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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: THE VIRGINIA BIOSCIENCE FOUNDATION. D Employer identification number: 41-2256183. E Telephone number: (804) 643-6360. F Group Exemption Number.

G Accounting Method: X Cash Accrual Other (Specify) H Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: HTTP://WWW.VABIOFOUNDATION.ORG

J Tax-exempt status (check only one) - X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 3,554.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I). Check if the organization used Schedule O to respond to any question in this Part I X

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 3,554. Total expenses is 5,002. Net assets at end of year is 5,642.

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	7,090.	22	5,642.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	7,090.	25	5,642.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,090.	27	5,642.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 <u>SEE SCHEDULE O</u>			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		
29 <u>SEE SCHEDULE O</u>			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30 <u>SEE SCHEDULE O</u>			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		0.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-))	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARK A. HERZOG, 737 N 5TH ST. STE 200, RICHMOND, VA 23219	SECRETARY & TREASURER	0.	0.	0.
MARTIN D. CHAPMAN, 1216 HARRIS STREET, CHARLOTTESVILLE, VA 22903	CHAIRMAN	0.	0.	0.
PATRICIA B. WILLIAMS, PH. D. P.O. BOX 3767, NORFOLK, VA 23514-3767	VICE CHAIRMAN	0.	0.	0.
JEFF CONROY, 13455 SUNRISE VALLEY DR., HERNDON, VA 20171	DIRECTOR	0.	0.	0.
JEFF GALLAGHER, 800 EAST LEIGH ST. STE 14, RICHMOND, VA 23219	DIRECTOR	0.	0.	0.
THOMAS F. HUFF, PH. D. P.O. BOX 842030, RICHMOND, VA 23284	DIRECTOR	0.	0.	0.
DAVID LAY, 951 EAST BYRD STREET, 8TH FLOOR, RICHMOND, VA 23219	DIRECTOR	0.	0.	0.
ROBERT L. MCKOWN, PH. D., CISAT, MSC 4102, HARRISONBURG, VA 22807	DIRECTOR	0.	0.	0.
THOMAS THORPE, PH. D., 2030 AVON COURT, CHARLOTTESVILLE, VA 22902	DIRECTOR	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39a	Section 501(c)(7) organizations. Enter:	39a	N/A
39b	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <u>NONE</u>		
42a	The organization's books are in care of <u>MARK HERZOG</u> Telephone no. <u>(804) 643-6360</u> Located at <u>800 E. LEIGH STREET, RICHMOND, VA</u> ZIP + 4 <u>23219</u>		
42b	b 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)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 46 Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 Yes No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No
 b If "Yes," was the related organization a section 527 organization? 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

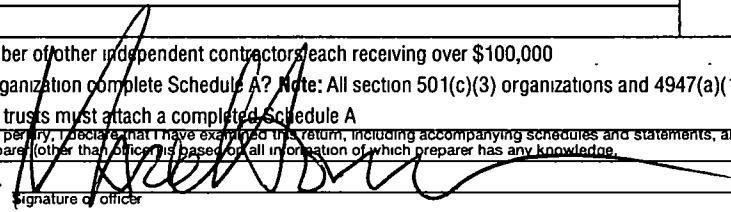
f Total number of other employees paid over \$100,000 ▶


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No
Under penalties or 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 Here Date 16 Nov 12
 Signature of officer 
MARK A. HERZOG, SECRETARY & TREASURER
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name STEVEN M PIASCIK, CPA MT	Preparer's signature 	Date <u>10/30/12</u>	Check <input type="checkbox"/> if self-employed	PTIN P01003571
	Firm's name ▶ PIASCIK	Firm's EIN ▶ 54-2041933			
	Firm's address ▶ 4470 COX ROAD, SUITE 250 GLEN ALLEN, VA 23060	Phone no. (804) 527-1815			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization **THE VIRGINIA BIOSCIENCE FOUNDATION** Employer identification number **41-2256183**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,172.	133,085.	56,249.	53,650.	3,554.	316,710.
2 Tax revenues levied for the organization'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	70,172.	133,085.	56,249.	53,650.	3,554.	316,710.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						316,710.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	70,172.	133,085.	56,249.	53,650.	3,554.	316,710.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)		37.				37.
11 Total support. Add lines 7 through 10						316,747.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.99 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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Name of the organization

THE VIRGINIA BIOSCIENCE FOUNDATION

Employer identification number
41-2256183

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INTERNSHIP EXPENSES	4,250.
STATE SCIENCE FAIR EXPENSES	700.
FEES	52.
TOTAL TO FORM 990-EZ, LINE 16	5,002.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSION OF THE CHESAPEAKE BIOSCIENCE EDUCATION FOUNDATION IS TO ENCOURAGE YOUNG AMERICANS TO EXPLORE STUDIES AND CAREERS IN INNOVATIVE FIELDS SUCH AS THE LIFE SCIENCES. THE FOUNDATION DEVELOPS AND PROMOTES PROGRAMS DESIGNED TO ENCOURAGE YOUNG STUDENTS BEFORE THEY CHOOSE SPECIFIC CAREERS, TO APPRECIATE AND PARTICIPATE IN THE CHALLENGING WORK OF MATH AND SCIENCE SO THAT THEY DO NOT PRECLUDE SUBSEQUENT CAREER CHOICES IN THE BIOSCIENCES.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: ACCORDING TO AN INFLUENTIAL REPORT FROM THE NATIONAL ACADEMIES OF SCIENCE, THE RISE OF NEW INTERNATIONAL COMPETITORS IN SCIENCE AND ENGINEERING IS FORCING THE UNITED STATES TO ASK WHETHER ITS EDUCATION SYSTEM CAN MEET THE DEMANDS OF THE 21ST CENTURY. THE NATION FACES SEVERAL AREAS OF CHALLENGE: K12 STUDENT PREPARATION IN SCIENCE AND MATHEMATICS, LIMITED UNDERGRADUATE INTEREST IN SCIENCE AND ENGINEERING MAJORS, SIGNIFICANT STUDENT ATTRITION AMONG SCIENCE AND ENGINEERING UNDERGRADUATE AND GRADUATE STUDENTS, AND SCIENCE AND ENGINEERING EDUCATION THAT IN SOME INSTANCES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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2011

Open to Public Inspection

Name of the organization

THE VIRGINIA BIOSCIENCE FOUNDATION

Employer identification number
41-2256183

INADEQUATELY PREPARES STUDENTS TO WORK OUTSIDE UNIVERSITIES.⓪

FINDING A SYSTEMATIC WAY ENSURE THAT THE EDUCATION, WORKFORCE AND

TRAINING SYSTEM OF TODAY WILL PROVIDE ENOUGH QUALIFIED LEADERS FOR

HIGH-PAYING JOBS IN SCIENCE AND INNOVATION TOMORROW IS A MAJOR ISSUE

FOR POLICY-MAKERS, EDUCATIONAL LEADERS AND THE BUSINESS COMMUNITY

ACROSS THE UNITED STATES.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ORDER TO MAINTAIN AND ENHANCE OUR NATION'S STANDARD OF

LIVING AND THE QUALITY OF LIFE FOR FUTURE GENERATIONS, THE

VIRGINIA BIOSCIENCE FOUNDATION PROMOTES INITIATIVES TO

ENSURE THAT STUDENTS CONTEMPLATING THEIR CAREERS UNDERSTAND THE

EXCITING AND WORTHWHILE OPPORTUNITIES IN FIELDS THAT RELATE TO SCIENCE,

TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM).

ACCORDING TO THE NATIONAL ACADEMIES OF SCIENCE, AFTER SECONDARY SCHOOL,

FEWER US STUDENTS PURSUE SCIENCE AND ENGINEERING DEGREES. ABOUT 6% OF

OUR UNDERGRADUATES MAJOR IN ENGINEERING; THAT PERCENTAGE IS THE SECOND

LOWEST AMONG DEVELOPED COUNTRIES. ENGINEERING STUDENTS MAKE UP ABOUT

12% OF UNDERGRADUATES IN MOST OF EUROPE, 20% IN SINGAPORE, AND MORE

THAN 40% IN CHINA. STUDENTS THROUGHOUT MUCH OF THE WORLD SEE CAREERS IN

SCIENCE AND ENGINEERING AS THE PATH TO A BETTER FUTURE.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

AMONG ITS MANY INITIATIVES, THE VIRGINIA BIOSCIENCE

FOUNDATION DEVELOPS AND PROMOTES PROGRAMS DESIGNED TO

ENCOURAGE YOUNG STUDENTS AT THE ELEMENTARY AND MIDDLE

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

THE VIRGINIA BIOSCIENCE FOUNDATION

Employer identification number

41-2256183

SCHOOL LEVEL, LONG BEFORE THEY CHOOSE SPECIFIC CAREERS, TO APPRECIATE
AND PARTICIPATE IN THE CHALLENGING WORK OF MATH AND SCIENCE SO THAT
THEY DO NOT PRECLUDE SUBSEQUENT CAREER CHOICES IN THE BIOSCIENCES.

TO CREATE A COHERENT CAREER PIPELINE, THE VIRGINIA BIOSCIENCE
FOUNDATION IS WORKING TO DESIGN, FUND AND BUILD A BIOSCIENCES
EMPLOYABILITY NETWORK. A NEW, FLEXIBLE INFRASTRUCTURE FOR PROMOTING
EDUCATION, CAREER DEVELOPMENT, TRAINING AND ADVANCEMENT IN BIOSCIENCES.

THIS NETWORK WILL FOCUS ON ACADEMIC EXCELLENCE, TECHNICAL TRAINING, AND
CAREER EXPLORATION, FOR ALL STUDENTS IN ELEMENTARY, MIDDLE AND
SECONDARY SCHOOL, AND THROUGH HIGHER EDUCATION, COMMUNITY COLLEGES AND
GRADUATE DEGREE PROGRAMS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

November 16, 2011

P LYNN HAYES
LECLAIRRYAN
951 E BYRD ST 8TH FL
RICHMOND, VA 23219

RECEIPT

RE: The Virginia Bioscience Foundation

ID: 0685075 - 4

DCN: 11-11-07-0088

Dear Customer:

This is your receipt for \$25.00 to cover the fee(s) for filing articles of amendment for a corporation with this office.

The effective date of the amendment is November 16, 2011.

Note: Prior to the effective date of this filing, the name of the above-referenced corporation was Chesapeake Bioscience Education Foundation, The.

Thank you for contacting our office. If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

AMENACPT
CIS0313

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

AT RICHMOND, NOVEMBER 16, 2011

The State Corporation Commission has found the accompanying articles submitted on behalf of

The Virginia Bioscience Foundation (formerly Chesapeake Bioscience
Education Foundation, The)

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it
is ORDERED that this

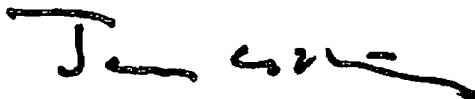
CERTIFICATE OF AMENDMENT

be issued and admitted to record with the articles of amendment in the Office of the Clerk of the
Commission, effective November 16, 2011.

The corporation is granted the authority conferred on it by law in accordance with the articles,
subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

By



James C. Dimitri
Commissioner



SCC888N
(07/07)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

ARTICLES OF AMENDMENT

CHANGING THE NAME OF A VIRGINIA NONSTOCK CORPORATION
By Unanimous Consent of the Members or by the Directors Without Member Action

The undersigned, on behalf of the corporation set forth below, pursuant to § 13.1-888 of the Code of Virginia, executes these articles and states as follows:

1. The current name of the corporation is _____
The Chesapeake Bioscience Education Foundation

2. The name of the corporation is changed to _____
The Virginia Bioscience Foundation

3. The foregoing amendment was adopted on 10/27/11 (mark appropriate box):
(date)

By the unanimous consent of the members with voting rights.

OR

By a vote of at least two-thirds of the directors in office. Member action on the amendment was not required because (mark appropriate box):

There are no members;

or

There are no members with voting rights.

Executed in the name of the corporation by:

Mark A. Herzog
(signature)

11/7/2011
(date)

Mark A. Herzog

(printed name)

Secretary

(corporate title)

0685075-4

(corporation's SCC ID no)

(telephone number (optional))

(The execution must be by the chairman or any vice-chairman of the board of directors, the president, or any other of its officers authorized to act on behalf of the corporation.)

PRIVACY ADVISORY: Information such as social security number, date of birth, maiden name, or financial institution account numbers is NOT required to be included in business entity documents filed with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public viewing.

SEE INSTRUCTIONS ON THE REVERSE