use Only Firm's address 110 S. MAIN STREET BLACKSTONE, VA 23824 Phone no. 434-298-0020										
BLACKSTONE, VA 23824 Phone no. 434 - 298 - 0020					0					
		,			Phone no 43	4-298-0020				
	Ma	v the	<u> </u>		1. 110110 110. 20					

	1 990 (2021) VIRGINIA ACADEMY OF SCIENCE	54-6038285 Pag	ge 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: ADVANCEMENT OF THE SCIENCES.		
	ADVANCEMENT OF THE SCIENCES.		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X	1
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes 🔼	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
	If "Yes," describe these changes on Schedule O.		,
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and	
	revenue, if any, for each program service reported.	17 200	
4a	(Code:) (Expenses \$ 73,318. including grants of \$ 31,599.) (Revenue RESEARCH GRANTS ARE AWARDED TO PERSONS SUBMITTING WINNING		<u>, </u>
	IN ORDER TO FUND SCIENTIFIC RESEARCH	3 AFFILICATIONS	
	III ORBER 10 10115 BOLLEVILLE REBELLION		
4b	(Code:) (Expenses \$ 522 • including grants of \$) (Revenue	ue \$120) <u>.</u>)
	VIRGINIA JOURNAL OF SCIENCE AND VIRGINIA SCIENTIST PUBLIS		
	YEAR TO PROVIDE INFORMATION REGARDING THE ADVANCEMENT OF	THE SCIENCES	
	26 720	10 425	
4c	(Code:) (Expenses \$26,720. including grants of \$) (Revenue ANNUAL MEETINGS PROVIDE AN OPPORTUNITY FOR PRESENTATION (<u>) •</u>)
	PAPERS AND INTERCHANGE OF INFORMATION	or SCIENTIFIC	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 100,560.		
		Form 990 (2	2021)

Form 990 (2021) VIRGINIA ACADEMY OF SCIENCE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			\ 3 7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		.
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	·	10		х
20-	complete Schedule G, Part III	19 20a		X
20a	• •	20a 20b		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
	Service 35 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			

132003 12-09-21

Form **990** (2021)

Form	1990 (2021) VIRGINIA ACADEMY OF SCIENCE 54	-60382	<u> 285</u>	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)				
		_		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	L	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curr	ent			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	L	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	э			
	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		
25 a	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	L	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an	d			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	e			
	Schedule L, Part I	<u>L</u> :	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed	е,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% cor	itrolled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part	· ///	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	L	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	L	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	L	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	L	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	L	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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	L	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entit	:y			
	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	zation?			
	If "Yes," complete Schedule R, Part V, line 2	1	36		Х
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	L	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
			38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	<u></u> .	
				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	,			

(gambling) winnings to prize winners?

VIRGINIA ACADEMY OF SCIENCE
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
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).	_		37							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6 -		x							
	any contributions that were not tax deductible as charitable contributions?	6a									
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CL									
7	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and convices provided to the payor?	7a		Х							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		122							
	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	7.0									
·	to file Form 8282?	7c		x							
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70									
	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?	7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	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										
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
D	Enter the amount of reserves the organization is required to maintain by the states in which the										
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b										
		14a		Х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 10									
	excess parachute payment(s) during the year?										
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?										
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.											

VIRGINIA ACADEMY OF SCIENCE 54-6038285 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management** No Yes **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization Х 15b 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 X taxable entity during the year? 16a 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 Section C. Disclosure

17	List	the	states	with which	a copy	y of	this	Form	1990) is	required to be filed	$ ightharpoons_{-}$	NONE	
	_									_	1000 (1001		 	Π

2500 WEST BROAD STREET, RICHMOND,

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) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records PHILIP SHERIDAN - 804-864-1451

Form **990** (2021)

VA

23220

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, 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 r	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	າ than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both	an	compensation	compensation	amount of
	week	_	Cei ai	T a u	Tecto	Tuus	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e 0r 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
	below	Individual trustee or director	Institutional trustee		Key employee	est co	er	,		organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) SUSAN P. BOOTH	20.00									
VJAS DIRECTOR		Х						19,030.	0.	0.
(2) PHILIP SHERIDAN	20.00									
EXECUTIVE OFFICER		Х		Х				11,865.	0.	0.
(3) ROBIN CURTIS	20.00									
ASSOCIATE DIRECTOR VJAS		X						10,000.	0.	0.
(4) CAROLYN CONWAY	1.00									
ASSOCIATE EXECUTIVE		Х						5,000.	0.	0.
(5) PARRISH WATERS	0.00									
VICE PRESIDENT				Х				0.	0.	0.
(6) DEOBRAH NEELY-FISCHER	10.00									
PRESIDENT				X				0.	0.	0.
(7) ARTHUR F. CONWAY	1.00									
EXECUTIVE OFFICER EMERTIUS		Х						0.	0.	0.
(8) CHRISTOPHER J. OSGOOD	1.00									
SECRETARY				X	<u> </u>			0.	0.	0.
(9) CONLEY NCMULLIN	1.00									
PRESIDENT-ELECT				X	<u> </u>			0.	0.	0.
(10) APRIL WYNN	1.00									
TREASURER				X	<u> </u>			0.	0.	0.
					<u> </u>					
	1				Ь_					
					<u> </u>					
					ــــــ	<u> </u>				
		-								
		_		_	<u> </u>	├				
		-								
	1	-			₩	-	_			
		-								
					Щ					

Form **990** (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i	more rson i	than of the book o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount o other	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)) /	com fro orga and	pensat om the anizati d relate anizatio	e on ed
	line)	Individ	Institut	Officer	Key em	Highes employ	Former				Orga	ııızalı	
1b Subtotal								45,895.		0.			0.
c Total from continuation sheets to Part VI								45,895.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization 							o re	· · · · · · · · · · · · · · · · · · ·		<u>u . j</u>			0.
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," complete Schedule J for so	uch individual										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•		-						-		4		X
5 Did any person listed on line 1a receive or a	accrue comper	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or st	ıch ı	oers	on					5		Х
Complete this table for your five highest contactors	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	5100,000 of compe	 ensat	tion frc	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.			_	
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	(C Comper		1
Total number of independent contractors (ii \$100,000 of compensation from the organization)	•	ot lin	nited	d to	thos (_	ted	above) who received mo	ore than			000 /-	

Form **990** (2021)

155/11/0 126000 1116

			Check if Schedule O contains a res	ponse (or note to any lin	e in this Part VIII			
					· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1					30000013 3 12 3 14
nts			Federated campaigns1						
Sra Ou			Membership dues1						
S, (Fundraising events1						
a ä		d	Related organizations1	t l					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 16	•					
rigi		f	All other contributions, gifts, grants, and						
듍			similar amounts not included above 11		120,751.				
ΞĠ		g	Noncash contributions included in lines 1a-1f) \$					
an C		h	Total. Add lines 1a-1f			120,751.			
					Business Code				
a	2	а	ENTRY FEES		900099	15,889.	15,889.		
Š	_		DUES		900099	11,162.	11,162.		
ig Š			ANNUAL MEETING		900099	10,110.	10,110.		
Ke a			FALL MEETING		900099	2,325.	2,325.		
gra			JOURNAL		900099	120.	120.		
Program Service Revenue					200022	120.	120.		
_			All other program service revenue			39,606.			
-			Total. Add lines 2a-2f			33,000.			
	3		Investment income (including dividends			278,480.	278,480.		
			other similar amounts)			270,400.	270,400.		
	4		Income from investment of tax-exempt	-					
	5		Royalties(i) R		(ii) Personal				
	_			z ai	(II) Personal				
	6		Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
	_		Net rental income or (loss)		/ii) Othor				
	7	а	Gross amount from sales of (i) Secu		(ii) Other				
			assets other than inventory 7a 108,4	£3/•					
		b	Less: cost or other basis	70					
<u> </u>			and sales expenses 7b 69,5	70.					
š			Gain or (loss) 7c 38,8			20 050			20 050
her Revenue			Net gain or (loss)	<u></u>	>	38,859.			38,859.
	8	а	Gross income from fundraising events (not						
Ó			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising ev						
	9	а	Gross income from gaming activities. S	- 1					
			Part IV, line 19						
		b	Less: direct expenses	9b					
			Net income or (loss) from gaming activity	ties					
	10	а	Gross sales of inventory, less returns						
			and allowances						
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inven	tory	>				
ا ي					Business Code				
noe Te	11	а							
lan epr		b							
Miscellaneous Revenue		C							
ĕ			All other revenue						
			Total. Add lines 11a-11d			477,696.	318,086.	0.	30 050
_	12		Total revenue. See instructions			' ± / / , \\ \\ \\ \	1 2TO,000.	ı 0.	38,859.

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). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 31,599. 31,599. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 45,895. 43,601. 2,294. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 3,511. 3,335. 176. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 886. 797. 89. Office expenses 13 2,089. 2,089. Information technology 14 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 11,866. 11,866. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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 O.) 6,295. 6,295. AUDIT/INSURANCE WEBSITE 1,597. 1,597. 840. TELEPHONE/INTERNET -NOT 840. 552. 552. PAYPAL FEES 918. 918. e All other expenses 106,048. 100,560. 5,488. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			20.	1	20.
	2	Savings and temporary cash investments			59,817.	2	90,373.
	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, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
w	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	104	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	7.454.			
	h	Less: accumulated depreciation	10h	7,454.	0.	10c	0.
	11	Investments - publicly traded securities			•	11	•
	12	Investments - other securities. See Part IV, line			3,093,498.	12	3,597,899.
	13		3,033,4301	13	3,331,033.		
		Investments - program-related. See Part IV, line					
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			3,153,335.	15 16	3,688,292.
	16	Total assets. Add lines 1 through 15 (must equ			3,133,333.		3,000,232.
	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				21	
es	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
jab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate		Г		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X	-		-
		of Schedule D			5.	25	5.
	26	Total liabilities. Add lines 17 through 25		. 🕶	5.	26	5.
, 0		Organizations that follow FASB ASC 958, che	ck her	e ▶ <u>X</u>			
ě		and complete lines 27, 28, 32, and 33.			2 452 222		2 600 005
<u>la</u>	27	Net assets without donor restrictions			3,153,330.	27	3,688,287.
Ba	28					28	
Ę.		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 📖			
Ē		and complete lines 29 through 33.					
S.	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ret	32	Total net assets or fund balances			3,153,330.	32	3,688,287.
	33	Total liabilities and net assets/fund balances .			3,153,335.	33	3,688,292.

Form **990** (2021)

Pai	TXI 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		7,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,15		
5	Net unrealized gains (losses) on investments	5	16	3,3	09.
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	3,68	8,2	<u>87.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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 O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

VIRGINIA ACADEMY OF SCIENCE

Employer identification number

	VIRGINIA ACADEMY OF SCIENCE 54-6038285									
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions			
The 1 2 3 4	organ	ization is not a private found A church, convention of cheat A school described in section A hospital or a cooperative A medical research organizity, and state:	ation because it is: (If urches, or association 170(b)(1)(A)(ii). (If hospital service organication)	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se	heck only in sectio n 990).) ection 170	one box.) n 170(b)(1 0(b)(1)(A)(ii	I)(A)(i). i).		the hospital's name,	
5 6 7 8 9	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
	university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
d		organization(s). You mus Type III functionally inte its supported organization Type III non-functionally	grated. A supporting n(s) (see instructions) nitegrated. A supp	g organization operated . You must complete Forting organization oper	Part IV, Se ated in co	ections A, nnection w	D, and E. vith its supporte	ed organiz	zation(s)	
e		that is not functionally int requirement (see instructionally integrated, or functionally integrated, or the number of supported as	ions). You must con anization received a v Type III non-function	nplete Part IV, Sections written determination from	A and D, m the IRS	and Part 'that it is a	v.		veness	
1		er the number of supported o	•	d organization(s)						
<u> </u>		vide the following information i) Name of supported organization	about the supporte	d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nnization listed ng document?	(v) Amount of r support (see ins	•	(vi) Amount of other support (see instructions)	

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.)

Sec	ction A. Public Support	, noted Bolow, pied	oo complete r art r	,						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Gifts, grants, contributions, and	(=) = = : :	(2) = 2 : 2	(-)	(-)	(5) = 5 = 1	(-)			
	membership fees received. (Do not									
	include any "unusual grants.")	97,361.	70,089.	32,734.	35,483.	120,247.	355,914.			
2	Tax revenues levied for the organ-		-	-	-	-	-			
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	97,361.	70,089.	32,734.	35,483.	120,247.	355,914.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						355,914.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	97,361.	70,089.	32,734.	35,483.	120,247.	355,914.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	131,935.	169,918.	136,103.	78,896.	278,480.	795,332.			
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.)						1151016			
11	Total support. Add lines 7 through 10						1151246.			
12	Gross receipts from related activities,	•	,			12				
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)				
800	organization, check this box and stop ction C. Computation of Publi						P			
	Public support percentage for 2021 (I			nolumn (fl)		14	30.92 %			
			•	***		15	E4 E0			
	Public support percentage from 2020 33 1/3% support test - 2021. If the o									
104	stop here. The organization qualifies						. .			
h	-		-			or more check thi				
	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
179	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
17 a	and if the organization meets the fact									
	meets the facts-and-circumstances te			=	ani-ation	-				
h	10% -facts-and-circumstances test	· ·	•	• • • •						
i.	more, and if the organization meets the	-					1070 OI			
	organization meets the facts-and-circle				-		ightharpoonup			
12	Private foundation. If the organization		-		•					
	ato roundation, ii the organizatio	did not oneon a	SSA SIT III IC 10, 100	a, 100, 17a, 01 17D	, or room tring box a		·			

Schedule A (Form 990) 2021

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		_				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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, t	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
<u></u>	check this box and stop here	- Compart Day					>
	ction C. Computation of Publi			. (0)		T .= I	
	Public support percentage for 2021 (I		•	column (t))		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	Investment income percentage for 20			20.13 column (f)		17	%
						18	<u>%</u>
18	Investment income percentage from 3 a 33 1/3% support tests - 2021. If the			on line 14 and line			
136	more than 33 1/3%, check this box ar						, 13 HOL
	33 1/3% support tests - 2020. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

132023 01-04-22 Schedule A (Form 990) 2021

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Yes	No
1		
2		
3a		
3b		
3c		<u> </u>
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Schedule A (Form 990) 2021

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Par	t IV Supportin	g Organizations _(continued)			
	<u> </u>	(** * * * * * * * * * * * * * * * * * *		Yes	No
11	Has the organization	accepted a gift or contribution from any of the following persons?			
	-	ly or indirectly controls, either alone or together with persons described on lines 11b and			
		rning body of a supported organization?	11a		
b	A family member of	a person described on line 11a above?	11b		
С	A 35% controlled en	tity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sect	tion B. Type I Su	pporting Organizations			
				Yes	No
1	Did the governing be	ody, members of the governing body, officers acting in their official capacity, or membership of one or			
		anizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		s at all times during the tax year? If "No," describe in Part VI how the supported organization(s) supervised, or controlled the organization's activities. If the organization had more than one supported			
		be how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		ions and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization	operate for the benefit of any supported organization other than the supported			
	organization(s) that	operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providir	ng such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or contro	olled the supporting organization.	2		
Sect	tion C. Type II S	upporting Organizations			
				Yes	No
1	Were a majority of the	ne organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of	of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of th	ne supporting organization was vested in the same persons that controlled or managed			
	the supported organ	ization(s).	1		
Sect	tion D. All Type	II Supporting Organizations			
				Yes	No
1	Did the organization	provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax ye	ear, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of th	e Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's gover	ning documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the orga	anization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii)	serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ntained a close and continuous working relationship with the supported organization(s).	2		
3		ationship described on line 2, above, did the organization's supported organizations have a			
	-	ne organization's investment policies and in directing the use of the organization's			
		all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizati	ions played in this regard.	3		
Seci	iion E. Type III F	unctionally Integrated Supporting Organizations			
1		to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		on satisfied the Activities Test. Complete line 2 below.			
b		on is the parent of each of its supported organizations. Complete line 3 below.			
С		on supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	1	
2		wer lines 2a and 2b below.		Yes	No
а	-	of the organization's activities during the tax year directly further the exempt purposes of			
		ization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ganizations and explain how these activities directly furthered their exempt purposes,			
	•	was responsive to those supported organizations, and how the organization determined	_		
1-		constituted substantially all of its activities.	2a		
b		scribed on line 2a, above, constitute activities that, but for the organization's involvement,			
		rganization's supported organization(s) would have been engaged in? If "Yes," explain in			
		for the organization's position that its supported organization(s) would have engaged in	Oh		
2		or the organization's involvement.	2b		
3		Organizations. Answer lines 3a and 3b below.			
а	_	have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
h		he supported organizations? If "Yes" or "No" provide details in Part VI. exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	Dia tilo organization	onered a capetarrial degree or an obtain ever the policies, programs, and activities of cach			

3b Schedule A (Form 990) 2021

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2021 VIRGINIA ACADEMY OF SC			54-6038285 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		

Schedule A (Form 990) 2021

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

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	unizations (acations d)	4 0030203 Page 1
		(a)(o) Supporting Orga	inizations (continued)	Current Voor
	on D - Distributions	ment numacca		Current Year
1	Amounts paid to supported organizations to accomplish exe	- 	1	
2	Amounts paid to perform activity that directly furthers exemp	or purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4_	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5	
<u>6</u>	Other distributions (describe in Part VI). See instructions.		6	
	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	1	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
	From 2018			
d	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3			
•	and 4c.			
	Prockdown of line 7:			

Schedule A (Form 990) 2021

a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

VIRGINIA ACADEMY OF SCIENCE

Employer identification number 54-6038285

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds o	or Accour	nts. Complete if the	
	organization answered Tes Off Offi 990, Fattiv, int	(a) Donor advis	ed funds	(b) Fur	nds 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 h	eld in donor advise	d funds		
	are the organization's property, subject to the organization's	-			Yes No	
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes No	
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, P	art IV, line 7		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically	important land area	
	Protection of natural habitat Preservation of a certified historic structure					
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contrib	oution in the form o	f a conserva	tion easement on the last	
	day of the tax year.				Held at the End of the Tax Year	
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements	2b				
С	· · · · · · · · · · · · · · · · · · ·					
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not or	n a historic structur	е		
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax	
	year ▶					
4	Number of states where property subject to conservation eas	_				
5	Does the organization have a written policy regarding the peri		tion, handling of			
	violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, a	nd enforcing conse	ervation ease	ements during the year	
_	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and el	ntorcing conservati	on easemen	its during the year	
	▶ \$ Does each conservation easement reported on line 2(d) above	a action the requiremen	to of acotion 170/b	\(4\(D\(;\		
8		•	· ·		Yes No	
9	and section 170(h)(4)(B)(ii)?					
9	balance sheet, and include, if applicable, the text of the footn		· ·			
	organization's accounting for conservation easements.	lote to the organization	3 III anciai Stateme	nto that desc	STIDES THE	
Par	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Oth	ner Simila	r Assets.	
	Complete if the organization answered "Yes" on Form		·			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rev	renue statement an	d balance sl	heet works	
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its finan	•			•	
b	If the organization elected, as permitted under FASB ASC 958				t works of	
	art, historical treasures, or other similar assets held for public	· ·				
	provide the following amounts relating to these items:			•		
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
					\$	
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1				\$	
b	A			_	\$	

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

Schedule D (Form 990) 2021

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Pai	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar /	Assets	(continu	ed)
3	Using the organization's acquisition, accessic	on, and other record	s, check	any of the	following that	t make sig	nificant us	e of its	,	
	collection items (check all that apply):					_				
а	Public exhibition	c	ı 🔲 ı	Loan or exc	hange progra	am				
b	Scholarly research	6								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how the	ev further th	ne organizatio	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma				•			🗀	Yes	☐ No
Pai	t IV Escrow and Custodial Arrang					"Yes" on F	orm 990. F	Part IV. I		
	reported an amount on Form 990, Par			3			,	,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	contribution	s or other ass	sets not in	cluded			
	on Form 990, Part X? Yes No									
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:									
	g								Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo	orm 990 Part X line	21 for e	escrow or ci	ıstodial acco	unt liabilit			Yes	No
	If "Yes," explain the arrangement in Part XIII.						,			
Pai).			
		(a) Current year		rior year	(c) Two yea		d) Three yea	rs back	(e) Four y	ears back
1a	Beginning of year balance	,, ,	, ,		, ,	,	, ,		, ,	
b	Contributions									
c	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
-										
	and programs									
	Administrative expenses									
g	End of year balance	ant year and balance	o (lipo 1 o	, column (c	// hold oo:					
2	Provide the estimated percentage of the curre	•	`	j, column (a)) riela as.					
a	Board designated or quasi-endowment Permanent endowment		_%							
С	<u> </u>	%								
0-	The percentages on lines 2a, 2b, and 2c should be a sh	•			and and a decided at a					
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are neid ai	na aaministei	rea for the	organizati	on	[v	es No
	by:									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organizat								3b	
Bai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		wment fo	unds.						
Fai	Complete if the organization answered) Dort IV	lino 11a C	coo Form 000	N Dort V II	no 10			
		1								
	Description of property	(a) Cost or o		` '	t or other		cumulated		(d) Book	value
		basis (investr	nent)	Dasis	(other)	аер	reciation			
	Land									
	Buildings									
	Leasehold improvements	I			7 000		7 00	+		
	Equipment				7,088.		7,088	_		0.
	Other				366.		366	9•		0.
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colum	nn (B). line 1	0c.)					0.

Schedule D (Form 990) 2021

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Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	year market value
I) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A) VAS-GENERAL FUND			
(B) INVESTMENTS	3,142,937.	END-OF-YEAR MARKET V	ALUE
(C) RESEARCH FUND INVESTMENTS	421,387.	END-OF-YEAR MARKET V	
(D) BETHEL HIGH SCHOOL	,		-
(E) INVESTMENTS	33,575.	END-OF-YEAR MARKET V	ALUE
(F)	,		
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,597,899.		
Part VIII Investments - Program Related.	.,,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
(1)	1		()
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
. ,			
(9)	15.)	>	
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete in the organization of liability.			(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the complete in the organization of liability.			(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes			. ,
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the im			. ,
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the im			. ,
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the im			. ,
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the im			. ,
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the im			. ,
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the im			. ,

Schedule D (Form 990) 2021

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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2021 VIRGINIA ACADEMY OF SO			age 4
Pai	t XI Reconciliation of Revenue per Audited Financial S		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.	T . I	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م ا		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.) Add lines 2a through 2d	<u></u>	30	
е 3				
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
b	Other (Describe in Part XIII.)			
			4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line		5	
	t XII Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" on Form 990, Part IV	•	•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	e 18.)	5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar		Part V, line 4; Part X, line 2; Part XI,	
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.		

Schedule D (Form 990) 2021

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

2021	Open to Public Inspection
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å **Employer identification number** 54-6038285 (h) Purpose of grant or assistance X Yes 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SCIENCE Enter total number of other organizations listed in the line 1 table QF General Information on Grants and Assistance VIRGINIA ACADEMY (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part I Part II

Schedule I (Form 990) 2021

54-6038285

Schedule I (Form 990) 2021 VIRGINIA ACADEMY OF SCIENCE

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARDS - ENDOWED - VJAS	18	1,701,	•0		
AWARDS - VAS	16	15,750.	•0		
RESEARCH AWARD - VAS	15	13,748.	•0		
Supplementa		Part I, line 2; Part III, column (b); and any other additional information.	(b); and any other ad	ditional information.	
PART I, LINE 2: APPLICATIONS ARE SUBMITTED AT THE VARIOUS		SCIENCE DEP	DEPARTMENTS OF	F SCHOOLS OR	
COLLEGES AND ARE JUDGED BEFORE BEING	NG CONSIDERED	FOR	A RESEARCH	GRANT. THE	
APPLICANT WORKS UNDER THE DIRECTION	N OF THE	COLLEGE/SCHOOL	AND	THEIR	
FINDINGS ARE PUBLISHED IN THE VARIOUS	OUS SCIENCE	CE JOURNALS.	THE	ORGANIZATION	
WORKS CLOSELY WITH THE SCIENCE DEPA	DEPARTMENTS	AND THEIR	HEADS DURING	NG THE	
ENTIRE PROCESS.					

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VIRGINIA ACADEMY OF SCIENCE

Employer identification number 54-6038285

FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990, SIGNS AND FILES THE FORM. A
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.

Schedule O (Form 990) 2021