

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NATIONAL ACADEMY OF SCIENCES. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 2101 CONSTITUTION AVENUE NW. City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 204180007

D Employer identification number: 53-0196932. E Telephone number: (202) 334-3003. G Gross receipts \$ 702,976,533

F Name and address of principal officer: MARCIA MCNUTT, 2101 CONSTITUTION AVENUE NW, WASHINGTON, DC 204180007

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.NAS.EDU

K Form of organization: Corporation

L Year of formation: 1863. M State of legal domicile: DC

Part I Summary

Table with 3 main sections: 1. Briefly describe the organization's mission... 2. Check this box if the organization discontinued its operations... 3-7. Revenue and Expenses summary table with columns for Prior Year and Current Year. 8-12. Revenue details. 13-19. Expenses details. 20-22. Net Assets or Fund Balances summary table with columns for Beginning of Current Year and End of Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer EBUN JOHNSON CFO, Date 2025-11-15. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P00847851, Firm's name GRANT THORNTON ADVISORS LLC, Firm's EIN 99-1856619, Firm's address 1000 WILSON BLVD SUITE 1500 ARLINGTON, VA 22209, Phone no. (703) 847-7500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE NATIONAL ACADEMY OF SCIENCES WAS FORMED UNDER A CHARTER PASSED AS AN ACT OF INCORPORATION BY THE UNITED STATES CONGRESS AND SIGNED INTO LAW ON MARCH 3, 1863. NAS OPERATES AS A PRIVATE MEMBERSHIP ORGANIZATION OF DISTINGUISHED SCHOLARS ENGAGED IN SCIENTIFIC, ENGINEERING, OR MEDICAL RESEARCH. NAS IS DEDICATED TO THE FURTHERANCE OF SCIENCE FOR THE GENERAL WELFARE. NAS PROVIDES ADVICE AND OTHER SERVICES TO THE U.S. GOVERNMENT AND OTHER PRIVATE SPONSORS. THE NAS IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR UNRELATED BUSINESS INCOME.

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 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 services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ **191,842,883** including grants of \$ **19,451,989**) (Revenue \$ **0**)
 PERFORMANCE IN CONNECTION WITH CONTRACTS AND GRANTS WITH THE U.S. GOVERNMENT IN ACCORDANCE WITH THE NATIONAL ACADEMY OF SCIENCES' CONGRESSIONAL CHARTER.

4b (Code:) (Expenses \$ **100,111,627** including grants of \$ **45,993,206**) (Revenue \$ **10,541,603**)
 STUDIES, PROJECTS AND OTHER SERVICES IN CONNECTION WITH PRIVATE GRANTS AND OTHER ARRANGEMENTS EXCLUSIVE OF WORK FUNDED BY THE U.S. GOVERNMENT.

4c (Code:) (Expenses \$ **8,682,537** including grants of \$ **1,589,746**) (Revenue \$ **296,253**)
 ENDOWMENT AND TRUST ACTIVITIES REPRESENTING SCIENTIFIC PRIZES, AWARDS, AND SUPPORT OF RESEARCH.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **300,637,047**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Questions cover topics like organizational type, lobbying, donor funds, and fundraising activities.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 10 columns: Question ID, Question Text, Sub-question ID, Answer, and three empty columns. Rows include questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, contributions, and organizational structure.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed. Row 18: Section 6104 requires an organization to make its Form 1023... Row 19: Describe in Schedule O whether... Row 20: State the name, address, and telephone number...

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) MARCIA MCNUTT PRESIDENT	37.50 2.00	X		X			1,089,403	0	98,759
(2) DIANE E GRIFFIN VICE PRESIDENT (END 10/28/24)	19.00 0.00	X		X			0	0	0
(3) SUSAN WESSLER VICE PRESIDENT (BEG 12/1/24)	19.00 0.00	X		X			0	0	0
(4) NANCY C ANDREWS HOME SECRETARY	19.00 0.00	X		X			0	0	0
(5) JOHN G HILDEBRAND INTERNATIONAL SECRETARY	19.00 0.00	X		X			0	0	0
(6) WILLIAM H PRESS TREASURER	19.00 1.00	X		X			0	0	0
(7) HUDA AKIL NAS COUNCIL MEMBER (END 6/30/24)	4.00 0.00	X					37,500	0	0
(8) JOHN C BOOTHROYD NAS COUNCIL MEMBER (END 6/30/24)	4.00 0.00	X					0	0	0
(9) WENDY L FREEDMAN NAS COUNCIL MEMBER (BEG 7/1/24)	4.00 0.00	X					0	0	0
(10) KATHERINE H FREEMAN NAS COUNCIL MEMBER	4.00 0.00	X					0	0	0
(11) SUSAN GELMAN NAS COUNCIL MEMBER (BEG 7/1/24)	4.00 0.00	X					0	0	0
(12) ANGELA M GRONENBORN NAS COUNCIL MEMBER	4.00 0.00	X					15,000	0	0
(13) MARY LOU GUERINOT NAS COUNCIL MEMBER	4.00 0.00	X					0	0	0
(14) BRIGID LM HOGAN NAS COUNCIL MEMBER (BEG 7/1/24)	4.00 0.00	X					0	0	0
(15) ANDREA J LIU NAS COUNCIL MEMBER	4.00 0.00	X					0	0	0
(16) DAVID J MELTZER NAS COUNCIL MEMBER	4.00 0.00	X					0	0	0
(17) CAROL L PRIVES NAS COUNCIL MEMBER	4.00 0.00	X					0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) KENNETH A RIBET NAS COUNCIL MEMBER (END 6/30/24)	4.00 0.00	X					0	0	
(19) GENE E ROBINSON NAS COUNCIL MEMBER	4.00 0.00	X					0	0	
(20) KAREN C SETO NAS COUNCIL MEMBER (BEG 7/1/24)	4.00 0.00	X					50,000	0	
(21) MICHAEL S WITHERELL NAS COUNCIL MEMBER	4.00 0.00	X					0	0	
(22) HAO WU NAS COUNCIL MEMBER (END 6/30/24)	4.00 0.00	X					0	0	
(23) JOHN ANDERSON PRESIDENT - NAE	37.50 2.00			X			1,062,641	0	98,059
(24) VICTOR DZAU PRESIDENT - NAM	37.50 1.00			X			1,065,629	0	95,049
(25) GREGORY SYMMES CHIEF PROG OFF/INT COO(BEG 2/14/24)	37.50 0.00			X			438,532	0	99,798
(26) LORY WINGATE CHIEF OPERATING OFFICER(END 2/14/24)	37.50 0.00			X			328,189	0	71,908
(27) EBUN JOHNSON CHIEF FINANCIAL OFFICER	37.50 1.00			X			296,016	0	77,449
(28) MONICA FEIT EXECUTIVE DIRECTOR, HMD	37.50 0.00				X		294,828	0	103,021
(29) VAUGHAN TUREKIAN EXECUTIVE DIRECTOR, PGA	37.50 0.00				X		294,811	0	89,482
(30) VICTORIA SHEEHAN EXECUTIVE DIRECTOR, TRB	37.50 0.00				X		279,006	0	82,076
(31) LAUREN ALEXANDER AUGUSTINE EXECUTIVE DIRECTOR, GULF	37.50 0.00				X		316,103	0	91,635
(32) AUDREY MOSLEY GENERAL COUNSEL	37.50 0.00					X	391,004	0	76,759
(33) ALTON ROMIG NAE EXECUTIVE OFFICER	37.50 1.00					X	350,852	0	98,938
(34) DAVID MAY CHIEF COMMUNICATIONS OFFICER	37.50 0.00					X	336,181	0	111,243
(35) KENNETH FULTON NAS EXECUTIVE DIRECTOR	37.50 1.00					X	342,458	0	81,130
(36) LAURA CASTILLO-PAGE CHIEF DIVERSITY & INCLUSION OFFICER	37.50 0.00					X	335,527	0	86,016
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						7,323,680	0	1,361,322	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **531**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TEXAS A&M TRANSPORTATION INSTITUTE 3135 TAMU COLLEGE STATION, TX 778433135	TRANSPORTATION STUDY	3,367,520
COMPLETE BUILDING SERVICES 2101 WISCONSIN AVENUE WASHINGTON, DC 20007	FACILITIES MGMT	2,576,150
DESIGN CUISINE 2659 SOUTH SHIRLINGTON RD ARLINGTON, VA 22206	EVENTS	1,602,920
ALLIED UNIVERSAL SECURITY SERVICES PO BOX 31001-2374 PASADENA, CA 911102374	SECURITY SERVICES	1,547,590
DELL USA 11209 METRIC BLVD AUSTIN, TX 787584093	SOFTWARE SERVICES	1,489,550

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **233**

Part VIII Statement of Revenue

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

	(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 Amt Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b	2,370,671	
c Fundraising events		1c		
d Related organizations		1d	6,384,696	
e Government grants (contributions)		1e	205,077,763	
f All other contributions, gifts, grants, and similar amounts not included above		1f	63,509,119	
g Noncash contributions included in lines 1a - 1f:\$		1g	530,048	
h Total. Add lines 1a-1f				277,342,249

Program Service Revenue		Business Code				
2a ANNUAL MTG./REG. FEES		900099	10,030,335	10,030,335		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			10,030,335			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,450,607		487,667	15,962,940	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		1,999,676			1,999,676	
	6a Gross rents	(i) Real	6a	461,660			
		(ii) Personal	6b	461,660			
		b Less: rental expenses	6c	0			
		c Rental income or (loss)	d	0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	378,220,969			
		(ii) Other	7b	324,476,489			
		b Less: cost or other basis and sales expenses	7c	53,744,480			
		c Gain or (loss)	d	53,744,480			53,744,480
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a				
		b Less: direct expenses	8b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19		9a				
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		10a	17,133,896				
	b Less: cost of goods sold	10b	16,326,375				
	c Net income or (loss) from sales of inventory		807,521	807,521			

OtherRevenueMiscAmt		Business Code				
11a FOOD SERVICE REVENUE		722320	727,216			727,216
b PARKING REIMBURSEMENT		812930	282,510			282,510
c ADVERTISING		900099	69,246		69,246	
d All other revenue			258,169		8,407	249,762
e Total. Add lines 11a-11d			1,337,141			
12 Total revenue. See instructions			361,712,009	10,837,856	565,320	72,966,584

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	32,105,536	32,105,536		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	32,061,403	32,061,403		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,868,002	2,868,002		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,372,396		6,372,396	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	125,762,258	96,543,486	26,573,639	2,645,133
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,591,929	11,603,729	3,659,691	328,509
9 Other employee benefits	14,176,322	12,437,738	1,441,644	296,940
10 Payroll taxes	10,370,496	7,613,060	2,541,921	215,515
11 Fees for services (non-employees):				
a Management				
b Legal	1,311,829	26,667	1,284,407	755
c Accounting	673,434	12,850	660,220	364
d Lobbying				
e Professional fundraising services. See Part IV, line 17	34,783			34,783
f Investment management fees	3,289,442		3,289,442	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,428,079	14,494,534	5,819,145	114,400
12 Advertising and promotion	536,586	338,534	174,649	23,403
13 Office expenses	2,527,070	1,561,023	914,965	51,082
14 Information technology	6,664,749	4,467,265	1,997,092	200,392
15 Royalties	18			18
16 Occupancy	7,490,567	5,354,591	2,072,508	63,468
17 Travel	17,299,277	15,882,442	1,304,159	112,676
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	15,860	15,860		
19 Conferences, conventions, and meetings	8,841,713	6,067,758	2,622,366	151,589
20 Interest	7,059,566		7,059,566	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,329,332	5,995,743	2,262,842	70,747
23 Insurance	1,339,924	262,204	1,077,625	95
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 SUBCONTRACTS	45,031,976	44,886,940	144,836	200
b PRINTING & PUBLICATIONS	6,072,475	5,302,522	693,526	76,427
c MISCELLANEOUS	2,579,901	735,160	1,844,741	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	378,834,923	300,637,047	73,811,380	4,386,496
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part 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
Assets	1 Cash-non-interest-bearing	41,525,025	1	5,857,704
	2 Savings and temporary cash investments	7,541,241	2	7,686,745
	3 Pledges and grants receivable, net	20,974,921	3	16,322,734
	4 Accounts receivable, net	84,425,997	4	77,549,161
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	535,021	8	148,355
	9 Prepaid expenses and deferred charges	12,008,695	9	9,703,156
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 243,894,724		
	b Less: accumulated depreciation	10b 120,046,939	128,118,187	10c 123,847,785
	11 Investments—publicly traded securities	617,141,339	11	637,909,485
	12 Investments—other securities. See Part IV, line 11	616,027,953	12	675,087,547
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	33,255,362	15	39,603,536
16 Total assets: Add lines 1 through 15 (must equal line 33)	1,561,553,741	16	1,593,716,208	
Liabilities	17 Accounts payable and accrued expenses	34,757,236	17	36,288,442
	18 Grants payable		18	
	19 Deferred revenue	70,105,727	19	56,540,751
	20 Tax-exempt bond liabilities	134,816,800	20	129,881,009
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	25,256,173	25	29,038,659
	26 Total liabilities. Add lines 17 through 25	264,935,936	26	251,748,861
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	181,148,963	27	199,483,990
	28 Net assets with donor restrictions	1,115,468,842	28	1,142,483,357
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,296,617,805	32	1,341,967,347
33 Total liabilities and net assets/fund balances	1,561,553,741	33	1,593,716,208	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	361,712,009
2	Total expenses (must equal Part IX, column (A), line 25)	2	378,834,923
3	Revenue less expenses. Subtract line 2 from line 1	3	-17,122,914
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,296,617,805
5	Net unrealized gains (losses) on investments	5	69,154,731
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,682,275
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	1,341,967,347

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
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.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
NATIONAL ACADEMY OF SCIENCES

Employer identification number
53-0196932

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	258,178,179	258,287,760	281,382,538	274,904,240	277,342,249	1,350,094,966
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3	258,178,179	258,287,760	281,382,538	274,904,240	277,342,249	1,350,094,966
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24,727,730
6 Public support. Subtract line 5 from line 4.						1,325,367,236

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	258,178,179	258,287,760	281,382,538	274,904,240	277,342,249	1,350,094,966
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,228,655	11,843,966	12,076,658	15,454,371	18,424,276	70,027,926
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	23,919	9,849	42,608	75,145	92,198	243,719
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	431,943	39,840	252,279	1,202,413	1,259,488	3,185,963
11 Total support. Add lines 7 through 10						1,423,552,574
12 Gross receipts from related activities, etc. (see instructions)					12	125,165,732
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	93.100 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	93.220 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2024. 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 organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2023. 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 supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 1 Gifts, grants, contributions, and membership fees received, 2 Gross receipts from admissions, merchandise sold or services performed, 3 Gross receipts from activities that are not an unrelated trade or business under section 513, 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf, 5 The value of services or facilities furnished by a governmental unit to the organization without charge, 6 Total. Add lines 1 through 5, 7a Amounts included on lines 1, 2, and 3 received from disqualified persons, b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year, c Add lines 7a and 7b, 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 9 Amounts from line 6, 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources, b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975, c Add lines 10a and 10b, 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on, 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.), 13 Total support. (Add lines 9, 10c, 11, and 12.), 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests—2024. Row b: 33 1/3% support tests—2023. Row 20: Private foundation.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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? <i>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.</i>		
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? <i>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.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	PARKING REIMBURSEMENT - 2020 AMOUNT: \$ 111,880. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 93,836. 2023 AMOUNT: \$ 293,321. 2024 AMOUNT: \$ 282,510. OTHER MISC REVENUE - 2020 AMOUNT: \$ 311,763. 2021 AMOUNT: \$ 24,273. 2022 AMOUNT: \$ 150,210. 2023 AMOUNT: \$ 909,092. 2024 AMOUNT: \$ 943,292. GOVERNMENT INTEREST - 2020 AMOUNT: \$ 8,300. 2021 AMOUNT: \$ 15,567. 2022 AMOUNT: \$ 8,233. 2023 AMOUNT: \$ 0. 2024 AMOUNT: \$ 33,686.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization NATIONAL ACADEMY OF SCIENCES	Employer identification number 53-0196932
----------------------------------------------------------	-----------------------------------------------------

Organization type (check 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 foundation
 - 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
 NATIONAL ACADEMY OF SCIENCES

Employer identification number
 53-0196932

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
NATIONAL ACADEMY OF SCIENCES

Employer identification number

53-0196932

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization
 NATIONAL ACADEMY OF SCIENCES

Employer identification number
 53-0196932

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(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		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(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		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(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		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(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		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

**Open to Public
Inspection**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

Name of the organization
NATIONAL ACADEMY OF SCIENCES

Employer identification number

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 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 impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--------------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	697,696,272	641,924,743	729,185,863	643,253,184	591,981,194
b Contributions	1,396,986	5,784,069	3,669,854	7,102,361	7,943,307
c Net investment earnings, gains, and losses	83,567,278	70,001,100	-74,500,036	101,144,413	63,537,747
d Grants or scholarships					
e Other expenditures for facilities and programs	31,147,884	20,013,640	16,430,938	22,314,095	20,209,064
f Administrative expenses					
g End of year balance	751,512,652	697,696,272	641,924,743	729,185,863	643,253,184

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 26.000 %
 - b** Permanent endowment ▶ 74.000 %
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations | No | No |
| (ii) Related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		29,586,376		29,586,376
b Buildings		176,246,577	87,955,536	88,291,041
c Leasehold improvements		4,073,377	3,884,898	188,479
d Equipment		32,721,467	28,166,817	4,554,650
e Other		1,266,927	39,688	1,227,239
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				123,847,785

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) HEDGE FUNDS	429,487,633	F
(B) PRIVATE EQUITY	213,335,163	F
(C) LONG/SHORT EQ. HDG. FUNDS	32,264,751	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	675,087,547	

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
FUNDS HELD ON BEHALF OF OTHERS	14,043,852
OTHER LIABILITIES	7,873,416
ACCRUED EMPLOYEE BENEFITS	3,854,217
ACCRUED LEASE LIABILITY	2,829,523
DERIVATIVE LIABILITY	437,651
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	29,038,659

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	444,834,476
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	69,154,731	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	17,257,178	
e	Add lines 2a through 2d	2e		86,411,909
3	Subtract line 2e from line 1		3	358,422,567
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,289,442	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		3,289,442
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	361,712,009

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

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

1	Total expenses and losses per audited financial statements		1	389,154,636
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	13,609,155	
e	Add lines 2a through 2d	2e		13,609,155
3	Subtract line 2e from line 1		3	375,545,481
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,289,442	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		3,289,442
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	378,834,923

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	USE OF ENDOWMENT FUNDS EARNINGS FROM THE ENDOWMENT ARE USED TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION.
PART X, LINE 2:	LIABILITY FOR UNCERTAIN TAX POSITION HAS DETERMINED THAT THERE ARE NO MATERIAL UNRELATED BUSINESS ACTIVITIES OR UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 16,326,375. UNREALIZED GAIN OR (LOSS) ON DERIVATIVES 332,991. RENTAL EXPENSE 461,660. UNREALIZED GAIN OR (LOSS) ON CHARITABLE GIFT ANNUITIES 136,152.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 16,326,375. RENTAL EXPENSE 461,660. RWBP ACTUARIAL VALUATION ADJ -3,178,880.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Statement of Activities Outside the United States

OMB No. 1545-0047

▶ **Complete 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.**

Open to Public Inspection

Name of the organization
NATIONAL ACADEMY OF SCIENCES

Employer identification number
53-0196932

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		311,606,757
(2) SUB-SAHARAN AFRICA	0	0	INVESTMENTS		17,990,446
(3) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		55,340
(4) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		2,741,126
(5) NORTH AMERICA	0	0	GRANTMAKING		16,250
(6) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		43,789
(7) SOUTH AMERICA	0	0	GRANTMAKING		400
(8) SOUTH ASIA	0	0	GRANTMAKING		250
(9) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		9,900
(10) EAST ASIA AND THE PACIFIC	0	5	PROGRAM SERVICES	RADIATION EFFECTS	1,307,646
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			332,454,358
b Total from continuation sheets to Part I	0	5			1,317,546
c Totals (add lines 3a and 3b)	0	5			333,771,904

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.

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)			EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH GRANTS	2,620,011	WIRE	0		
(2)			RUSSIA AND NEIGHBORING STATES	RESEARCH GRANTS	43,789	WIRE	0		
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 1

Part III 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) PRIZES AND AWARDS	EAST ASIA AND THE PACIFIC	1	750	EFT			
(2) PRIZES AND AWARDS	EAST ASIA AND THE PACIFIC	1	14,590	WIRE			
(3) PRIZES AND AWARDS	EUROPE (INCLUDING ICELAND & GREENLAND)	3	101,500	WIRE			
(4) PRIZES AND AWARDS	SOUTH ASIA	1	250	WIRE			
(5) SPEAKER FEES AND HONORARIA	EAST ASIA AND THE PACIFIC	1	10,000	WIRE			
(6) SPEAKER FEES AND HONORARIA	EUROPE (INCLUDING ICELAND & GREENLAND)	1	14,615	EFT			
(7) SPEAKER FEES AND HONORARIA	EUROPE (INCLUDING ICELAND & GREENLAND)	1	5,000	WIRE			
(8) SPEAKER FEES AND HONORARIA	NORTH AMERICA	1	1,250	CHECK			
(9) SPEAKER FEES AND HONORARIA	NORTH AMERICA	1	15,000	EFT			
(10) TRAVEL GRANTS	EAST ASIA AND THE PACIFIC	12	30,000	WIRE			
(11) TRAVEL GRANTS	SOUTH AMERICA	1	400	WIRE			
(12) TRAVEL GRANTS	SUB-SAHARAN AFRICA	6	9,900	WIRE			
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part 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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	MONITORING THE USE OF GRANTS AND OTHER ASSISTANCE 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.
PART I, LINE 3:	ACCOUNTING METHOD USED THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE ACCRUAL BASIS OF ACCOUNTING.

Additional Data

Software ID:

Software Version:

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Name of the organization
NATIONAL ACADEMY OF SCIENCES

Employer identification number
53-0196932

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(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
		Yes	No			
1 MARTS & LUNDY INC 160 CHUBB AVENUE SUITE 303 LYNDHURST, NJ 07071	FUNDRAISING COUNSEL		No	0	34,783	-34,783
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				34,783	-34,783	

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- A L, A K, A R, C A, C O, C T, D C, F L, G A, H I, K Y, M E, M D, M A, M I, M N, M S, N C, N H, N J, N M, N Y, N D, O H, O K, O R, P A, R I, S C, T N, U T, V A, W A, W V, W I

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 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) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
SCHEDULE G FILING:	THE NATIONAL ACADEMY OF SCIENCES FILES SCHEDULE G DUE TO THE ENGAGEMENT OF A PROFESSIONAL FUNDRAISING COUNSEL, WHOSE ROLE IS LIMITED TO PROSPECT MANAGEMENT AND DOES NOT INVOLVE SOLICITING FUNDS.

Name of the organization: NATIONAL ACADEMY OF SCIENCES. Employer identification number: 53-0196932.

Part I General Information on Grants and Assistance. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes

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.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include various organizations like ALABAMA STATE UNIVERSITY, AMERICAN BUREAU OF SHILING, etc.

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FELLOWSHIP STIPENDS	664	26,141,401			
(2) HONORARIA PRIZES	297	3,203,997			
(3) TRAVEL GRANTS	261	2,716,005			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	MONITORING THE USE OF GRANTS AND OTHER ASSISTANCE DISBURSEMENTS FOR GRANTS, SCHOLARSHIPS, AND FELLOWSHIPS ARE MADE IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PURPOSES AND IN ACCORDANCE WITH PROCEDURES INTENDED TO CONFIRM THAT INDIVIDUALS AND 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.

Additional Data

[Return to Form](#)

Software ID:
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Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NATIONAL ACADEMY OF SCIENCES

Employer identification number
53-0196932

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel
<input checked="" type="checkbox"/> Travel for companions
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

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.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee
<input type="checkbox"/> Independent compensation consultant
<input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Approval by the board or compensation committee |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARCIA MCNUTT PRESIDENT	(i)	836,443	0	252,960	64,250	34,509	1,188,162	0
	(ii)	0	0	0	0	0	0	0
2 JOHN ANDERSON PRESIDENT - NAE	(i)	813,493	0	249,148	64,250	33,809	1,160,700	0
	(ii)	0	0	0	0	0	0	0
3 VICTOR DZAU PRESIDENT - NAM	(i)	816,484	0	249,145	64,250	30,799	1,160,678	0
	(ii)	0	0	0	0	0	0	0
4 GREGORY SYMMES CHIEF PROG OFF/INT COO(BEG 2/14/24)	(i)	395,246	0	43,286	64,250	35,548	538,330	0
	(ii)	0	0	0	0	0	0	0
5 AUDREY MOSLEY GENERAL COUNSEL	(i)	378,301	0	12,703	64,250	12,509	467,763	0
	(ii)	0	0	0	0	0	0	0
6 ALTON ROMIG NAE EXECUTIVE OFFICER	(i)	308,045	12,206	30,601	64,250	34,688	449,790	0
	(ii)	0	0	0	0	0	0	0
7 DAVID MAY CHIEF COMMUNICATIONS OFFICER	(i)	330,371	0	5,810	63,946	47,297	447,424	0
	(ii)	0	0	0	0	0	0	0
8 KENNETH FULTON NAS EXECUTIVE DIRECTOR	(i)	338,357	0	4,101	63,946	17,184	423,588	0
	(ii)	0	0	0	0	0	0	0
9 LAURA CASTILLO-PAGE CHIEF DIVERSITY & INCLUSION OFFICER	(i)	334,837	0	690	46,776	39,240	421,543	0
	(ii)	0	0	0	0	0	0	0
10 LAUREN ALEXANDER AUGUSTINE EXECUTIVE DIRECTOR, GULF	(i)	314,813	0	1,290	51,677	39,958	407,738	0
	(ii)	0	0	0	0	0	0	0
11 LORY WINGATE CHIEF OPERATING OFFICER(END 2/14/24)	(i)	258,569	0	69,620	49,073	22,835	400,097	0
	(ii)	0	0	0	0	0	0	0
12 MONICA FEIT EXECUTIVE DIRECTOR, HMD	(i)	291,543	0	3,285	56,735	46,286	397,849	0
	(ii)	0	0	0	0	0	0	0
13 VAUGHAN TUREKIAN EXECUTIVE DIRECTOR, PGA	(i)	292,121	0	2,690	41,782	47,700	384,293	0
	(ii)	0	0	0	0	0	0	0
14 EBUN JOHNSON CHIEF FINANCIAL OFFICER	(i)	293,326	0	2,690	41,605	35,844	373,465	0
	(ii)	0	0	0	0	0	0	0
15 VICTORIA SHEEHAN EXECUTIVE DIRECTOR, TRB	(i)	276,710	0	2,296	28,967	53,109	361,082	0
	(ii)	0	0	0	0	0	0	0

Part III 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
PART I, LINE 1A	HOUSING ALLOWANCE THE PRESIDENT OF THE NATIONAL ACADEMY OF SCIENCES, THE NATIONAL ACADEMY OF MEDICINE (NAM), AND THE NATIONAL ACADEMY OF ENGINEERING (NAE) 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 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 SPOUSE'S PRESENCE SERVES A BONA FIDE BUSINESS PURPOSE OF THE ORGANIZATION 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 GROSS-UP PAYMENTS NAS PROVIDES TAX EQUALIZATION PAYMENTS FOR EMPLOYEES ON INTERNATIONAL ASSIGNMENT IN JAPAN GREATER THAN SIX MONTHS. THE OBJECTIVE OF THE NAS TAX EQUALIZATION GUIDELINES IS TO EQUALIZE THE TAX BURDEN OF EMPLOYEES ASSIGNED TO JAPAN. PART-TIME OFFICERS' COMPENSATION FOR THE VICE PRESIDENT, TREASURER, INTERNATIONAL 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 PERCENTAGE OF SALARY PAID BY THE HOME INSTITUTION.
PART I, LINE 7	NON-FIXED PAYMENTS ONE EMPLOYEE OF NAS RECEIVED A LUMP-SUM MERIT AWARD. MERIT AWARDS ARE DETERMINED BY A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL PERFORMANCE AS WELL AS OPERATIONAL ACHIEVEMENTS. MERIT AWARD PAYMENTS ARE REPORTED IN PART II, COLUMN B(II).

Additional Data

[Return to Form](#)

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL ACADEMY OF SCIENCES

Employer identification number

53-0196932

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DISTRICT OF COLUMBIA	53-6001131	000000000	08-01-2019	57,100,000	REFUND SERIES 2008A BONDS		X		X		X
B	DISTRICT OF COLUMBIA	53-6001131	000000000	05-01-2017	46,770,000	REFUND SERIES 2009A BONDS		X		X		X
C	DISTRICT OF COLUMBIA	53-6001131	000000000	12-21-2017	52,760,000	PARTIAL REFUND SERIES 2010A BONDS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	66,325,000		52,120,000		52,760,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2002		2002		2012			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
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?								
c Are there any research agreements that may result in private business use of bond-financed property?	X							
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?	X							
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	0.070 %							
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	0.020 %							
6 Total of lines 4 and 5	0.090 %							
7 Does the bond issue meet the private security or payment test?		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?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?	X		X			X		
c No rebate due?		X		X	X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X			

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c 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?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	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?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
PART II, LINE 3, COLUMN 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.
PART III, LINE 3A, COLUMN C:	THE NAS HAS ENTERED INTO A MANAGEMENT OR SERVICE CONTRACT, WHICH NAS BELIEVES SATISFIES THE SAFE HARBOR STANDARDS UNDER REV. PROC. 2017-13.
PART III, LINE 3C, COLUMN C:	THE NAS HAS ENTERED INTO RESEARCH AGREEMENTS, WHICH NAS BELIEVES SATISFIES THE SAFE HARBOR STANDARDS UNDER REV. PROC. 2007-47.
PART IV, LINE 2B, COLUMN A:	THE REBATE COMPUTATION WAS PERFORMED ON DECEMBER 3, 2012.
PART IV, LINE 2B, COLUMN B:	THE REBATE COMPUTATION WAS PERFORMED ON DECEMBER 3, 2022.
PART IV, LINE 2B, COLUMN C:	THE REBATE COMPUTATION WAS PERFORMED ON NOVEMBER 30, 2022.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

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- ▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ACADEMY OF SCIENCES

Employer identification number

53-0196932

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	11	530,048	SELLING PRICE
10 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				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at 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?

b If "Yes," describe the arrangement in Part II.

31 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 contributions?

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.

	Yes	No
30a		No
31	Yes	
32a		No
33		

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
SCHEDULE M, PART I, COLUMN (B):	NUMBER OF CONTRIBUTIONS THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

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SCHEDULE O**(Form 990)**

(Rev. January 2025)
 Department of the Treasury
 Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

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Name of the organization
 NATIONAL ACADEMY OF SCIENCES

Employer identification number

53-0196932

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	PART-TIME OFFICERS' COMPENSATION FOR THE VICE PRESIDENT, TREASURER, INTERNATIONAL 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 PERCENTAGE OF SALARY PAID BY THE HOME INSTITUTION.
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS OR STOCKHOLDERS THE ORGANIZATION IS A PRIVATE MEMBERSHIP ORGANIZATION. THE NAS CONSTITUTION. PROVIDES THAT THE ACADEMY SHALL CONSIST OF MEMBERS, MEMBERS EMERITI AND INTERNATIONAL ASSOCIATES. MEMBERS OF NAS ARE ELECTED BY THE MEMBERS IN RECOGNITION OF THEIR DISTINGUISHED AND CONTINUING ACHIEVEMENTS 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 CONSTITUTE 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 OFFICIALS OF THE ORGANIZATION EXCEPT WITH RESPECT TO THOSE AUTHORITIES CONCERNING MEMBERSHIP AFFAIRS.
FORM 990, PART VI, SECTION A, LINE 7A	PLEASE SEE FORM 990, PART VI, SECTION A, LINE 6 NARRATIVE.
FORM 990, PART VI, SECTION A, LINE 7B	PLEASE SEE FORM 990, PART VI, SECTION A, LINE 6 NARRATIVE.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE DRAFT 990 IS PREPARED BY THE OFFICE OF THE CHIEF FINANCIAL OFFICER. IT IS REVIEWED BY THE OFFICE OF GENERAL COUNSEL AND AN EXTERNAL TAX ADVISOR BEFORE BEING REVIEWED BY THE AUDITING COMMITTEE. THE FINAL FORM IS THEN PROVIDED TO THE NAS COUNCIL PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT 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.
FORM 990, PART VI, SECTION B, LINE 15	PROCESS OF DETERMINING COMPENSATION 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, PART VI, SECTION C, LINE 19	HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC 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.
PART VII, SECTION A:	HUDA AKIL RECEIVED COMPENSATION OF \$37,500 IN HER CAPACITY AS AN ASSOCIATE EDITOR AND LATER FOR SERVICES AS INTERIM EDITOR-IN-CHIEF OF THE PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES (PNAS), A SCIENCE JOURNAL PUBLISHED BY THE ORGANIZATION. THIS COMPENSATION IS UNRELATED TO HER SERVICE ON THE NAS COUNCIL. ANGELA GRONENBORN RECEIVED COMPENSATION OF \$15,000 IN HER CAPACITY AS AN ASSOCIATE EDITOR OF PNAS, A SCIENCE JOURNAL PUBLISHED BY THE ORGANIZATION. THIS COMPENATION IS UNRELATED TO HER SERVICE ON THE NAS COUNCIL. KAREN C. SETO RECEIVED COMPENSATION OF \$50,000 IN HER CAPACITY AS THE CHAIR OF THE POLICY AND GLOBAL AFFAIRS DIVISION (PGA). THIS COMPENSATION IS UNRELATED TO HER SERVICE ON THE NAS COUNCIL.
FORM 990, PART XI, LINE 9:	RWBP ACTUARIAL VALUATION ADJ 3,178,880. UNREALIZED GAIN ON DERIVATIVES 332,991. UNREALIZED GAIN ON CHARITABLE GIFT ANNUITIES 136,152. CHANGE IN DONOR INTENT -10,330,298.

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**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
NATIONAL ACADEMY OF SCIENCES

Employer identification number

53-0196932

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NAS TITLE HOLDING LLC 5635 BENT BRANCH ROAD BETHESDA, MD 20816 53-0196932	TITLE HOLDING	MD	0	71,031,754	NAS

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE NATIONAL ACADEMIES CORPORATION 100 ACADEMY WAY IRVINE, CA 92617 94-2994279	SCI. MEETINGS	CA	501(C)(3)	LINE 12A, I	NAS	Yes	
(2) NAS RETIREE WELFARE BENEFIT PLAN TRUST 2101 CONSTITUTION AVENUE NW WASHINGTON, DC 20418 52-6976965	EMP. BENEFITS	DC	501(C)(3)	LINE 12A, I	NAS	Yes	
(3) NATIONAL ACADEMY OF ENGINEERING FUND 2101 CONSTITUTION AVENUE NW WASHINGTON, DC 20418 23-7284092	SCI. SUPPORT	DC	501(C)(3)	LINE 7	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(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	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, 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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE NATIONAL ACADEMIES CORPORATION	C	651,338	COST
(2) NATIONAL ACADEMY OF ENGINEERING FUND	C	5,733,358	COST
(3) NAS RETIREE WELFARE BENEFIT PLAN TRUST	Q	1,326,444	COST
(4) NATIONAL ACADEMY OF ENGINEERING FUND	Q	2,032,089	COST

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) (Rev. 1-2025)

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