efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number **B** Check if applicable: National Academy of Sciences 53-0196932 Name change % LAURA DOUGLAS/NAS Initial return Doing business as E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) 2101 Constitution Avenue NW (202) 334-3003 Application pending City or town, state or province, country, and ZIP or foreign postal code Washington, DC $\,$ 204180007 $\,$ G Gross receipts \$ 669,752,986 F Name and address of principal officer: H(a) Is this a group return for ☐ Yes ☑ No subordinates? 2101 Constitution Ave NW **H(b)** Are all subordinates Washington, DC 20418 included? Tax-exempt status: 501(c)(3) If "No," attach a list. (see instructions) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 **H(c)** Group exemption number ▶ Website: ▶ www.nas.edu L Year of formation: 1863 M State of legal domicile: K Form of organization: Corporation Trust Association Other Summary 1 Briefly describe the organization's mission or most significant activities: THE NATIONAL ACADEMY OF SCIENCES (NAS) IS DEDICATED TO THE FURTHERANCE OF SCIENCE AND ITS USE FOR THE GENERAL WELFARE. Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 1 2 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . 1,210 Total number of volunteers (estimate if necessary) 5,500 6 Total unrelated business revenue from Part VIII, column (C), line 12 -21 **b** Net unrelated business taxable income from Form 990-T, line 39 0 **Prior Year Current Year** 268,443,497 278,346,510 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 7,814,012 8,336,622 17,708,722 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 114,531,874 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,261,352 5,201,241 298,227,583 406,416,247 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 61,769,832 73,466,642 Benefits paid to or for members (Part IX, column (A), line 4) . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 125,546,040 132,832,019 16a Professional fundraising fees (Part IX, column (A), line 11e) 225,999 117,705 Total fundraising expenses (Part IX, column (D), line 25) 3,737,740 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 125,554,815 133,038,243 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 313,096,686 339,454,609 -14,869,103 66,961,638 Revenue less expenses. Subtract line 18 from line 12 . Assets or d Balances Beginning of Current **End of Year** 1,313,044,278 1,421,374,418 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 251,124,999 260,733,980 Net assets or fund balances. Subtract line 21 from line 20 1,061,919,279 1,160,640,438 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign MARY SALMON CFO Here Type or print name and title Preparer's signature Print/Type preparer's name Check | if P00847851 **Paid** self-employed Firm's name FGRANT THORNTON LLP Firm's EIN **Preparer Use Only** Firm's address ▶ 1000 WILSON BLVD SUITE 1400 Phone no. (703) 847-7500 ARLINGTON, VA 22209 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019) Cat. No. 11282Y

2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes V No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting or make significant changes in how it conducts, any program	

	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the comprisation's pressure course accomplishments for each of its three largest pressure accomplishments by

	services?
	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 measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.							
4a	(Code:) (Expenses \$	195,862,664	including grants of \$	40,120,374) (Revenue \$	951,522)	
	DEDECORMANCE IN	CONNECTION WITH CONTRACTO	AND CDANTE WIT	THE H.C. COVERNMENT	THE ACCORDANCE WITH THE MATIONAL	ACADEMY OF CCIENCEC!	

the total expenses, and revenue, if any, for each program service reported.							
4a	(Code:) (Expenses \$	195,862,664	including grants of \$	40,120,374) (Revenue \$	951,522)	
	PERFORMANCE IN CONNECTONIC CONGRESSIONAL CHARTER		AND GRANTS WIT	'H THE U.S. GOVERNMEN'	T IN ACCORDANCE WITH THE NATIONAL A	ACADEMY OF SCIENCES'	

а	(Code:) (Expenses \$	195,862,664	including grants of \$	40,120,374) (Revenue \$	951,522)
	PERFORMANCE IN CONNI CONGRESSIONAL CHART		ND GRANTS WITH	H THE U.S. GOVERNMENT	IN ACCORDANCE WITH THE NATIONAL A	ACADEMY OF SCIENCES'

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(Code:
                            ) (Expenses $
                                                                  including grants of $
                                                    70,947,763
                                                                                               31,835,170 ) (Revenue $
                                                                                                                                  10,809,478)
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STUDIES, PROJECTS AND OTHER SERVICES IN CONNECTION WITH PRIVATE GRANTS AND OTHER ARRANGEMENTS EXCLUSIVE OF WORK FUNDED BY THE U.S. GOVERNMENT.

4c

) (Expenses \$ 6.060.993 including grants of \$ 1.511.098) (Revenue \$ 430.118) (Code:

ENDOWMENT AND TRUST ACTIVITIES REPRESENTING SCIENTIFIC PRIZES, AWARDS, AND SUPPORT OF RESEARCH.

Other program services (Describe in Schedule O.) 4d

(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 272,871,420

Form **990** (2019)

Form	990 (2019)			Page
Pa	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, </i> Part III	8		No
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		No
10	Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> 🐿	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Schedule D, Part VI.	11a	Yes	
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	Yes	

c 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 🐿 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 🥦 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីលើវិទាទ ទល្បានខែងរនិទាំ១៩៥នា និទ្ធាទាខែង និងកែន dependent audited financial statements for the tax year? If "Yes," complete

. If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🖠

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

15

16

17

b Was the organization included in consolidated, independent audited financial statements for the tax year?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Νo

Nο

Nο

Nο

Nο

Nο

Nο

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form **990** (2019)

Form 990 (2019) Page 4 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 22 Yes Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's Yes 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

 ${f b}$ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a 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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or sayables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

 $\overline{\mathsf{Did}}$ the organization receive contributions of art, historical treasures, or other similar assets, or qualified

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

Bid প্রকর্ম Grandstail Shift field after terminater or dissolve and cease operations? If "Yes," complete schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

พีลัร์ซุละ ชาตุลโศรลร์เอกิศัยใช้เอ็น หือเล็กงาtax-exempt or taxable entity? If-"Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🖠 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🐒 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1 .

Part V

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000

24a

24b

24c

24d

25a

25b

26

28a

28b

28c

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35a

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Yes

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Yes

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Yes

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Nο

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Νo

Νo

Νo

Nο

Nο

Nο

Yes

Yes No Yes Form 990 (2019)

Form **990** (2019)

	990 (2019)			Page 3
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
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	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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, or other financial account, securities account, or other financial account in a foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5a	\widehat{Was} the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	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?	7 h		
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O \cdot .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $$1,000,000$ in remuneration or excess parachute payment(s) during the year?	15		No
16	IS Thesohomesianstoructional word in the Forst it 1720, Subject leo Nthe section 4968 excise tax on net investment income?	16		No
	If "Yes," complete Form 4720, Schedule O.			

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response	e to lines

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" respons		
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		
io	n A. Governing Body and Management		
		Yes	1

Part V 1a Enter the number of voting members of the governing body at the end of the tax Yeare 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 in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?		•	ıy	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,			3		No
	Did the consciention and a conscient from the conscient decount of		000 ···		4	Voc	

- Did the organization make any significant changes to its governing documents since the prior Form 990 was $\frac{\text{filed}}{\text{the}}$ organization become aware during the year of a significant diversion of the organization's assets? . 5 Did the organization have members or stockholders? Yes
- Νo

7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by			

а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL,AR,CO,FL,GA,HI,KY,MD,M,NM,NY,ND,OH,OK,PA,RI,TN,WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website V Upon request Other (explain in Schedule O)			

Own website 📗 Another's website 🖊 Upon request 📗 Other (explain in Schedule O)

Describe in 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.

State the name, address, and telephone number of the person who possesses the organization's books and records: LAURA DOUGLASNAS 500 FIFTH STREET NW Washington, DC 20001 (202) 334-3003

Form 990 (2019)

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

See instructions for the order in which to list t Check this box if neither the organization n	-		ation	con	nper	nsate	d an	ny current officer,	director, or truste	e.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	mo unles	ore th	nan rson cer a or/t	not one is and rust			(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARCIA MCNUTT	37.5		17(77)			ed				
PRESIDENT		Х		Х				981,374	0	84,369
(2) VICTOR DZAU	2.0 37.5									
PRESIDENT - NAM				Х				982,073	0	81,760
(3) BRUCE DARLING	1.0 37.5									
EXECUTIVE OFFICER				Х				563,903	0	68,257
(4) JAMES F HINCHMAN	0.0 37.5									
DEP EXEC OFCR/CHIEF OP OFCR					Х			497,426	0	59,338
(5) ROBERT ULLRICH RERF CHIEF OF RESEARCH						Х		459,907	0	75,855
(6) C DAN MOTE JR	37.5 			Х				422,467	0	54,946
PRESIDENT- NAE END 6/30/19 (7) JOHN ANDERSON	2.0 37.5									
PRESIDENT- NAE BEG 7/01/19				Х				435,495	0	9,145
(8) ALINA BRENNER RERF SENIOR RESEARCHER	37.5 0.0					х		360,882	0	61,351
(9) ERIC GRANT RERF ASSOC CHIEF OF RESEARCH	37.5					Х		373,462	0	29,859
(10) DAVID MAY CHIEF COMMUNICATIONS OFFICER	37.5					Х		338,040	0	62,861
(11) KENNETH FULTON EXECUTIVE DIRECTOR	37.5					х		329,776	0	68,056
(12) CLYDE BEHNEY	37.5				Х			324,997	0	58,017
EXECUTIVE DIRECTOR HMD (13) MARY SALMON	0.0 37.5									
CHIEF FINANCIAL OFFICER	1.0			Х				312,918	0	57,408
(14) NEIL PEDERSEN	37.5				Х			277,120	0	53,601
EXECUTIVE DIRECTOR TRB	0.0							2.1,223		
(15) VAUGHAN TUREKIAN	37.5				Х			255,981	0	74,083
Executive Director PGA	0.0									,,,,,
(16) DIANE E GRIFFIN		X		Х				0	0	0
VICE PRESIDENT	0.0									
(17) SUSAN R WESSLER	19.0	х		Х				0	0	0
HOME SECRETARY	0.0									
										Form 990 (2019)

Form 990 (2019) Part VII Section A. Officers, Director	rs, Trustees, K	ey Em	ploy	/ees	s, a	nd H	igh	est Compensate	d Employees (co	Page ontinued)	8
(A) Name and title	(B) Average hours per week (list any hours for related	unles	ore th	nan rsor cer a	not one n is and			(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations	
(18) JOHN G HILDEBRAND	19.0			х				0	0		0
FOREIGN SECRETARY (19) WILLIAM H PRESS											_
TREASURER	19.0 1.0			Х				0	0		0
(20) SUSAN G AMARA	4.0							0	0		0
NAS COUNCIL MEMBER End 6/30/19 (21) INGRID DAUBECHIES											_
NAS COUNCIL MEMBER	4.0 0.0	1 X						0	0		0
(22) SUSAN FISKE	4.0 0.0	1 X						0	0		0
NAS COUNCIL MEMBER (23) FRED H GAGE											_
NAS COUNCIL MEMBER END 6/30/19	4.0 1.0	×						0	0		0
(24) S JAMES GATES JR	4.0 0.0							0	0		0
NAS COUNCIL MEMBER (25) CAROLINE S HARWOOD											_
NAS COUNCIL MEMBER	4.0 0.0	1 X						0	0		0
(26) EVELYN L HU	4.0 0.0							0	0		0
NAS COUNCIL MEMBER End 6/30/19 (27) LAURA L KIESSLING	4.0							_	_		_
NAS COUNCIL MEMBER END 6/30/19	0.0	1 X						0	0		0
(28) PATRICIA KUHL NAS COUNCIL MEMBER BEG 7/01/19 (29) RICHARD E LENSKI		×						0	0		0
NAS COUNCIL MEMBER BEG 7/01/19	4.0 0.0	. x						0	0		0
(30) EVE MARDER	4.0 0.0	x						0	0		0
(31) BARBARA J MEYER	4.0										_
NAS COUNCIL MEMBER	0.0	×						0	0		0
(32) THOMAS D POLLARD	4.0 0.0							0	0		0
NAS COUNCIL MEMBER (33) SEAN C SOLOMON	4.0							_	_		_
NAS COUNCIL MEMBER BEG 7/01/19	0.0	×						0	0		0
(34) ZENA WERB	4.0 0.0	. x						0	0		0
NAS COUNCIL MEMBER (35) RUTH J WILLIAMS	4.0										_
NAS COUNCIL MEMBER BEG 7/01/19								0	0		0
1b Sub-Total	II, Section A .)	-		6,915,821	0	898,9	906
2 Total number of individuals (including I \$100,000 of reportable compensation	but not limited t	o those	liste		bov	e) wh	o re	ceived more than			
3 Did the organization list any former off on line 1a? <i>If "Yes," complete Schedule</i>				-	-		or h	nighest compensat		Yes No	
For any individual listed on line 1a, is to organization and related organizations individual	the sum of repor	table c	ompe	ensa	atio	n and					
5 Did any person listed on line 1a receive services rendered to the organization?		•						-		No	
Section B. Independent Contract		1 : '									_
Complete this table for your five higher compensation from the organization. Re-	eport compensat									s tax year.	
Name and WSP USA Inc,	(A) business address							Descrip Transportation	(B) tion of services	(C) Compensation 2,349,194	4

individual	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any un services rendered to the organization? If "Yes," complete Schedule J for such parts of the organization of the such parts of the organization of the organization of the organization.		i No
Section B. Independent Contractors		
Complete this table for your five highest compensated independent contract compensation from the organization. Report compensation for the calendar year	· · · · · · · · · · · · · · · · · · ·	
(A) Name and business address	(B) Description of services	(C) Compensation
WSP USA Inc, 1401 K Street NW Ste 701 WASHINGTON, DC 20005	Transportation Study	2,349,194
Virginia Polytechnic Institute, 222 Burruss Hall BLACKSBURG, VA 24061	Transportation Study	4,253,922
Dartmouth Journal Services, 11311 McCormick Rd Ste 620 HUNT VALLEY, MD 21031	Printing/Fulfillment	3,076,015
The Boston Consulting Group Inc, 4800 Hampden Ln BETHESDA, MD 20814	Transformation Study	3,026,109
Texas AM Transportation Institute, 3135 TAMU COLLEGE STATION, TX 77843	Transportation Study	2,696,002
2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization \blacktriangleright 167	ed above) who received more than	
	_	Form 990 (2019

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Part	VIII									_
		Check if Sche	edule	e O contain	s a res	ponse or note to	any line in this Par (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	18	 Federated camp Membership du Fundraising eve Related organiz Government grants 	es . ents atio	ns	1a 1b 1c 1d 1e	1,850,001 7,853,129 213,488,825				
		f All other contribution and similar amount above Noncash contribution	s not	included	1f	55,154,555				
		lines 1a - 1f:\$			1g	2,686,017				
	h Total. Add lines 1a-1f				• •	Business Code	278,346,510			
er	2a	ANNUAL MTG/REG FE	ES			900099	8,336,622	8,336,622	0	0
ven	ь									
Program Service Revenue	c									
Serv	d									
ogram	e	-								
Ā	_									
		All other program				0.226.622				
		Total. Add lines Investment incom				8,336,622		1	T	
	ot	her					15,446,05	9	-347,361	15,793,420
		49 inclare from the estment of tax-exempt		bond proceeds	745,27	5		745,275		
	51	Royalties		(i) Re	al	(ii) Personal	, 13,27			7 13,273
	_		١							
		Gross rents Less: rental	6a 6b		.013,546		_			
	С	expenses Rental income or	6c		015,540		0			
	d	(Nets)ental incom						0		
				(i) Secu	rities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	347,	.192,106					
	b	Less: cost or other basis and sales expenses	7b	248,	.106,291					
	_	Gain or (loss)	7c		.085,815		20			22.75-
		Net gain or (loss	-		· · ·		99,085,81	5	295,599	98,790,216
Other Revenue	b	Gross income from form (not including \$ contributions reporte See Part IV, line 18 Less: direct experts Net income or (lo	d on • ense	of line 1c).	8a 8b)	0		
her		,	•			•				
ро	b	Gross income fro activities. See Part IV, line Less: direct expo Net income or (lo	19 ense	 es	9a 9b			0		
					1					

10a Gross sales of inventory, less						
returns and allowances	10a	16,669,112				
b Less: cost of goods sold	10b	14,216,902				
c Net income or (loss) from sales of	inve	entory	2,452,210	2,452,210		
		>				
Miscellaneous Revenue		Business Code				
11a PRINTING SERVICES		323100	46,801	0	46,801	0
b ADVERTISING		900099	4,940	0	4,940	0
C PARKING REIMBURSEMENT		812930	532,856	0	0	532,856
d All other revenue			1,419,159	1,402,286		16,873
e Total. Add lines 11a-11d			2,003,756			
12 Total revenue. See instructions .			406,416,247	12,191,118	-21	115,878,640

115,878,640 Form **990** (2019)

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Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must	•	-	·	lete column (A).
_	Check if Schedule O contains a response or note to	any line in this Part	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,238,570	28,238,570		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	38,574,333	38,574,333		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	6,653,739	6,653,739		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,654,678		5,654,678	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	95,474,305	70,373,943	23,129,734	1,970,628
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,250,868	9,261,915	2,741,519	247,434
_	Ohler and leave her of the	11,716,659	9,600,490	1,900,129	216,040
	Other employee benefits	7,735,509	5,780,908	1,799,937	154,664
	Payroll taxes	7,733,309	3,760,908	1,799,937	134,004
	Fees for services (non-employees):	0			
	Management	516,302	65,147	449,409	1,746
	Legal				
	Accounting	590,006	11,240	578,465	301
	Lobbying	0			117.70
	Professional fundraising services. See Part IV, line 17	117,705		757 740	117,705
	Investment management fees	767,742		767,742	
9	other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,768,852	7,616,444	8,028,471	123,937
12	Advertising and promotion	494,116	410,997	65,555	17,564
13	Office expenses	2,572,614	1,802,972	729,067	40,575
	Information technology	1,730,291	1,563,429	68,123	98,739
	Royalties	0			
	Occupancy	4,664,990	3,148,391	1,466,221	50,378
	Travel	20,374,237	18,429,673	1,782,626	161,938
	Payments of travel or entertainment expenses for any	63,243	63,243		
	federal, state, or local public officials .				
19	Conferences, conventions, and meetings	7,984,843	5,668,483	2,084,965	231,395
20	Interest	5,271,128		5,271,128	_
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,574,294	5,892,233	3,588,232	93,829
23	Insurance	720,770	330,583	390,187	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a UNRELATED BUSINESS INC. TAX	48,329	0	48,329	0
	b SUBCONTRACTS	52,126,449	51,772,354	354,095	0
	c PRINTING & PUBLICATIONS	6,025,656	5,306,696	606,781	112,179
	d MISCELLANEOUS	3,744,381	2,305,637	1,340,056	98,688
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	339,454,609	272,871,420	62,845,449	3,737,740
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Forn	1 990	0 (2019)					Page 11
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part IX .			🔽
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			18,130,772	1	9,828,244
	2	Savings and temporary cash investments		Γ	6,917,527	2	5,689,225
	3	Pledges and grants receivable, net			23,211,660	3	20,717,767
	4	Accounts receivable, net			61,334,960	4	68,899,107
	5 6	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t Loans and other receivables from other disqu	l contri :hese p	butor, or 35% persons	1,500,000	5	866,063
	0	under section $4958(f)(1)$), and persons desc			0	6	0
10	7	Notes and loans receivable, net		⊢	0	7	0
Assets	8	Inventories for sale or use			893,814	8	789,659
SS	9	Prepaid expenses and deferred charges .			10,813,045	9	11,790,193
A		Land, buildings, and equipment: cost or			, ,		
		other basis. Complete Part VI of Schedule D	10a	253,593,071			
	b	Less: accumulated depreciation	10b	106,979,288	151,221,924	10c	146,613,783
	11	Investments—publicly traded securities .	787,974,917	11	748,026,097		
	12	Investments—other securities. See Part IV, li	243,441,454	12	395,505,757		
	13	Investments—program-related. See Part IV, I		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11			7,604,205	15	12,648,523
	16	Total assets: Add lines 1 through 15 (must e	qual lii	ne 34)	1,313,044,278	16	1,421,374,418
	17	Accounts payable and accrued expenses .		29,717,682	17	32,400,458	
	18	Grants payable	0	18	0		
	19	Deferred revenue			41,840,401	19	47,238,051
	20	Tax-exempt bond liabilities			157,692,490	20	153,504,891
S	21	Escrow or custodial account liability. Comple	te Part	IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial	l contri	butor, or 35%			
œ.		controlled entity or family member of any of t	ersons	0	22	0	
_	23	Secured mortgages and notes payable to unro	elated	third parties	0	23	0
	24	Unsecured notes and loans payable to unrela	ted thi	rd parties	0	24	0
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D	ines 17		21,874,426	25	27,590,580
	26	Total liabilities. Add lines 17 through 25 .	•		251,124,999	26	260,733,980
ces		Organizations that follow FASB ASC 958, che	ck her	e ▶ ✓ and complete			
Fund Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions			111,095,576	27	125,773,112
nd B	28	Net assets with donor restrictions			950,823,703	28	1,034,867,326
Fur		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🗌 and			
Assets or	29	complete lines 29 through 33. Capital stock or trust principal, or current fun	ıds .			29	
ets	30	Paid-in or capital surplus, or land, building or		nent fund		30	
155	31	Retained earnings, endowment, accumulated i	income	e, or other funds		31	
	32	Total net assets or fund balances			1,061,919,279	32	1,160,640,438
Net	33	Total liabilities and het assets/fund balances			1,313,044,278	33	1,421,374,418
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За

3b

Yes

Yes (2019)

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Single Audit Act and OMB Circular A-133?

Form 990 (2019)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Descripti	ion:	
	Special Condition Description	

efi	e Pu	blic Visua	l Render	ObjectI	d: 001 - Submiss	ion: 2015-0	1-16	T	IN: 20-5478191			
SC	HFC	ULE A		Dublic	Charity Statu	e and Dub	olic Sunno	rt	OMB No. 1545-0047			
	m 990	_	c		organization is a sect				2010			
990I	EZ)				4947(a)(1) nonexe	mpt charitable	trust.		2019			
Danar	tment of	the Treasury	•	Go to <u>www.i</u>	Attach to Form s.gov/Form990 for i			rmation.	Open to Public			
•		nue Service ne organizat	ion					Employer identific	Inspection			
		demy of Scienc							acion number			
Pa	rt I	Reason	for Publi	c Charity St	t atus (All organiza	tions must co	mplete this pa	<u> 53-0196932</u> art.) See instruction	ons.			
					use it is: (For lines 1							
1		A church,	convention	of churches, or	association of churc	hes described i	section 170(b)(1)(A)(i).				
2		A school d	escribed in	section 170(b)	(1)(A)(ii). (Attach S	chedule E (Forr	m 990 or 990-E	Z).)				
3		A hospital	or a cooper	ative hospital :	service organization o	described in sec	tion 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 loc	al government	or governmental unit	described in se	ection 170(b)(1)(A)(v).				
7	V				es a substantial part o i). (Complete Part II.		om a governmen	tal unit or from the	general public			
8					on 170(b)(1)(A)(vi).		t II.)					
9					described in 170(b) of agriculture. See in							
10		•		-	es: (1) more than 331		•	* *	,			
		•			exempt functions—sunrelated business tax	-		• •				
		_			e section 509(a)(2).			tax) from basinesse	is acquired by the			
11		An organiz	ation organ	ized and opera	ted exclusively to test	t for public safe	ty. See section	509(a)(4).				
12		one or mor	e publicly s	supported organ	ed exclusively for the nizations described in t describes the type o	section 509(a)	(1) or section 5	09(a)(2). See sectio	n 509(a)(3). Check			
а		supported	organization	n(s) the power	erated, supervised, or to regularly appoint o t IV, Sections A and I	r elect a majori						
b		Type II. A	supporting	organization su	pervised or controlle	d in connection		3 (),	by having control or lorganization(s). You			
	_			, Sections A a		·			. ,			
С	ļ_				upporting organization actions). You must co				grated with, its			
d		Type III non	on-function nally integr	ally integrated ated. The orga	. A supporting organiz	zation operated st satisfy a dist	in connection wribution require	ith its supported or				
_	_				te Part IV, Sections A			T I T II 3	Company of the Compan			
е					ceived a written deter lly integrated support			s a Type I, Type II, I	ype III functionally			
f	Ente	r the numbe	r of support	ed organization	ns			<u> </u>				
g					ut the supported orga							
	(i) N	lame of supportation		(ii) EIN	(iii) Type of organization	listed in you	organization ur governing	(v) Amount of monetary support	(vi) Amount of other support (see			
					(described on lines 1- 10 above (see	docur	nent?	(see instructions)	instructions)			
					instructions))	Vos	No					
						Yes	No					
]								
Tota	I											
		vork Reduct	ion Act Not	ice, see the Ins	structions for	Cat. No. 11285	5F	Schedule A (Form	990 or 990-EZ) 2019			

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1,412,607,708

12,025,154

1,400,582,554

1,412,607,708

81,427,764

671,702

8,356,014

1,503,063,188

93.182 %

93.686 %

117,854,549

(f) Total

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

275,205,501

275,205,501

15,962,401

357,640

1,778,940

(c) 2017

268,443,497

(d) 2018

268,443,497

22,979,453

1,799,953

278,346,510

278,346,510

17,552,241

1,952,015

Schedule A (Form 990 or 990-EZ) 2019

14

15

(e) 2019

Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)										
Section A. Public Support										
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1 Gifts, grants, contributions, and										

290,692,944 299,919,256 275,205,501 268,443,497 278,346,510 1,412,607,708 membership fees received. (Do not include any "unusual grant.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

The value of services or facilities furnished by a governmental unit to the organization without charge.

299,919,256

1

2

Total. Add lines 1 through 3

by each person (other than a

governmental unit or publicly

The portion of total contributions

Section B. Total Support

(or fiscal year beginning in)

 Net income from unrelated business activities, whether or

carried on. .

VI.). .

through 10

not the business is regularly

capital assets (Explain in Part

10 Other income. Do not include gain or loss from the sale of

Total support. Add lines 7

7 Amounts from line 4. 8 Gross income from interest. dividends, payments received on

from line 4.

Calendar year

supported organization) included on line 1 that exceeds 2% of the

amount shown on line 11, column Public support. Subtract line 5

securities loans, rents, royalties and income from similar sources

(a) 2015

290,692,944

12,255,605

142,314

983,346

Public support percentage for 2018 Schedule A, Part II, line 14

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

290,692,944

(b) 2016

299.919.256

12,678,064

171,748

1,841,760

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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)

Sch	edule A (Form 990 or 990-EZ) 2019						Page :
P	art III Support Schedule f	or Organiza	tions Descri	bed in Section	on 509(a)(2)		
	(Complete only if you					on failed to	o qualify under Part
	II. If the organization	fails to quali	fy under the t	ests listed belo	ow, please com	plete Part	II.)
S	ection A. Public Support						
	endar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (f) Total
-	fiscal year beginning in) 🕨	(4) 2013	(5) 2010	(6) 2 0 1 7	(4) 2010	(6) 201	(1) 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						
	 Tax revenues levied for the						
4	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.						
С	Add lines 7a and 7b						
8							
	from line 6.)						
S	ection B. Total Support						
	endar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (f) Total
-	fiscal year beginning in)						
	Amounts from line 6						
.0a	•						
	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.	<u> </u>					
c							
11	Net income from unrelated business activities not included in						
	line 10b, whether or not the business is regularly carried on.						
12							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
13							
	11, and 12.)						
14	First five years. If the Form 990 is f	-	•		•		
	check this box and stop here						▶
S	ection C. Computation of Pub					1	T
15	Public support percentage for 2019	-				· · 15	
16	Public support percentage from 201					16	
S	ection D. Computation of Inv	estment Inc	ome Percen	tage		1	1

Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))

17

Investment income percentage from **2018** Schedule A, Part III, line 17

19a 331/3% support tests—2019. 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-2018. 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 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Section A. All Supporting Organizations

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

checked 12b of

12d of Part I, complete

and (c) below.

made the determination.

Page 4

No

you checked 12a or 12b in Part I, answer (b) and (c) below.

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

or supervised by or in connection with its supported organizations.

Schedule A (Form 990 or 990-EZ) 2019

describe the designation. If historic and continuing relationship, explain.

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked Sections A and D, and complete Part V.)

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,

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

1 2

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990 or 990-EZ) 2019

Yes

За 3b

Page 5

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
<u>_</u>	ection B. Type I Supporting Organizations	110		
	cetton by Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
<u> </u>	ection Dia Type III Supporting Organizations			
	Cotton by An Type 111 Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	:ructio	ns):	
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer (a) and (b) below.	[Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	2a	105	140
	organization's supported organization(s) would have been engaged in? If "Ves " explain in Part VI the reasons for the			

instructions)

Page **6**

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

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount

See instructions.

1 Amounts paid to supported organizations to accomplish exempt purposes

Section DOrganizations

excess of income from activity

Page 7

4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval requ							
6 Other distributions (describe in Part VI). See instruc							
7 Total annual distributions. Add lines 1 through 6.							
8 Distributions to attentive supported organizations to details in Part VI). See instructions	which the organization is re	sponsive (provide					
9 Distributable amount for 2019 from Section C, line 6							
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1 Distributable amount for 2019 from Section C, line 6							
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.							
3 Excess distributions carryover, if any, to 2019:							
a From 2014							
b From 2015							
c From 2016							
d From 2017							
e From 2018							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2019 distributable amount							
 Carryover from 2014 not applied (see instructions) 							
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4 Distributions for 2019 from Section D, line 7:							

10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistrib Pre-201				
1 Distributable amount for 2019 from Section C, line 6						

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in

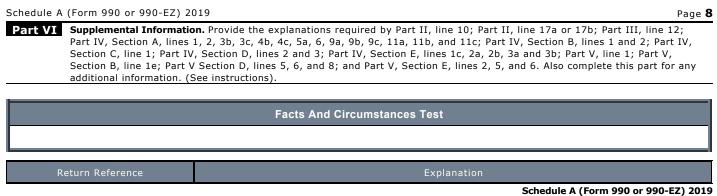
3 Administrative expenses paid to accomplish exempt purposes of supported organizations

c Remainder. Subtract lines 4a and 4b from 4.

5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c.

8 Breakdown of line 7: a Excess from 2015. . . **b** Excess from 2016. . . . **c** Excess from 2017. **d** Excess from 2018. e Excess from 2019. . .



efile Public Visual Re	ender ObjectId: 001 - Submission: 2015-01-16		TIN: 20-5478191				
Schedule B	Schedule of Contributors		OMB No. 1545-0047				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.							
Name of the organization		Employer id	lentification number				
National Academy of S	ciences	53-019693	32				
Organization type (che	eck one):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundat	ion					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3) taxable private foundation						
_	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution from any one contributor. Complete Parts I and II. See instructions for determining	-					
For an organizat under sections 5 received from ar	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% st 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Party one contributor, during the year, total contributions of the greater of (1) \$5,000 or (ii) Form 990-EZ, line 1. Complete Parts I and II.	rt II, line 13, 16a	, or 16b, and that				
during the year,	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receitotal contributions of more than \$1,000 exclusively for religious, charitable, scienting of cruelty to children or animals. Complete Parts I, II, and III.						
during the year, this box is check purpose. Don't o	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recein contributions exclusively for religious, charitable, etc., purposes, but no such continued, enter here the total contributions that were received during the year for an excomplete any of the parts unless the General Rule applies to this organization becomes the etc., contributions totaling \$5,000 or more during the year	ributions totaled cclusively religio cause it received	more than \$1,000. If us, charitable, etc.,				
990-EZ, or 990-PF), but	n that isn't covered by the General Rule and/or the Special Rules doesn't file Scheit must answer "No" on Part IV, line 2, of its Form 990; or check the box on line Heart I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form	of its Form 990-					
For Paperwork Reduction for Form 990, 990-EZ, or 9		dule B (Form 990	, 990-EZ, or 990-PF) (2019)				

Name of organization National Academy of Sciences Employer identification number 53-0196932

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	, ,		Person
RESTRICTED			_
		\$ RESTRICTED	
			Noncash
	,		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash
	(1)		contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, address, and zir + 4	Total contributions	
_			Person
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-		_	Payroll
		\$	Noncash
			(Complete Part II for noncash
			contributions.)

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4				
	rganization Academy of Sciences		Employer identification number				
	·		53-0196932				
Part III	Exclusively religious, charitable, etc., contr total more than \$1,000 for the year from an line entry. For organizations completing Pa of \$1,000 or less for the year. (Enter this in Use duplicate copies of Part III if additional space	y one contributor. Complete co art III, enter the total of exclusiv formation once. See instruction	olumns (a) through (e) and the following ely religious, charitable, etc., contributions				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, and ZIP 4		tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, address, and ZIP 4	(e) Transfer of gift Rela	tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, address, and ZIP 4	(e) Transfer of gift Rela	tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, address, and ZIP 4	(e) Transfer of gift Rela	t Relationship of transferor to transferee				
			Schedule B (Form 990, 990-EZ, or 990-PF) (2019				

efile Public Visual Render **ObjectId: 001 - Submission: 2015-01-16** TIN: 20-5478191 OMB No. 1545-0047 SCHEDULE D Supplemental Financial Statements (Form 990) ▶ 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. Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** National Academy of Sciences 53-0196932 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes [Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. Schedule D (Form 990) 2019 52283D

d Equipment . . .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Public exhibition

Scholarly research

collection items (check all that apply):

Preservation for future generations

Loan or exchange programs

Other _____

Page 2

4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5		g the year, did the organization s to be sold to raise funds rathe						Yes	□ No	
Pa	rt IV	Escrow and Custodial A Complete if the organization Part X, line 21.			Form 990, Part	IV, line 9, o	r reported an	amount o	n Forn	n 990,
1a		organization an agent, trustee ed on Form 990, Part X?			•			Yes	□ No	
b	If "Ye	s," explain the arrangement in	Part XIII and com	plete the	following table:		A	mount		_
c	Begin	ning balance				1c				<u> </u>
d	Additi	ons during the year				1d				_
е	Distrib	outions during the year				1e				
f	Ending	g balance				1f				
2a	Did th	e organization include an amou	int on Form 990.	Part X. lii	ne 21. for escrow	or custodial	account liability?	Yes	┌ No	_
	• • •	e organization merade an amor		1 are 7, 111	110 21, 101 050101	or custourur	account mashirty.			
b	If "Ye	s," explain the arrangement in	Part XIII. Check	here if the	e explanation has	s been provid	ed in Part XIII .	🗆		
Pā	art V	Endowment Funds.								
		Complete if the organization	on answered "Y (a) Curre		(b) Prior year		back (d) Three ye	arc back (a)	N Four ve	are back
1a	Reginni	ng of year balance	1	,729,179	506,239,689	442,65	1	881,146		,989,387
	_	outions	-	,860,491	36,353,688	14,10		719,329		,766,452
		estment earnings, gains, and I	osses 75	,191,857	-12,549,155	65,05	2,736 34,	017,585	-4,	,648,681
Ī		comment carmings, game, and .								
d	Grants	or scholarships								
е		expenditures for facilities	18	,800,333	19,315,043	15,57	0.336 17.9	962,825	19	,226,012
		ograms		,,000,000	15/515/615	25/57	177	302/023		
		strative expenses		,981,194	510,729,179	506,23	0 680 442	655,235	/10	,881,146
g		year balance	·				·	033,233	415,	,001,140
2		e the estimated percentage of designated or quasi-endowmer	•		ce (line 1g, colur	nn (a)) heid a	is:			
a		inent endowment > 73.000								
b		prarily restricted endowment								
С	•	ercentages on lines 2a, 2b, and	d 2c should equal	100%						
За		ere endowment funds not in the			ation that are he	ld and admini	stered for the			
	organi	ization by:	•	,					Yes	No
		related organizations						3a(i)		No
	(ii) re	lated organizations						3a(ii)	<u>' </u>	No
b		s" on 3a(ii), are the related org	jamzations nsted	as require	eu on schedule K	.:		3b		
4	Descri	be in Part XIII the intended us	es of the organiza	ation's en	dowment funds.					
Pa	rt VI	Land, Buildings, and Eq								
		Complete if the organization								
	Descrip		st or other basis nvestment)	(B) Cost (or other basis (other	Accumul	ated depreciation	(a) I	Book valı	ue
_					20.606.27	r .				00.000.000
					29,688,87		60.00 : 05-			29,688,875
		gs			177,868,34		68,824,875		10	09,043,465
		old improvements			4,073,37		3,572,622			500,755
d	Eauipm	ent			41,077,05	U	34,542,103			6,534,947

885,429

39,688

146,613,783

845,741

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" o	on Form 990 Part IV I	ine 11h See Form 9	90 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method	d of valuation:
(1) Financi	(including name of security) al derivatives		Cost or end-of	-year market value
(2) Closely	-held equity interests			
(A) HEDGE		256,672,094		F
(B) PRIVAT	TE EQUITY	34,418,642		F
(C) LONG/	SHORT EQUITY HEDGE FUNDS	104,415,021		F
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	(1) 15 000 0 11 (0) (10)			
Part	Investments—Program Related.	395,505,757		
VIII	Complete if the organization answered 'Yes' o	on Form 990, Part IV, I		
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year marks
(2)				value
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets. Complete if the organization answered 'Yes' or	n Form 990. Part IV. li	ne 11d. See Form 990). Part X. line 15.
	(a) Descriptio			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X	Other Liabilities.			-
	Complete if the organization answered 'Yes' or See Form 990, Part X, line 25.	n Form 990, Part IV, li	ne 11e or 11f.	
1.	(a) Description of	liability		(b) Book value
(1) Federal	I income taxes			C
(7)				
(8)				
(9)	(h) must squal F 000 Part V = 1 (0) (1 = 5.7.)			
2. Liability	nn (b) must equal Form 990, Part X, col.(B) line 25.) for uncertain tax positions. In Part XIII, provide the te	ext of the footnote to the	organization's financia	27,590,580 statements that reports the
organizatio XIII	n's liability for uncertain tax positions under FIN 48 (A	ASC 740). Check here if the	he text of the footnote	has been provided in Part
V-11				

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

. Add lines 4a and 4b .

Supplemental Information

USE OF ENDOWMENT FUNDS

LIABILITY FOR UNCERTAIN TAX

RECONCILIATION OF EXPENSE

PER AFS WITH EXPENSE PER

Add lines 2a through 2d

Subtract line 2e from line 1 . . .

h c

3

1

2

3

Part XIII

POSITION

RETURN

452,590,145

46,941,640

405,648,505

767,742

406,416,247

353,868,986

353,868,986

-14,414,377

339,454,609

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per
	Return.

Donated services and use of facilities

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .

Recoveries of prior year grants

Subtract line 2e from line 1

Other (Describe in Part XIII.) Add lines **4a** and **4b**

Add lines 2a through 2d

- Net unrealized gains (losses) on investments . . 2a 31,649,718 а
- Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

- 2
- Total revenue, gains, and other support per audited financial statements . . .

- 1
- 1

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2b

2c

2d

4a

4b

2a 2b

2c

4a

4b

Explanation

FORM 990, SCHEDULE D, PART V, LINE 4 EARNINGS FROM THE ENDOWMENT ARE USED TO

FORM 990, SCHEDULE D, PART X, LINE 2 NAS follows guidance that clarifies the accounting for

uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This guidance provides that the tax effects from an uncertain tax position can only be recognized in the financial statements if the position is "more-likelythan-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. NAS is exempt from federal income tax under Internal Revenue Code ("IRC") Section 501(c)(3), though it is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the IRC. NAS has processes presently in place to maintain its tax-exempt status; to identify and report unrelated income; to determine its filing and tax obligations in jurisdictions for which it may have a nexus; and to identify and evaluate other matters that may be considered tax positions. The tax years ending December 31, 2019, 2018, 2017, and 2016 are still open to audit for both federal and state income tax purposes. NAS has determined that there are no material unrelated business activities or uncertain tax positions that require recognition or disclosure in the financial statements. RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN FORM 990 SCHEDULE D, PART XI, LINE 2D AMOUNT REPORTED INCLUDES: COST OF GOODS SOLD \$14,216,902 UNREALIZED loss ON DERIVATIVES (70,664) RENTAL EXPENSE 1,013,546 UNREALIZED gain ON CHARITABLE GIFT ANNUITIES 180,467 INVESTMENT RELATED EXPENSES (48,329) ------ TOTAL \$15,291,922 ===========

FORM 990, SCHEDULE D, PART XII, LINE 4B AMOUNT REPORTED INCLUDES: COST OF GOODS

SOLD (14,216,902) RENTAL EXPENSE (1,013,546) INVESTMENT RELATED EXPENSES 48,329 ---

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION.

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

------ TOTAL \$(15,182,119) =========

15,291,922

767,742

2e

3

4c

5

1

2e

3

4c

767,742

-15,182,119

efile Public Visua	al Render	ObjectId: (001 - Submis	ssion: 2015-01-16			TIN: 20-5478191
SCHEDULE F Sta		tement of	Activities	Outside the Uni	ited Sta	tes	OMB No. 1545-0047
(Form 990) Department of the Treasury	▶ Compl	atement of Activities Outside the United States lete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.					2019 Open to Public Inspection
Internal Revenue Service Name of the organizati	on					Employer ident	tification number
National Academy of S						53-0196932	
		on on Activit art IV, line 14		the United States.			ation answered
ether assistanc	e, the grante	ees' eligibility	for the grants	ds to substantiate the or assistance, and the	selection	•	✓ Yes No
2 For grantmake assistance outs			organization's	procedures for monito	ring the u	se of its gran	ts and other
				duplicated if additional s			(O.T.)
(a) Region	1	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program s speci	y listed in (d) is a ervice, describe fic type of) in the region	(f) Total expenditures for and investments in the region
(1) East Asia and the	Pacific		6	Program Services	RADIATIO RES	N EFFECTS	1,524,318
(2) Central America a Caribbean	and the			Grantmaking			212,475
(3) Middle East and N	North Africa			Grantmaking			1,225,040
(4) South America				Grantmaking			394,429
(5) South Asia				Grantmaking			1,062,106
(6) Sub-Saharan Afri	ca			Grantmaking			1,649,034
(7) East Asia and the	Pacific			Grantmaking			1,798,416
(8) North America				Grantmaking			29,400
(9) Europe (Including Greenland)	Iceland and			Grantmaking			146,924
(Russia and the Ne	ewly			Grantmaking			135,915
(Sub-Saharan Afri	ca			Investments			7,728,346
(Central America a	and the			Investments			188,046,909
13)							
14)							
15)							
16)							
(17)							
3a Sub-total			6				203,953,312
c Totals (add lines			6		. No. 5008		203,953,312 ule F (Form 990) 2019

Schedule F (Form 990) 2019 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000, Part II can be duplicated if additional space is needed.

Page 2

	raic 17, line 15, 16. any recipient time reserved more than \$5,000 raic 17 can be duplicated in duditional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
(1	L)		South Asia	Research Grant	251,219	wire				
(2	2)		Sub-Saharan Africa	Research Grant	231,902	Wire				
(3	3)		Sub-Saharan Africa	Research Grant	230,880	Wire				

206,410Wire

201,300 Wire

194,509Wire

151,555Wire

150,769Wire

142,500 Wire

135,992Wire

131,545Wire

127,658Wire

120,473 Wire

120,012Wire

110,649Wire

106,521Wire

103,341Wire

100,137Wire

99,840 Wire

99,743 Wire

99,250 Wire

97,742 Wire

97,300Wire

92,344Wire

86,000 Wire

85,304 Wire

79,999 Wire

79,976 Wire

79,420 Wire

79,283Wire

79,260 Wire

77,405Wire

77,000 Wire

75,000 Wire

74,402 Wire

74,205Wire

74,000 Wire

73,872 Wire

71,492Wire

70,880 Wire 70,880 Wire

70,300 Wire

69,946 Wire

69,245Wire

66,300Wire

65,340 Wire

64,307Wire

61,127Wire

60,842Wire

56,100 Wire

52,320 Wire

51,622Wire

50,112Wire

50,000 Wire

49,854 Wire

46,703 Wire

46,400 Wire

46,060 Wire

45,820 Wire

43,875Wire

40,175 Wire

39,512 Wire 37,026 Wire

34,618 Wire

33,350 Wire

33,093 Wire

31,000 Wire

30,000 Wire

29,400 Wire

28,500 Wire

25,000 Wire

25,000 Wire

24,995 Wire

24,503 Wire

24,300 Wire

22,896Wire

22,050 Wire

20,500 Wire

20,000 Wire

18,975Wire

17,700 Wire

16,709 Wire

15,118 Wire

12,065Wire

10,000 Wire

10,000 Wire 9,100 Wire

9,095Wire

8,810 Wire

7,856 Wire

7,276 Wire

5,236 Wire

48,642 Wire

10

83

Schedule F (Form 990) 2019

(4)

(5)

(6)

(7)

(8)

(9)

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11)

12)

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14)

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93)

South Asia

East Asia and the

Sub-Saharan Africa

East Asia and the

East Asia and the

East Asia and the

Sub-Saharan Africa

Central America and

Sub-Saharan Africa

Sub-Saharan Africa

East Asia and the

East Asia and the

Sub-Saharan Africa

Sub-Saharan Africa

Sub-Saharan Africa

South America

South America

South Asia

South Asia

Pacific

Pacific

Pacific South America

Pacific

Pacific

Pacific

Pacific South Asia

Pacific

Russia and

South Asia

East Asia and the

East Asia and the

East Asia and the

Sub-Saharan Africa

East Asia and the

ast Asia and the

Neighboring States East Asia and the

Central America and

Sub-Saharan Africa

Sub-Saharan Africa

Central America and

Neighboring States

East Asia and the

East Asia and the

Sub-Saharan Africa

East Asia and the

East Asia and the

East Asia and the

East Asia and the

Sub-Saharan Africa

North America

South America

South America

South America

South America

Sub-Saharan Africa

Neighboring States

East Asia and the

Sub-Saharan Africa

Sub-Saharan Africa

East Asia and the

East Asia and the

ast Asia and the

East Asia and the

ub-Saharan Africa

Sub-Saharan Africa

East Asia and the

East Asia and the

Middle East and North Research Grant

South America

he Caribean

South Asia

South Asia

he Caribean

Africa Russia and

Pacific South Asia

Pacific

Pacific South Asia

Pacific

Europe

Africa

acific

Pacific

Africa

Africa

Afri<u>ca</u>

Pacific

Pacific

Pacific Europe

acific

3 Enter total number of other organizations or entities

Sub-Saharan Africa

the Caribean

Africa

Pacific

Africa

Pacific

Pacific South Asia

Pacific

Africa

Pacific

Africa

Africa

Africa

Africa

Research Grant

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

Middle East and North Research Grant

Greenland)

Africa

Africa

(4) Individual Speaker Fees Middle East and North

(6) Individual Speaker Fees Sub-Saharan Africa

Middle East and North

Sub-Saharan Africa

1

Part III

(3) Individual Fellowship

(5) Individual Prizes and

& Honoraria

& Honoraria

Awards

(8)

10)

11) (12) (13) (14) (15) (16) (17)

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Individual Prizes and Awards	Europe (Including Iceland and Greenland)	2	100,475	wire			
(2) Individual Fellowship	Europe (Including Iceland and	1	5,500	Wire			

2,500 Wire

2,000 Wire

5,631 Wire

8,000 Wire

Sche	edule F (Form 990) 2019	Page 4
Par	rt IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes ▼ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes 🔽 No

Schedule F (Form 990) 2019	Page 5
method; amounts of inve (accounting method); an	equired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting estments vs. expenditures per region); Part II, line 1 (accounting method); Part III d Part III, column (c) (estimated number of recipients), as applicable. Also complete additional information. See instructions.
ReturnReference	Explanation
MONITORING THE USE OF GRANTS AND OTHER ASSISTANCE	SCHEDULE F, PART 1, LINE 2 NAS PROGRAMMATIC STAFF REVIEW GRANT PROPOSALS AND BUDGETS SUBMITTED BY RECIPIENT ORGANIZATIONS PRIOR TO AWARDING THE GRANT FUNDS. NAS POLICY IS TO COMPLY WITH RESTRICTIONS ON GRANT AWARDS TO COUNTRIES ON THE U.S. GOVERNMENT'S CURRENT LIST OF SANCTIONED COUNTRIES. RECIPIENTS ARE GENERALLY EXPECTED TO SUBMIT PROGRESS REPORTS DURING THE GRANT PERIOD.
ACCOUNTING METHOD USED	SCHEDULE F, PART I, LINE 3, COLUMN (F) THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE ACCRUAL BASIS OF ACCOUNTING.
	Schedule F (Form 990) 2019

Additional Data Software ID: Software Version:

efile Public Visual R	ender ObjectId	: 001 - Submi	ission: 2015-01-16		TIN: 20-5478191
SCHEDULE G	Supp	olemental Ir	nformation Rega	arding	OMB No. 1545-0047
(Form 990 or 990-EZ)	• •		or Gaming Activi	•	2019
	Complete if the orga	anization answered "Y	es" on Form 990, Part IV, lines	17, 18, or 19, or if the	
Department of the Treasury Internal Revenue Service		Attach to F	than \$15,000 on Form 990-EZ, orm 990 or Form 990-EZ. I for instructions and the latest		Open to Public Inspection
Name of the organization National Academy of Scien	nces			Employer ide	entification number
				53-019693	2
	Activities. Comple filers are not requir			s" on Form 990, Part I\	/, line 17.
1 Indicate whether the	organization raised fun	ds through any of	the following activities.	Check all that apply.	
a 🔽 Mail solicitations			e 🔽 Solicitation of n	on-government grants	
b 🔽 Internet and emai	l solicitations		f Solicitation of g	overnment grants	
c Phone solicitation	S		g 🔲 Special fundrais	sing events	
d In-person solicitat	tions				
or key employees list services? If Yes, list the 10 hi	ed in Form 990, Part V	II) or entity in co or entities (fundra	nnection with profession	fficers, directors, trustees nal fundraising ve ements under which the fu	es No undraiser is
(i) Name and address of individual or entity (fundraiser)	f (ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1 Marts and Lundy Inc	Fundraising	Yes No			
1200 Wall Street West	Counsel	No		117,705	
Lyndurst, NJ 07071					
2					
3					
4					
4					
5					
6					
7					
8					
9					
10					
Total				117,705	
3 List all states in which to registration or licensing	-	stered or licensed	d to solicit contributions	or has been notified it is	exempt from
A L, A K, A Z, A R, C O, C T, D	C, FL, G A, H I, K Y, M E,	M D, M A, M I, M N	, M S, N H, N J, N M, N Y, N	D, O H, O K, P A, R I, T N, U	T, V A, W A, W V, W I
For Panerwork Peduction Act	t Notice see the Instruct	ions for Form 000	or 990-E7 Cat 1	No 50083H Schedule G	(Form 990 or 990-F7) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c)Other events (a)Event #1 **(b)** Event #2 (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts. 2 Less: Contributions. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) . . . Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive col.(a) through col.(c)) bingo Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities:____ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? . . . ______ Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . Yes \bigcap No 10a If "Yes," explain: _

Sche	edule G (Form 990 or 990-EZ) 2019	1			Page 3
11	Does the organization conduct gan	ning activities with nonmo	embers?		Yes No
12		•	t or a member of a partnership or other entity		Yes No
13	Indicate the percentage of gaming	activity conducted in:			
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of the	person who prepares the	e organization's gaming/special events books a	and rec	ords:
	Name -				
	Address				
15a			n whom the organization receives gaming		Yes No
b	If "Yes," enter the amount of gamin amount of gaming revenue retained		e organization * \$ and and	d the	
c	If "Yes," enter name and address o	f the third party:			
	Name				
	Address				
16	Gaming manager information: Name Gaming manager compensation				
	Description of services provided				
	Director/officer	Employee	Independent contractor		
17 a	,		ble distributions from the gaming proceeds to		Yes No
b	Enter the amount of distributions r	equired under state law d	istributed to other exempt organizations or sp	ent	
	in the organization's own exempt a				
Pai			planations required by Part I, line 2b, co b, as applicable. Also provide any additi		
	instructions. Return Reference		Explanation		
SCH	EDULE G FILING	OF A PROFESSIONAL	DEMY OF SCIENCES FILES SCHEDULE G D FUNDRAISING COUNSEL, WHOSE ROLE I DOES NOT INVOLVE SOLICITING FUNDS.		
Sche	dule G (Form 990 or 990-EZ) 2019				
	dditional Data				Return to Form
					NOCULII CO I OIIII

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Department of the Attach to Form 990. Treasury Internal Revenue Service Go to <u>www.irs.gov/Form990</u> for the latest information. **Employer identification number** Name of the organization National Academy of Sciences 53-0196932 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (f) Method of valuation (e) Amount of non-(g) Description of (h) Purpose of grant organization (if applicable) (book, FMV, appraisal, noncash assistance or assistance grant cash or government other) assistance (1) THE URBAN INSTITUTE 52-0880375 501(C)(3) 1,635,745 Research Grant 500 LENFANT PLAZA SW WASHINGTON, DC 20024 (2) UNIV OF GEORGIA Research Grant 58-1353149 501(C)(3) 1,214,304 RESEARCH FOUNDATION 310 E CAMPUS RD ATHENS,GA 306021589 (3) WOODS HOLE 04-2105850 501(C)(3) 867,525 Research Grant OCEANOGRAPHIC INST 266 WOODS HOLE RD WOODS HOLE, MA 025431535 (4) POPULATION 56-0942853 501(C)(3) 736,745 Research Grant **SERVICES** INTERNATIONAL 1120 19TH ST NW WASHINGTON, DC 200363605 (5) DUKE UNIVERSITY 56-0532129 501(C)(3) 585,145 Research Grant 2117 CAMPUS DRIVE DURHAM, NC 27708 (6) Georgia Southern Univ 58-2354256 501(C)(3) 582,022 Research Grant Research & Svc Fndn PO BOX 8005 STATESBORO, GA 304601000 (7) BIGELOW LABORATORY 01-6006001 501(C)(3) 419,890 Research Grant FOR OCEAN SCIENCES PO BOX 380 EAST BOOTHBAY, ME 045440380 (8) SMITHSONIAN 53-0206027 501(C)(3) 282,127 Research Grant SCIENCE EDUCATION CENTER 901 D ST SW STE 704 B WASHINGTON, DC 20024 (9) THE WATER INSTITUTE 501(C)(3) 238,279 45-1066585 Research Grant OF THE GULF 1110 RIVER ROAD S BATON ROUGE, LA 70802 (10) FLORIDA ATLANTIC 65-0385507 501(C)(3) 199,192 Research Grant UNIV RESEARCH CORP 777 GLADES RD BOCA RATON, FL 334310991 (11) GEORGIA TECH 58-0603146 501(C)(3) 158,517 Research Grant RESEARCH CORP 505 10TH STREET NW ATLANTA, GA 303320420 (12) SIGMA XI 06-0655494 152,994 501(C)(3) Research Grant 3106 EAST NC HWY 54 RESEARCH TRIANGLE PK, NC 27709 (13) YALE UNIVERSITY 06-0646973 501(C)(3) 144,100 Research Grant BOX 208281 YALE STATION NEW HAVEN,CT 06520 (14) FLORIDA A&M 59-0977035 501(C)(3) 134,343 Research Grant UNIVERSITY PO BOX 71700 TALLAHASSEE, FL 323071700 (15) RTI INTERNATIONAL 56-0686338 114,965 Research Grant 501(C)(3) 3040 CORNWALLIS RD RESEARCH TRIANGLE PK, NC 27709 (16) ENVIRONMENTAL 11-6107128 113,474 501(C)(3) Research Grant **DEFENSE FUND** 257 PARK AVENUE SOUTH NEW YORK, NY 10010 (17) SMITH COLLEGE 04-1843040 501(C)(3) 110,511 Research Grant COLLEGE HALL SMITH COLLEGE NORTHAMPTON, MA 01063 (18) POSSIBLE 20-3055055 501(C)(3) 83,465 Research Grant 30 BROAD ST FL 9 NEW YORK, NY 100042971 (19) LEBANESE AMERICAN 98-6001269 501(C)(3) 80,000 Research Grant UNIVERSITY 475 RIVERSIDE DR STE 1846 NEW YORK, NY 10115 (20) PUBLIC LABORATORY 45-2846555 72,249 Research Grant 501(C)(3) FOR OPEN TECHNOLOGY PO BOX 426113 CAMBRIDGE, MA 021420020 (21) UNIVERSITY CORP 84-0412668 501(C)(3) 64,714 Research Grant FOR ATMOSPHERIC RESEARCH 3090 CENTER GREEN DRIVE BOULDER, CO 80301 (22) MASSACHUSETTS 04-2103594 501(C)(3) 52,200 Research Grant INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139 (23) CLASP 23-7000150 47,000 Research Grant 501(C)(3) 1401 K ST NW WASHINGTON, DC 20005 (24) NORTHEASTERN 04-1679980 39,850 501(C)(3) Research Grant UNIVERSITY MS 540-NU-RES BOSTON, MA 02115 (25) EMORY UNIVERSITY 58-0566256 501(C)(3) 26,467 Research Grant 1762 CLIFTON ROAD NE ATLANTA, GA 30322 (26) INST FOR PATIENT & 27-4415929 501(C)(3) 11,890 Research Grant FAMILY CENTERED CARE 5199 E PACIFIC COAST HWY LONG BEACH, CA 90804 (27) SIM USA INC 22-1936391 172,648 501(C)(3) Research Grant 14830 CHOATE CIR CHARLOTTE, N C 282739105 (28) TULANE UNIVERSITY 72-0423889 Research Grant 501(C)(3) 774,470 1430 TULANE AVE EP-15 NEW ORLEANS, LA 70112 (29) AMERICAN BUREAU 13-4921556 501(C)(6) 1,257,192 Research Grant OF SHIPPING 1701 CITY PLAZA DR SPRING, TX 773891831 (30) AMERICAN BOARD OF 43-0921226 501(C)(6) 25,000 Research Grant FAMILY MEDICINE INC 1648 MCGRATHIANA PKWY LEXINGTON, KY (31) LOUISIANA STATE 72-6000848 GOVI 3,412,861 Research Grant UNIVERSITY 202 HIMES HALL BATON ROUGE, LA 70803 (32) UNIVERSITY OF 56-6001393 GOVI 1,667,255 Research Grant NORTH CAROLINA-CHAPEL HILL 218 BYNUM HALL CB 4010 CHAPEL HILL, NC 27599 (33) UNIVERSITY OF 59-3102112 GOVI 1,396,473 Research Grant SOUTH FLORIDA 4202 E FOWLER ADM 147 TAMPA,FL 336205800 (34) UNIVERSITY OF 59-2924021 GOVT 1,210,790 Research Grant CENTRAL FLORIDA 12424 RESEARCH PKWY ORLANDO, FL 328263271 (35) NORTH CAROLINA 56-6000756 GOVI 1,192,636 Research Grant STATE UNIVERSITY 2701 SULLIVAN DRIVE SUITE 240 RALEIGH, NC 276957214 74-1974733 (36) TEXAS A&M GOVI 1,061,266 Research Grant 400 HARVEY MITCHELL PKWY SOUTH COLLEGE STATION, TX 778454375 (37) UNIVERSITY OF Research Grant 74-6001399 GOVT 863,852 HOUSTON 4302 UNIVERSITY DR RM 316 HOUSTON, TX 77204 (38) THE REGENTS OF THE 38-6006309 GOVT 765,090 Research Grant UNIVERSITY OF ${\tt MICHIGAN}$ 3003 S STATE ST SPC 1274 ANN ARBOR, MI 48109 (39) UNIVERSITY OF 18-6266060 GOVT 559,930 Research Grant RHODE ISLAND 70 LOWER COLLEGE ROAD KINGSTON, RI 02881 (40) MISSISSIPPI STATE 64-6000819 GOVI 526,930 Research Grant UNIVERSITY 449 HARDY RD MISSISSIPPI STATE, MS 39762 490,569 (41) UNIVERSITY OF 64-6000818 GOVT Research Grant SOUTHERN MISSISSIPPI 118 COLLEGE DRIVE 5157 HATTIESBURG, MS 394060001 (42) OKLAHOMA STATE 73-6017987 GOVT 454,312 Research Grant UNIVERSITY 203 WHITEHURST STILLWATER, OK 74078 (43) UNIVERSITY OF 292,302 95-6006144 GOVI Research Grant CALIFORNIA SAN DIEGO 9500 GILMAN DR-DEPT LA JOLLA, CA 920930210 (44) PURDUE UNIVERSITY 35-6002041 GOVI 281,397 Research Grant 155 SOUTH GRANT STREET WEST LAFAYETTE, IN 479072114 (45) UNIVERSITY OF 45-6002491 GOVI 279,384 Research Grant NORTH DAKOTA 264 CENTENNIAL DR GRAND FORKS, ND 582027306 (46) THE UNIVERSITY OF 74-6001118 GOVT 254,141 Research Grant TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030 218,834 (47) UNIVERSITY OF 64-6001159 GOVI Research Grant MISSISSIPPI 100 BARR HALL UNIVERSITY, MS 38677 (48) RUTGERS - THE STATE GOVI 22-6001086 209,573 Research Grant UNIV OF NEW JERSEY 33 KNIGHTSBRIDGE RD PISCATAWAY, NJ 088543925 (49) UNIVERSITY OF 94-6036494 GOVT 204,353 Research Grant CALIFORNIA DAVIS 1850 RESEARCH PARK DR DAVIS, CA 95618 (50) UNIVERSITY OF 59-0624458 GOVI 201,894 Research Grant ${\tt MIAMI}$ 4600 RICKENBACKER CAUSEWAY MIAMI, FL 33149 (51) FLORIDA STATE 59-3211153 GOVT 181,026 Research Grant UNIVERSITY 874 TRADITIONS WAY TALLAHASSEE,FL 32306 (52) UNIVERSITY OF 63-6001138 GOV 165,737 Research Grant ALABAMA PO BOX 870135 TUSCALOOSA, AL 35487 (53) UNIVERSITY OF 51-6000297 GOVI 161,031 Research Grant DELAWARE 210 HULLIHEN HALL NEWARK, DE 19716 (54) OHIO STATE 31-6025986 GOVT 134,764 Research Grant UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210 (55) UNIVERSITY OF 95-6006142 GOVT 108,414 Research Grant CALIFORNIA RIVERSIDE 900 UNIVERSITY AVE RIVERSIDE, CA 925210001 (56) WRIGHT STATE 31-0732831 GOVT 106,776 Research Grant UNIVERSITY 3640 COLONEL GLENN HWY DAYTON, OH 45435 (57) UNIVERSITY OF 11-8401756 GOVT 104,457 Research Grant CALIFORNIA LOS **ANGELES** 10889 WILSHIRE BLVD LOS ANGELES, CA 900952000 (58) NORTH DAKOTA 45-6002439 GOVT 79,173 Research Grant STATE UNIVERSITY 1735 NDSU RESEARCH FARGO, ND 581086050 (59) UNIVERSITY OF UTAH 87-6000525 GOVI 68,684 Research Grant 1471 FEDERAL WAY SALT LAKE CITY, UT 841021821 (60) MISSISSIPPI 64-0844747 GOVI 66,547 Research Grant DEPARTMENT OF MARINE RESOURCES 1141 BAYVIEW AVE BILOXI, MS 395301631 (61) UNIVERSITY OF GOVT 92-7570622 59,955 Research Grant CONNECTICUT 438 WHITNEY ROAD EXTENSION STORS,CT 062691133 (62) UNIVERSITY OF 74-6000203 GOVT 55,186 Research Grant TEXAS AT AUSTIN 101 E 27TH STREET STOP A9000 AUSTIN, TX 787121532 (63) UNIVERSITY OF 52-6002033 GOVI 53,043 Research Grant MARYLAND 620 W LEXINGTON BALTIMORE, MD 21201 (64) UNIVERSITY OF 61-6033693 GOVI 49,995 Research Grant KENTUCKY 109 KINKEAD HALL LEXINGTON, KY 405060057 (65) GEORGE MASON 54-0836354 GOVI 49,986 Research Grant UNIVERSITY 4400 UNIVERSITY DRIVE FAIRFAX, V A 22030 (66) UNIVERSITY OF 39-1805963 46,622 Research Grant GOVI NEVADA RENO UNIV OF NEVADA RENO RENO, NV 895570025 (67) AIR FORCE RESEARCH 31-1612994 GOVI 41,387 Research Grant LABORATORY 2610 SEVENTH STREET **BLDG 441** WRIGHT PATTERSON AFB, OH 45433 39.352 (68) WESTERN MICHIGAN 38-6007327 GOVI Research Grant UNIVERSITY 1903 W MICHIGAN AVE KALAMAZOO, MI 490085456 23-1352685 (69) UNIVERSITY OF GOVT 30,000 Research Grant PENNSYLVANIA 220 SOUTH 33RD STREET PHILADELPHIA, PA 191046391 (70) THE RESEARCH FNDN 14-1368361 GOVT 25,000 Research Grant OF STATE UNIV OF NEW 750 E ADAMS ST SYRACUSE, NY 132102306 (71) FLORIDA MAXIMA 59-2947640 262,767 Research Grant CORPORATION 6415 TURTLEMOUND RD NEW SMYRNA BEACH, FL 321694817 (72) FORRISTALL OCEAN 20-0753912 52,000 Research Grant ENGINEERING INC. 101 CHESTNUT ST CAMDEN, ME 048432230 (73) GE GLOBAL 14-0689340 30,000 Research Grant RESEARCH 500 1ST AVE PITTSBURGH, PA 152193129 (74) US ARMY Combat GOVI 41,387 Research GRant Capabilities Devt Command 8198 BLACKHAWK RD GUNPOWDER, MD 210105424 (75) US ARMY Edgewood RESEARCH GRANT GOVT 42,214 Chemical Biological Center 8198 BLACKHAWK RD GUNPOWDER, MD 210105424 (76) US MILITARY GOV RESEARCH GRANT 83,601 ACADEMY BLDG 600 TAYLOR HALL LEVEL 82 WEEST POINT, NY 10996 GOVT RESEARCH GRANT (77) USDA Agricultural 50,000 Research Service 800 BUCHANAN STREET ALBANY, CA 94710 (78) US Army Med Resc Inst GOVT 42,214 RESEARCH GRANT of Infectious Disease 1425 PORTER ST FREDERICK, MD 21702 RESEARCH GRANT (79) US Army Med Resc Inst GOVT 41,387 of Chemical Defense 8350 RICKETTS POINT RD GUNPOWDER, MD 210105400 (80) THE UNIVERSITY OF 46-5292740 RESEARCH GRANT 25,000 501(C)(3) TEXAS RIO GRANDE 1201 W UNIVERSITY DR EDINBURG, TX 785392909 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7 5 Enter total number of other organizations listed in the line 1 table

Cat. No. 50055P

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

Schedule I (Form 990) 2019

(2) Travel Grants

(4) Tuition & Fees

(5) Research Grant

(5)

(6)

(7)

Part IV

ASSISTANCE

Return Reference

GRANTS AND OTHER

MONITORING THE USE OF

(a) Type of grant or assistance

Page 2

Explanation

Part III can be duplicated if additional space is needed.

157

(b) Number of

recipients

1179

875

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

20,000

(c) Amount of

cash grant

32,922,022

3,389,080

2,239,231

4,000

SCHEDULE I, PART II, LINE 2 DISBURSEMENTS FOR GRANTS, SCHOLARSHIPS, AND FELLOWSHIPS ARE MADE IN FURTHERANCE OF THE

ORGANIZATIONS ARE ADEQUATELY INVESTIGATED TO CONFIRM THAT THEY ARE QUALIFYING RECIPIENTS. RECIPIENTS ARE GENERALLY EXPECTED TO SUBMIT PROGRESS REPORTS DURING THE GRANT PERIOD AND TO RETURN FUNDS NOT SPENT FOR THE PURPOSE OF THE GRANT.

INSTITUTIONS EXEMPT PURPOSES AND IN ACCORDANCE WITH PROCEDURES INTENDED TO CONFIRM THAT INDIVIDUALS AND

(d) Amount of

noncash assistance

- (e) Method of valuation (book, FMV, appraisal, other)

Schedule I (Form 990) 2019

efi	le Public Visu	ual Render ObjectId: 001 -	Subn	nission: 2015-01-16		TIN: 20-	5478	191		
Sch	edule J	Comp	ensa	tion Information		OMB No.	1545-	0047		
(For	m 990)	For certain Officers, Di	ectors	Trustees, Key Employees, and High	nest					
			ompen	sated Employees		20	110)		
				swered "Yes" on Form 990, Part IV, th to Form 990.	line 23.					
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/For</u>	n990 f	or instructions and the latest infor	mation.	Open i	to Pul ectio			
	me of the organiz	zation			Employer identifi					
	ional Academy of Sci				. ,					
Рa	rt I Questi	ons Regarding Compensation			53-0196932					
Га	Questi	ons Regarding Compensation	•				Yes	No		
1a		opiate box(es) if the organization prov Section A, line 1a. Complete Part III t		,						
	First-class	or charter travel		Housing allowance or residence for	or personal use					
		companions		Payments for business use of per	sonal residence					
		ification and gross-up payments		Health or social club dues or initia						
	Discretion	ary spending account		Personal services (e.g., maid, chau	uffeur, chef)					
b		xes on Line 1a are checked, did the o or provision of all of the expenses de				1b	Yes			
2	Did the organiz	ation require substantiation prior to r	oimbur	sing or allowing expenses incurred b	w all	2	Yes]		
2	-	ees, officers, including the CEO/Exec			•		163			
3	Indicate which	if any of the following the filing orga	nizatior	n used to establish the compensation	of the					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.									
	Compensa	tion committee								
	Independe	nt compensation consultant	V	Compensation survey or study						
	Form 990	of other organizations		Approval by the board or compens	sation committee					
4		r, did any person listed on Form 990, a related organization:	Part VI	I, Section A, line 1a, with respect to	the filing					
а	Receive a seve	rance payment or change-of-control	paymer	nt?		4a		Νo		
b		or receive payment from, a supplemen	-			4b		Νo		
С	Participate in, o	or receive payment from, an equity-ba	ased co	mpensation arrangement?		4c		Νo		
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item	in Part III.					
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	ions m	ust complete lines 5-9.						
5		ed on Form 990, Part VII, Section A,			e any					
		contingent on the revenues of:			,					
а	The organization	on?				5a		Νo		
b	, -	janization?				5b		Νo		
_	•	e 5a or 5b, describe in Part III.								
6		ed on Form 990, Part VII, Section A, contingent on the net earnings of:	line 1a	, did the organization pay or accrue	e any					
a		on?				6a		No		
b	If "Yes," on line	anization?				6b		No		
7		ed on Form 990, Part VII, Section A, described in lines 5 and 6? If "Yes," d				7	Yes			
8		ints reported on Form 990, Part VII, pinitial contract exception described in								
	-		_	. , , ,	•	8		Νo		
9		8, did the organization also follow the						140		
_	section 53.495	58-6(c)?		· · · · · · · · · · · · · · · ·	· · · · ·	9				
F		tion Act Notice see the Instructions				d.d. 1 (Fa.:	000	2010		

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

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

instructions, on row (ii). Do not list any individuals that are not listed on Note. The sum of columns (B)(i)-(iii) for each listed individual must equ	n Fo	rm 990, Part VII.	-	II. Section A. line	1a. applicable co	lumn (D) and (F) amounts for	that individual.
(A) Name and Title	au :::		wn of W-2 and/or		(C) Retirement	(D)	(E) Total of	(F)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	Nontaxable benefits	columns (B)(i)-(D)	Compensation in column (B) reported as deferred on prior Form 990
1MARCIA MCNUTT PRESIDENT	(i)	739,208	0	242,166	51,900	32,469	1,065,743	0
	(ii)	0	- 0	- 0		0	0	 0
2C DAN MOTE JR PRESIDENT- NAE END 6/30/19	(i)	391,329	0	31,138	51,900	3,046	477,413	0
	(ii)	0	 0	 0	0	0	0	 0
3 VICTOR DZAU PRESIDENT - NAM	(i)	738,411	0	243,662	51,900	29,860	1,063,833	0
	(ii)	0	0	0	0	0	0	0
4BRUCE DARLING EXECUTIVE OFFICER	(i)	413,237	0	150,666	51,900	16,357	632,160	0
	(ii)	0	0	0	0	0	0	0
5MARY SALMON CHIEF FINANCIAL OFFICER	(i)	285,344	1,487	26,087	37,900	19,508	370,326	0
	(ii)	0	0	0	0	0	0	 0
6 VAUGHAN TUREKIAN Executive Director PGA	(i)	253,595	0	2,386	35,688	38,395	330,064	0
	(ii)	0	0	0	0	0	0	0
7JAMES F HINCHMAN DEP EXEC OFCR/CHIEF OP OFCR	(i)	439,604	0	57,822	51,900	7,438	556,764	0
	(ii)	0	 0	 0	0	0	0	 0
8CLYDE BEHNEY EXECUTIVE DIRECTOR HMD	(i)	309,450	3,200	12,347	51,900	6,117	383,014	0
	(ii)	0	0	0	0	0	0	0
9NEIL PEDERSEN EXECUTIVE DIRECTOR TRB	(i)	252,730	0	24,390	50,329	3,272	330,721	0
	(ii)	0	0	0	0	0	0	0
10 ERIC GRANT RERF ASSOC CHIEF OF RESEARCH	(i)	159,969	0	213,493	29,094	765	403,321	0
	(ii)	0	0	0	0	0	0	0
11ROBERT ULLRICH RERF CHIEF OF RESEARCH	(i)	228,653	0	231,254	43,740	32,115	535,762	0
	(ii)	0	0	0	0	0	0	 0
12KENNETH FULTON EXECUTIVE DIRECTOR	(i)	306,563	3,162	20,051	51,900	16,156	397,832	0
	(ii)	0	0	0	0	0	0	0
13ALINA BRENNER RERF SENIOR RESEARCHER	(i)	131,085	0	229,797	18,527	42,824	422,233	0
	(ii)	0	0	0	0	0	0	0
14DAVID MAY CHIEF COMMUNICATIONS OFFICER	(i)	286,060	30,000	21,980	25,797	37,064	400,901	0
	(ii)	0	0	0	0	0	0	0
15 JOHN ANDERSON PRESIDENT- NAE BEG 7/01/19	(i)	352,886 	0	82,609	0	9,145	444,640	0
	(ii)	0	0	0	0	0	0	0
					1	1		

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

Page 3

Schedule J (Form 990) 2019

HOUSING ALLOWANCE SCHEDULE J. PART I. LINE 1 THE PRESIDENT OF THE NATIONAL ACADEMY OF SCIENCES. THE NATIONAL ACADEMY OF MEDICINE, AND THE NATIONAL ACADEMY OF ENGINEERING EACH RECEIVED A SUPPLEMENT TO SALARY FOR THE COST OF RENTAL HOUSING IN THE WASHINGTON, DC AREA FOR PERSONAL USE AND TRAVEL EXPENSES. THE ALLOWANCE IS REPORTED AS TAXABLE INCOME ON FORM W-2. TRAVEL FOR COMPANIONS SCHEDULE J. PART I. LINE 1 NAS PROCEDURES PROVIDE FOR REIMBURSEMENT OF TRAVEL EXPENSES FOR THE SPOUSES OF THE

PRESIDENTS OF NAS, NAE, AND NAM SOLELY IN CIRCUMSTANCES IN WHICH THE SPOUSES PRESENCE SERVES A BONA FIDE BUSINESS PURPOSE OF THE NAS AND THE EXPENSES HAVE BEEN PROPERLY SUBSTANTIATED. TRAVEL EXPENSES ARE REVIEWED EACH YEAR THROUGH A SURVEY OF THE EXECUTIVE OFFICES OF THE PRESIDENTS. TAX INDEMNIFICATION AND SCHEDULE J. PART I. LINE 1 NAS PROVIDES TAX EOUALIZATION PAYMENTS FOR EMPLOYEES ON INTERNATIONAL ASSIGNMENT IN JAPAN

GROSS-UP PAYMENTS GREATER THAN SIX MONTHS. THE OBJECTIVE OF THE NAS TAX EOUALIZATION GUIDELINES IS TO EOUALIZE THE TAX BURDEN OF EMPLOYEES ASSIGNED TO JAPAN. SCHEDULE J. PART-TIME OFFICERS' COMPENSATION FOR THE VICE PRESIDENT, TREASURER, FOREIGN

SECRETARY AND HOME SECRETARY, TIME ESTIMATES ARE BASED ON A PERCENTAGE LEVEL OF EFFORT, WHICH RANGES BETWEEN 25% AND

50%. NAS REIMBURSES FACH PART-TIME OFFICER'S HOME INSTITUTION FOR THE APPLICABLE PERCENTAGE OF SALARY PAID BY THE HOME INSTITUTION.

NON-FIXED PAYMENTS SCHEDULE J, PART I, LINE 7 CERTAIN OFFICERS, KEY, AND OTHER EMPLOYEES OF NAS RECEIVED LUMP-SUM MERIT AWARDS. MERIT AWARDS ARE DETERMINED BY A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL PERFORMANCE AS WELL AS ORGANIZATION

OPERATIONAL ACHIEVEMENTS. MERIT AWARDS PAYMENTS ARE REPORTED IN PART II. COLUMN B(II).

Schedule J (Form 990) 2019



efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

OMB No. 1545-0047

TIN: 20-5478191

Open to Public

explanations, and any additional information in Part VI. Attach to Form 990.

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

	nal Revenue Service		P(Go to <u>www.irs.gov</u>	<u>v/Form990</u> for instruct	cions and the	latest	Intor	rmation.				بجيد	Inspect	lion	
	e of the organization ional Academy of Sci	riences										oyer iden		numb nc	/er	ı
	•										53-0	0196932	2			
Pa	rt I Bond Issu				<u> </u>											
	(a) Issuer nam	ne	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice	'	(f) Description	on of purpose	(g) D€	efeased) O n		Pool
			ı I				i					ı		alf of suer	Tillali	ncing
			ı!								Yes	No	Yes	No	Yes	No
Α	District of Columbia	a	53-6001131	000000000	08-01-2019	57,100	0,000	REF	UND SERIES	5 2008A BONDS	ز	Х		Х		Х
В	District of Columbia	a	53-6001131	000000000	05-01-2017	46,770	0,000	REF	UND SERIES	5 2009A BONDS	;	Х		Х		Х
С	District of Columbia	a	53-6001131	2548398N6	05-20-2010	60,876			STORE CONS	STITUTION AVE	=	Х		Х		Х
D	District of Columbia	a	53-6001131	00000000	12-21-2017	52,76	0,000	PAR	RTIAL REFUNI	D SERIES		Х		Х		Х
			<u> </u> '				'	201	10A BONDS			⊥'	Щ'	<u> </u>	<u> </u>	Ш'
Pa	rt II Proceeds	<u>ؤ</u>														'
	Amount of honds	ratired				P	Α		В	0	С	<u>. </u>	0		D	
1				· · · · · ·		+		0	-	0		.0 125				0
2						+						49,125,			<u> </u>	0
3						0	66,325			52,120,000		60,876,	507		52,7	60,000
4								0	-	0		- 225	0			0
5								0	-	0		5,285,	•			0
6								0	-	0			0		52,7	756,156
7								0		0			0			0
8					· · · ·			0)	0	0 0			0 0		
9	Working capital ex	•	•					0	0	0			0	0		
10						+		0	0	0	Ē	50,408,	,099			0
11						+		0	0	0	1	10,468,	,408			844
12						+		0	0	0			0			0
13	Year of substantia	l completion	1			20	002		200	02	201	12		•	2012	
,						Yes	No	ю	Yes	No '	Yes	No		Yes		No
14		•	t of a current refund 018, a current refund	ding issue of tax-exending issue)?	empt	Х			×			Х				Х
						 '			+		\longrightarrow				\perp	
15		ed prior to 20	t of an advance refu 018, an advance refu	unding issue of taxat funding issue)?	ole	'	х	<		х		x		X		
16			ceeds been made?			Х			Х	,	Х	1	+	Х	+	
17	Does the organizat	ation maintair	in adequate books a	and records to suppo	ort the final allocation	_			X	1	Х	 I	\top	X	+	
Pa	rt III Private B	Zusiness !		<u> </u>												

Are there any lease arrangements that may result in private business use of bond-For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Was the organization a partner in a partnership, or a member of an LLC, which owned

Department of the Treasury

Internal Revenue Service

No

Yes

Yes

No

Yes

No

Χ

C

No

Χ

Χ

Yes

Sche	edule K (Form 990) 2019								Page 2
Pa	rt III Private Business Use (Continued)								
			A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?					Х		Х	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					Х		Х	
C	Are there any research agreements that may result in private business use of bond-financed property?					X		Х	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?					Х		Х	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0.534 %		0.534 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government						0.005 %		0.005 %
6	Total of lines 4 and 5						0.529 %		0.529 %
7	Does the bond issue meet the private security or payment test?						X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?						х		х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections						х		Х
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under					×		×	

Yes

Χ

Χ

No

Χ

Χ

Yes

Χ

Χ

No

Χ

Χ

С

No

Χ

Χ

Х

Yes

Х

D

No

Χ

Χ

Χ

Yes

Χ

Schedule K (Form 990) 2019

	·	A	В	
Par	t IV Arbitrage			
	of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?			
9	Has the organization established written procedures to ensure that all nonqu	alified bonds		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations so $1.141-12$ and $1.145-2?$	ections		
b	• • • • • • • • • • • • • • • • • • •	posed or.		
-	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	nosod of		

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet?

Exception to rebate?

Was the hedge terminated?

Was the hedge superintegrated?

If "Yes" to line 2c, provide in Part $V\!I$ the date the rebate computation was performed Is the bond issue a variable rate issue?

hedge with respect to the bond issue?

1

2

C

3

4a

d

	. (
Part IV	Arbitrage	(Continued)

SCHEDULE K, PART IV, LINE 2A,

COLUMN C

		P	A B		(c		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Χ		Х		X		Х
b	Name of provider	0	0 0		0		0		
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		Х		Х		Х	
Pai	t V Procedures To Undertake Corrective Action	•					•	•	
		_ A			В	С		D	
	 -	- Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that								

	-	-	_	_		-	_	-
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х		X		X		Х	
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).								

available under applicable reg	greement program if self-remediation is not lilations?						
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).							
Return Reference Explanation							
SCHEDULE K, PART II, LINE 3, COLUMNS A AND B	Part II, Line 3 amount reflects the total proceeds from the original bond issues, while the issue price in Part I reflects the reissued amount per the Form 8038.						
SCHEDULE K, PART III, LINE 3A, COLUMNS C AND D	$^{\prime}$						
SCHEDULE K, PART III, LINE 3C, THE NAS HAS ENTERED INTO RESEARCH AGREEMENTS, WHICH NAS BELIEVES SATISFIES THE SAFE HARBOR STANDARDS UNDER R							

COLUMNS C AND D

2007-47.

SCHEDULE K, PART IV, LINE 2B,
COLUMN A

SCHEDULE K, PART IV, LINE 2B,
COLUMN B

THE REBATE COMPUTATION WAS PERFORMED ON DECEMBER 3, 2012.

THE REBATE COMPUTATION WAS PERFORMED ON DECEMBER 3, 2012.

THE REBATE COMPUTATION WAS PERFORMED ON MAY 1, 2019. AN ADDITIONAL REBATE COMPUTATION WAS PERFORMED ON MAY 1, 2020.

Schedule K (Form 990) 2019



Complete if the organization answered "Yes" on Form 990. Part IV, lines 25a, 25b, 26, 27, 28a, 28b, bor 78a, or form 990-EZ. 29a, 28b, or form 990-EZ. 29a, 29a, or form 990-EZ. 29a, 28b, or form 990-EZ. 29a, 29a, or form 990-EZ. 29a, 29a, or form 990-EZ. 29a, village department of the organization organization organization. 29a, 29a, or form 990-EZ. 29a, village department of the organization formation. 29a, 29a, 29a, 29a, 29a, 29a, 29a, 29a,	efile Public	Visual R	endei	ObjectI	d: 001 -	Submissio	n: 2015-01	l-16				TIN	: 20	-547	8191				
Complete if the organization answered "Ves" on Form 990. Part IV, lines 25a, 25b, 26, 27, 28a, 28b, br. 28c, or Form 990-EZ. Solution Complete if the organization Solution So	Schedule L		Transactions with Interested Persons									OMB No. 1545-0047							
Complete if the organization	(Form 990 or 99	0-EZ)	Comple	ete if the organ	ization an 8b, or 28c	swered "Yes" (, or Form 990-	on Form 990, EZ, Part V, line	Part IV, lines 2 e 38a or 40b.	25a, 2	25b, 2	6, 27,		20	19	9				
Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-E2, Part V, line 40b. 1	•	-	•	Go to <u>www.irs</u>					mati	on.									
Excess Benefit Transactions (section 5D1(c)(3), section 5D1(c)(4), and section 5D1(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25s or 25b, or Form 990-E2, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person (c) Description of transaction (c) Description (c) Descript									Em	ploye	r iden				<i>/</i> 11				
Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (a) Name of disqualified person (b) Relationship between disqualified person and organization of transaction (c) Description of transaction (d) Corrected? Yes No And organization disqualified person and organization of transaction of transaction of transaction of transaction organization and organization organizati	National Academy	of Sciences																	
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person of transaction of t	Part T Eve	ass Band	fit Tr	ansactions	(soction 5	(01(c)(3) soct	ion 501(c)(4)	and soction l				nizatio	nc on	lv/)					
1 (a) Name of disqualified person (b) Relationship between disqualified person cand organization of transaction											_								
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4959. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (c) Purpose of (d) Loan to or from the (e) Original organization organization? To From (1) Complete if the organization answered "Yes" on Form 990, Part IV, line 26; or if the organization? To From (1) From (2) Person (d) Loan to orform the (e) Original organization? To From (2) Person (d) Loan to orform the (e) Original organization? To From (1) From (2) Person (d) Loan to orform the (e) Original organization? To From (3) Part IV, line 26; or if the organization? Total (2) Resident - NAE PURCHASE (3) No Yes (4) Ves (5) No Yes (7) No Yes																			
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization answered "Yes" on Form 990-Ez, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization organization organization? (a) Name of interested person and the organization answered "Yes" on Form 990-Part IV, line 26; or if the organization organization? To From To From To From To From Total To						aı	nd organizatio	on		t	ransa	ction	L	Corre	cted?				
Section 4958. 3 Enter the amount of tax, if any, on line 2, above, relimbursed by the organization														Yes	No				
Section 4958. 3 Enter the amount of tax, if any, on line 2, above, relimbursed by the organization																			
Section 4958. 3 Enter the amount of tax, if any, on line 2, above, relimbursed by the organization																			
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Section 4958. 3 Enter the amount of tax, if any, on line 2, above, relimbursed by the organization	3 Fatau tha		!				l:l:£:d				d =								
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or from the organization? To From To From (1) C Dan Mote President - NAE PURCHASE RESIDENCE To From (1) C Dan Mote President - NAE PURCHASE RESIDENCE (2) To From (3) No Yes No Yes No (4) No Yes No (5) No Yes No (6) No Yes No (7) No Yes No (8) No Yes No (8) No Yes No (9) No Yes No (1) C Dan Mote President - NAE PURCHASE RESIDENCE (8) No Yes No (9) No Yes No (1) C Dan Mote President - NAE PURCHASE RESIDENCE (9) No Yes No (1) C Dan Mote President - NAE PURCHASE RESIDENCE (1) C Dan Mote President - NAE PURCHASE RESIDENCE (1) C Dan Mote President - NAE PURCHASE RESIDENCE (2) No Yes No (3) No Yes No (4) No Yes No (5) No Yes No (6) Purpose of assistance Parsons. (6) Purpose of assistance Parson and the organization (6) Purpose of assistance	section 49	958.		,		-	•	-	.	• •\$. >								
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or from the organization? To From To From (1) C Dan Mote President - NAE PURCHASE RESIDENCE To From (1) C Dan Mote President - NAE PURCHASE RESIDENCE (2) To From (3) No Yes No Yes No (4) No Yes No (5) No Yes No (6) No Yes No (7) No Yes No (8) No Yes No (8) No Yes No (9) No Yes No (1) C Dan Mote President - NAE PURCHASE RESIDENCE (8) No Yes No (9) No Yes No (1) C Dan Mote President - NAE PURCHASE RESIDENCE (9) No Yes No (1) C Dan Mote President - NAE PURCHASE RESIDENCE (1) C Dan Mote President - NAE PURCHASE RESIDENCE (1) C Dan Mote President - NAE PURCHASE RESIDENCE (2) No Yes No (3) No Yes No (4) No Yes No (5) No Yes No (6) Purpose of assistance Parsons. (6) Purpose of assistance Parson and the organization (6) Purpose of assistance	Part II	nans to a	nd/o	r From Inte	rested I	Persons													
(a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due with principal amount (g) In Approved by board or committee? (ves No Yes No Ye							Z, Part V, lin	e 38a, or Form	990	, Part	IV, lir	ne 26;	or if	the					
interested person with organization with organization? principal amount due default? Approved by board or committee? To From To From								Г											
person organization To From To From To To To To To To To										-		•	-	-					
To From Ves No V				ioan	orge	inization:		uue	uei	auit:				gi eeiiii	ciic:				
(a) Name of interested person and the organization (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance											comm	ittee?							
RESIDENCE					То	From				No	Yes	No	Yes	N	lo ol				
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	(1) C Dan Mote Jr	President				Х	1,500,000	866,063	3	No	Yes		Yes						
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance																			
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance										-									
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance																			
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance																			
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	Total .						* \$	866.063	8										
(a) Name of interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	Part IIII Gr	ants or A	Assist	ance Benefi	ting Int	erested Pe	rsons.	•											
person interested person and the organization									assis	tance	(е) Purp	ose o	f assis	stance				
				erested person	and the	(,)		(1)				, ,							
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50056A Schedule L (Form 990 or 990-EZ) 2019																			

(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?			
	organization			Yes	No		

Return Reference

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Explanation

Page **2**

Schedule L (Form 990 or 990-EZ) 2019

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** National Academy of Sciences 53-0196932 Part I Types of Property (c) (d) (b) (a) Check if Number of contributions Noncash contribution Method of determining applicable or items contributed noncash contribution amounts amounts reported on Form 990, Part VIII, line 1 g 1 Art-Works of art . . 2 Art—Historical treasures **3** Art—Fractional interests . 4 Books and publications Clothing and household goods Cars and other vehicles . . Boats and planes . . . Intellectual property . . . Securities—Publicly traded . Х 15 2,686,017 Sale Price Securities-Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution-Historic structures **14** Qualified conservation contribution—Other . . . Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (______) **26** Other ▶ (______) **27** Other ▶ (______) Other ▶ (____ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2019) Cat. No. 51227J

Schedule M (Form 990) (2019)	F	Page 2							
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.									
Return Reference	Explanation								
NUMBER OF CONTRIBUTIONS SCHEDULE M, PART I, COLUMN (B) THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B)									
	Schedule M (Form 990) (2	2019)							

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

TIN: 20-5478191

Open to Public

Inspection **Employer identification number**

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Department of the Treasury Namel Bevingeologainezation

EZ)

SCHEDULE 0

(Form 990 or 990-

National Academy of Sciences

53-0196932

Return Reference	Explanation
PART-TIME OFFICERS' COMPENSATION	FORM 990, PART VI, LINE 1B FOR THE VICE PRESIDENT, TREASURER, FOREIGN SECRETARY AND HOME SECRETARY, TIME ESTIMATES ARE BASED ON A PERCENTAGE LEVEL OF EFFORT, WHICH RANGES BETWEEN 25% AND 50%. NAS REIMBURSES EACH PART-TIME OFFICER'S HOME INSTITUTION FOR THE APPLICABLE PRECENTAGE OF SALARY PAID BY THE HOME INSTITUTION. GOVERNING DOCUMENTS FORM 990, PART VI, LINE 4 The NAS CONSTITUTION Was amended to change the name of the "Finance Committee" to the "Investment Committee." The amendment also included a change in the composition of the committee. The NAS Bylaws were amended to make the changes corresponding to the changes made in the Constitution and to change the responsibilities of the Treasurer relating to investments. The Bylaws were also amended to permit rescinding membership in the Academy for a violation of the NAS Code of Conduct and to modernize archaic language, change outdated procedures to conform with current practice, and remove gender-specific terms. MEMBERS OR STOCKHOLDERS FORM 990, PART VI, SECTION A, LINES 6, 7A, AND 7B THE ORGANIZATION IS A PRIVATE MEMBERSHIP ORGANIZATION. THE NAS CONSTITUTION PROVIDES THAT THE ACADEMY SHALL CONSIST OF MEMBERS, MEMBERS EMERIFIED AND FOREIGN ASSOCIATES. MEMBERS OF NAS ARE ELECATED BY THE MEMBERS IN RECOGNITION OF THEID ISTINIQUISHED AND CONTINUING ACHIEVEMBERS IN ORIGINAL RESEARCH. THE OFFICERS OF THE ACADEMY ARE CHOSEN FROM THE MEMBERSHIP, AND AMENDMENTS TO THE ORGANIZATION'S CONSTITUTION AND BYLAWS, AND ELECTION OF NEW MEMBERS, OFFICERS, AND COUNCIL MEMBERS REQUIRE A VOTE OF THE MEMBERS. THE OFFICERS OF THE ORGANIZATION, TOGETHER WITH TWELVE MEMBERS TO BE ELECTED, SHALL CONSTITUTIOTE THE NATIONAL ACADEMY OF SCIENCES (NAS) COUNCIL FOR THE TRANSACTION OF SUCH BUSINESS AS MAY BE ASSIGNED TO IT BY THE CONSTITUTION, BYLAWS, OR THE MEMBERSHIP. THE NAS COUNCIL HAS GENERAL SUPERVISION OVER THE ELECTION OF THE OFFICERS OF THE ORGANIZATION, AND SHALL SET THE DATE FOR ELECTION AND APPOINTING NOMINATING COMMITTEES. THE NAS COUNCIL MAY DELEGATE ITS AUTHORITY TO APPROPRIATE
CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT	FORM 990, PART VI, SECTION B, LINES 12B AND 12C ANNUALLY, THE GENERAL COUNSEL LEADS A DISCUSSION AT A MEETING OF OFFICERS AND COUNCIL MEMBERS AT WHICH THE CONFLICT OF INTEREST POLICY IS REVIEWED. OFFICERS AND COUNCIL MEMBERS ARE ASKED TO SIGN A STATEMENT THAT THEY WILL ABIDE BY THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES AND PROCEDURES. OFFICERS, COUNCIL MEMBERS, AND KEY EMPLOYEES ARE ASKED TO COMPLETE AN ANNUAL QUESTIONNAIRE REGARDING CERTAIN BUSINESS TRANSACTIONS THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST.
PROCESS OF DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15 COMPENSATION DECISIONS FOR ALL DISQUALIFIED PERSONS AS DEFINED IN IRC SECTION 4958 ARE MADE ANNUALLY BY AN EXECUTIVE COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT MEMBERS ON THE BASIS OF EXECUTIVE COMPENSATION COMPATIBILITY DATA, INCLUDING A MARKET COMPENSATION SURVEY CONDUCTED BY THE OFFICE OF HUMAN RESOURCES THAT REVIEWS THE COMPENSATION OF THE HEADS OF THE LEADING UNIVERSITIES AND CHIEF EXECUTIVE OFFICERS OF SIMILAR ORGANIZATIONS. THERE IS A RECORD OF THE EXECUTIVE COMPENSATION COMMITTEE'S DELIBERATIONS AND DECISIONS. COMPENSATION DECISIONS ARE MADE ANNUALLY FOR OTHER KEY AND HIGH PAID EMPLOYEES BY SENIOR STAFF ON THE BASIS OF COMPARIBILITY DATA.
FORM 990 REQUIRED TO BE FILED ALONG WITH STATES	FORM 990, PART VI, SECTION C, LINE 17 NAS FILES CHARITABLE SOLICITATION REGISTRATIONS WITH A 990 ATTACHED IN THE FOLLOWING STATES: AL, AR, CO, FL, GA, HI, KY, MD, MA, MI, MN, NH, NJ, NM, NY, ND, OH, OK, PA, RI, TN, UT, VA, WA, WV, AND WI.
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION C, LINE 19 NAS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE GOVERNING DOCUMENTS AND ANNUAL FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 AMOUNT CONSISTS OF: UNREALIZED Loss ON DERIVATIVES \$(70,664) UNREALIZED Gain ON CHARITABLE GIFT ANNUITIES 180,467

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 **SCHEDULE R** OMB No. 1545-0047 **Related Organizations and Unrelated Partnerships** (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** National Academy of Sciences 53-0196932 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (d) (a) (f) (c) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) NAS Title Holding LLC Title Holding MD 0 82,779,137 NAS 5635 Bent Branch Road Bethesda, MD 20816 53-0196932 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section or foreign country) 512(b) (if section 501(c)(3)) entity (13)controlled entity? Yes No (1) The National Academies Corporation Sci. meetings CA 501(c)(3) 12A NAS Yes 100 ACADEMY WAY Irvine, CA 92617 94-2994279 (2) NAS Retiree Welfare Benefit Plan Trust DC 501(c)(3) 12A NAS Emp. Benefits Yes 2101 CONSTITUTION AVENUE NW WASHINGTON, DC 20418 52-6976965 (3) National Academy of Engineering Fund Sci. Support DC 501(c)(3) NA No 2101 CONSTITUTION AVENUE NW WASHINGTON, DC 20418 23-7284092 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man par	j) eral or naging tner?	Perce owne	k) enta ersh
								Yes	No		Yes	No		
			+											_
Identification of Related Orga 34 because it had one or more re (a) Name, address, and EIN of related organization	anizations Taxable a elated organizations tre (b) Primary activity	eated as a c	orporat (c) Legal omicile	on or trus	t during the ta (d) ect controlling Type entity (C co	(e) e of entity orp, S corp,	(f) Share of total income	Share	(g) e of end- year	-of- Perce	990, I	s	(i Section 13) cor) 512 ntro
34 because it had one or more re (a) Name, address, and EIN of	elated organizations tre	eated as a c	orporat (c) _{Legal}	on or trus	t during the ta (d) ect controlling Type entity (C co	(e)	(f) Share of total	Share	(g) e of end	-of- Perce	(h) entage	S ((i Section) 512 ntro ty?
34 because it had one or more re (a) Name, address, and EIN of	elated organizations tre	eated as a c	orporat (c) Legal omicile or foreign	on or trus	t during the ta (d) ect controlling Type entity (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	(h) entage	S ((i Section 13) cor enti) 512 ntro ty?
34 because it had one or more re (a) Name, address, and EIN of	elated organizations tre	eated as a c	orporat (c) Legal omicile or foreign	on or trus	t during the ta (d) ect controlling Type entity (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	(h) entage	S ((i Section 13) cor enti) 512 ntro
34 because it had one or more re (a) Name, address, and EIN of	elated organizations tre	eated as a c	orporat (c) Legal omicile or foreign	on or trus	t during the ta (d) ect controlling Type entity (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	(h) entage	S ((i Section 13) cor enti) 512 ntro ty?
34 because it had one or more re (a) Name, address, and EIN of	elated organizations tre	eated as a c	orporat (c) Legal omicile or foreign	on or trus	t during the ta (d) ect controlling Type entity (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	(h) entage	S ((i Section 13) cor enti) 512 ntro ty?
34 because it had one or more re (a) Name, address, and EIN of	elated organizations tre	eated as a c	orporat (c) Legal omicile or foreign	on or trus	t during the ta (d) ect controlling Type entity (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	(h) entage	S ((i Section 13) cor enti) 512 ntro ty?

Schedule R (Form 990) 2019							
Part V Transactions With Related Organizations. Complete if the organization answere	d "Yes" on Form 9	90, Part IV, line	34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			-		Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more rela	ated organizations li	sted in Parts II-IV?	,				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No	
$f b$ Gift, grant, or capital contribution to related organization(s) $\dots \dots \dots \dots \dots \dots$				1b		No	
${f c}$ Gift, grant, or capital contribution from related organization(s) ${f \cdot}$				1c	Yes		
d Loans or loan guarantees to or for related organization(s)							
$f e$ Loans or loan guarantees by related organization(s) $\dots \dots \dots \dots \dots \dots \dots$				1e		No	
${f f}$ Dividends from related organization(s)				1f		No	
g Sale of assets to related organization(s)				1 g		No	
f h Purchase of assets from related organization(s)				1h		No	
i Exchange of assets with related organization(s)				1i		No	
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No	
${f k}$ Lease of facilities, equipment, or other assets from related organization(s) \cdot				1k		No	
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes		
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No	
$f n$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) \cdot \cdot \cdot \cdot				1n	Yes		
• Sharing of paid employees with related organization(s)				10	Yes		
p Reimbursement paid to related organization(s) for expenses				1 p		No	
q Reimbursement paid by related organization(s) for expenses · · · · · · · · · · · · · · · · · ·				1 q	Yes		
${f r}$ Other transfer of cash or property to related organization(s)				1r	Yes		
s Other transfer of cash or property from related organization(s) \cdots				1 s		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	nis line, including co	vered relationships	and transaction thresholds				
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining am	nount i	nyolyed	1	
	type (a-s)		riction of determining an	JUIIL I	voive(•	
(1)The National Academies Corporation	С	547,122	Cash				
(2)The National Academies Corporation	Q	195,184	Cash				

${f j}$ Lease of facilities, equipment, or other assets to related organization(s) \cdot · · · · · · · · · ·				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s) \cdot · · · · · · · · · ·				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) \cdot \cdot \cdot				1n \	Yes	
• Sharing of paid employees with related organization(s) • • • • • • • • • • • • • • • • • • •				10	Yes	
$oldsymbol{p}$ Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses · · · · · · · · · · · · · · · · · ·				1q '	Yes	
f r Other transfer of cash or property to related organization(s)					Yes	
s Other transfer of cash or property from related organization(s) · · · · · · · · · · · · · · · · · · ·				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	nis line, including co	vered relationships	and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount inv	volved	
(1)The National Academies Corporation	С	547,122	Cash			
(2)The National Academies Corporation	Q	195,184	Cash			
(3)Retiree Welfare Benefit Plan Trust	R	891,624	Cash			
(4)Retiree Welfare Benefit Plan Trust	Q	1,154,432	Cash			
(5)National Academy of Engineering Fund	С	7,306,007	Cash			
			Schedule R (F	orm 9	90) 2	019

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

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	o	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General o managin partner?	r	(k) Percentage ownership
		200.707)	tax under sections 512- 514)		No			Yes	No	(Form 1065)	Yes	No	

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Part VII Supplemental In		
Provide additional info	ormation for responses to questions on Schedule R. (see instructions).	
Return Reference	Explanation	
		Schedule R (Form 990) 2019
Additional Data		Return to Form
	Software ID:	
	Software Version:	