efi	le GRAPHIC pri	nt - DC	NOT PROCESS As Filed Data -	DLN	: 93393315004151	
	990-T		Exempt Organization Business Income Tax Returi	า	OMB No. 1545-0047	
Forn	- 33U-I		(and proxy tax under section 6033(e))		2020	
		For	calendar year 2020 or other tax year beginning 01-01-2020 and ending 12-31-2020)	2020	
ъ	Cd . T				Open to Public	
	rtment of the Treasury nal Revenue Service	▶Do	▶ Go to www.irs.gov/Form990T for instructions and the latest information. not enter SSN numbers on this form as it may be made public if your organization is a 501	(c)(3).	Inspection for 501(c)(3) Organizations Only	
_			Name of organization (Check box if name changed and see instructions.)	D En	nployer identification number	
A	Check box if address changed.	Print	NATIONAL ACADEMY OF SCIENCES	53-0196932		
В	Exempt under section	or	Number, street, and room or suite no. If a P.O. box, see instructions.		oup exemption number	
₹	501(c3)	Туре	2101 CONSTITUTION AVENUE NW	(se	e instructions)	
L	408(e) 220(e)		City or town, state or province, and ZIP or foreign postal code	FΠ	Charle have if an	
F] 408A		WASHINGTON, DC 204180007	ເ⊓	Check box if an amended return.	
			k value of all assets at end of year 1,553,804,321			
	Check organization t		✓ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Appl	icable r	reinsurance entity	
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439			
			ation filing a consolidated return with a $501(c)(2)$ titleholding corporation		▶ ⊔	
			d Schedules A (Form 990-T)			
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group	9.4	. ► Yes ✓ No	
	The books are in car		identifying number of the parent corporation ► AURA DOUGLAS Telephore	ne num	ber ▶ (202) 334-3003	
	THE BOOKS are III car	_	AS 500 FIFTH STREET NW	ie mum	iber 🕨 (202) 334-3003	
			/ASHINGTON, DC 20001			
			d Business Taxable Income			
1	Total of unrelated instructions)		ss taxable income computed from all unrelated trades or businesses (see	1	27,688	
2	Reserved .			2		
3	Add lines 1 and 2			3	27,688	
4	Charitable contrib	outions (see instructions for limitation rules)	4	2,769	
5	Total unrelated be	usiness t	axable income before net operating losses. Subtract line 4 from line 3	5	24,919	
6	Deduction for net	operati	ng loss. See instructions	6		
7			s taxable income before specific deduction and section 199A deduction.	_	24.040	
_	Subtract line 6 fro		•	7	24,919	
8 9	•		ally \$1,000, but see instructions for exceptions)	8 9	1,000	
10			nes 8 and 9	10	1,000	
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter	10	1,000	
				11	23,919	
Pa	rt III Tax Com	nputati	on			
1	Organizations t	axable a	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	5,023	
2	Part I, line 11 fro	m: 🔲	rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or □ Schedule D (Form 1041)	2		
3	Proxy tax. See in	nstructio	ns	3		
4	Other tax amount		• • • • • • • • • • • • • • • • • • •	4		
5	Alternative minim		` ''	5		
6			acility income. See instructions	6		
7			h 6 to line 1 or 2, whichever applies	7	5,023	
rori	raperwork Reduction	I ACT NOT	ice, see instructions. Cat. No. 11291J		Form 990-T (2020)	

	990-T (2	020)							Page 2
Part	9991	Гах and Payments							
1a	Foreign	tax credit (corporations attach Form 1113	3; trusts attach Form 1116)	1a					
b	Other c	redits (see instructions)		1b					
C	Genera	business credit. Attach Form 3800 (see i	nstructions)	1c					
d	Credit f	or prior year minimum tax (attach Form 8	801 or 8827)	1 d					
е	Total c	redits. Add lines 1a through 1d					1e		
2	Subtrac	t line 1e from Part II, line 7					2		5,023
3	Other to	exes. Check if from: Form 4255 Check if from: Other (attach st	Form 8611 Form 869	7 [] Form 8866 • • • • •		3		
4		ax. Add lines 2 and 3 (see instructions). 1294. Enter the tax amount here	Check if includes tax previ	iously c	leferred unde	r 	4		5,023
5	2020 ne	t 965 tax liability paid from Form 965-A	or Form 965-B, Part II, colum	n (k), l	line 4		5		0
6a	Paymer	ts: A 2019 overpayment credited to 2020		6a		10,000			
b	2020 es	timated tax payments. Check if section 6	43(a) election applies ▶ □	6b		12,100			
С		osited with Form 8868		6c					
d	Foreign	organizations: Tax paid or withheld at so	urce (see instructions)	6d					
е	_	withholding (see instructions)		6e					
f	Credit f	or small employer health insurance premi	ums (attach Form 8941) .	6f					
g		redits, adjustments, and payments: \Box :							
	☐ Form	4136 Other	Total ▶	6g					
7	Total p	ayments. Add lines 6a through 6g					7		22,100
8	Estimat	ed tax penalty (see instructions). Check if	Form 2220 is attached			. ▶□	8		· · · · · · · · · · · · · · · · · · ·
9	Tax du	e. If line 7 is smaller than the total of line	s 4, 5, and 8, enter amount o	owed		>	9		
10		yment. If line 7 is larger than the total o	, , ,				10		17,077
11	-	e amount of line 10 you want: Credited	, , ,		•	efunded▶	11		0
Par		Statements Regarding Certain Ac		rmatio	<u> </u>				
1	financia	ime during the 2020 calendar year, did th I account (bank, securities, or other) in a of Foreign Bank and Financial Accounts. If	foreign country? If "Yes," the	organ	ization may h	ave to file Fi			es No
									No
2	During	the tax year, did the organization receive	a distribution from, or was it	the gra	antor of, or tr	ansferor to,	a forei	gn trust?	No
	If "Yes,	see instructions for other forms the orga	nization may have to file.						
3	Enter th	e amount of tax-exempt interest received	d or accrued during the tax ye	ear .		▶ \$			
4a	Did the	organization change its method of accour	nting? (see instructions) .						No
4b	If 4a is	"Yes," has the organization described the	change on Form 990, 990-E2	z, 990-	PF, or Form 1	128? If "No,	' expla	in in Part V	
Par	t V	Supplemental Information							
Provid	de the ex	planation required by Part IV, line 4b. Als	o provide any other addtiona	l inforn	nation. See in	structions.			
Sig He	n beli	er penalties of perjury, I declare that I have exa ef, it is true, correct, and complete. Declaration of MARY SALMON	2021-11-08 CFO				eparer May th with th	has any knowledge ne IRS discuss this ne preparer s <u>ho</u> wn	return bel <u>ow</u>
		Signature of officer	Date Title					nstructions)? 🗹 🗸	es 🗆 No
Paid	 :	Print/Type preparer's name MARY TORRETTA	Preparer's signature		Date	Check it	1,00	N 847851	
Pre	oarer	Firm's name ► GRANT THORNTON LLP				Firm's EIN ▶		55558	
use	Only	Firm's address ► 1000 WILSON BLVD SUI	TE 1400			Phone no. (7	03) 847	7-7500	
		ARLINGTON, VA 22209							
								Form 004	O T (2020)

Partnership or S Corporation name

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As Filed Data -

Name: NATIONAL ACADEMY OF SCIENCES

Share of gross income

Share of deductions

-235,178

DLN: 93393315004151

Gain or loss

-235,178

EIN: 53-0196932

Total gross receipts

QUALIFIED INVESTMENT PARTNERSHIP

Total share of gross income: 0

Total share of deductions: -235,178

Total gain or loss: -235,178

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DLN: 93393315004151

6,532

Name: NATIONAL ACADEMY OF SCIENCES **EIN:** 53-0196932

IRC Section Number Interest description Interest amount INVESTMENT INTEREST EXPENSE FROM LPS

As Filed Data -

Total Interest Amount: 6,532

TY 2020 OtherDeductionSchedule

Name: NATIONAL ACADEMY OF SCIENCES

EIN: 53-0196932

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

 Other type of deduction
 Other type deduction amount

 TAX PREPARATION FEES
 6,760

TY 2020 OtherDeductionSchedule

Name: NATIONAL ACADEMY OF SCIENCES

EIN: 53-0196932

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

 Other type of deduction
 Other type deduction amount

 TAX PREPARATION FEES
 6,760

TY 2020 OtherDeductionSchedule

Name: NATIONAL ACADEMY OF SCIENCES

EIN: 53-0196932

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

 Other type of deduction
 Other type deduction amount

 TAX PREPARATION FEES
 6,760

efile GRAPHIC print - DO NOT PROCESS

Name: NATIONAL ACADEMY OF SCIENCES

As Filed Data -

EIN: 53-0196932 Activity code Schedule A reference Total number of Schedule Post-2017 NOL number for this instance As included carried forward

5,835

from prior year

Total Post-2017 NOL

Post -2017 Carried Over to Subsequent

541800

Activities Included on Schedule A

5,835

Tax Years

DLN: 93393315004151

efil	e GRAPHIC print	t - DO NOT PROCESS	As Filed D	Data -	Π								DL	N:	93393315004151
SCI	HEDULE A	Unrela	ated Bus	sines	SS	Tax	able Ir	ıcoı	me	•					OMB No. 1545-0047
(Fo	rm 990-T)		ın Unrel												2020
	tment of the Treasury al Revenue Service	►Go to www.irs.go ►Do not enter SSN number											(c)(3).	O 5	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza ONAL ACADEMY OF							B E r 53-0:			r id	enti	ficati	ion	number
c (Jnrelated business a	ctivity code (see instructions) ▶ 523000	D Se	que	ence:		1				of	·		3
E [Describe the unrelate	ed trade or business ▶ QUAL	IFIED INVEST	MENT F	PAR	TNERS	HIP								
Pa	rt I Unrelated	Trade or Business Inc	ome				(A) Income	•		(B)) Ex	cpen	ises		(C) Net
1a	Gross receipts or s	ales													
b	Less returns and allov	wances	c Balanc	:e ▶ 1	1c										
2	Cost of goods sold	(Part III, line 8)		. [2										
3	Gross Profit. Subtra	act line 2 from line 1c		. [3										
4a	4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)				4a	9	11-	4,616							114,616
b	b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)				4b										
c	Capital loss deduct	ion for trusts			4c										
5	statement)	a partnership or an S corpo		· _	5	9	-23	5,178							-235,178
6	Rent income (Part IV)							0							
7	` '						0								
8		royalties, and rents from a d VI)		. L	8			0						0	
9	Investment income organizations (Part	e of section 501(c)(7), (9), or VII)	(17)	. L	9			0						0	
10		ectivity income (Part VIII) .			10										
11	-	(Part IX)			11			0						0	
12	•	instructions; attach stateme	•		12									_	
13		es 3 through 12			13			0,562						0	-120,562
Pai		ns Not Taken Elsewher with the unrelated busin		ruction	s f	or lim	tations on	dedu	ictic	ns)	De	educ	tions	m	ust be directly
1	Compensation of o	fficers, directors, and trustee	s (Part X) .											1	0
2	Salaries and wages													2	2,208
3	Repairs and mainte	enance												3	
4													L	4	
5		atement) (see instructions) 🖫			•				•	•	•		-	5	6,532
6					•				•	•	•		_ <u> </u> _'	6	2,349
7		th Form 4562) (see instruction	•		•		7						┦.	.	
8		laimed in Part III and elsewh			•		8a							3b	
9		formed componentian plans			•						•		_	9	51,864
10 11		eferred compensation plans .							•	•	•	٠.	-	1	
12		penses (Part VIII)							•	•	•			.1	
13		costs (Part IX)						• •	•	•	•	٠.	-	.2	0
14		attach statement) 🐒												4	6,760
15														.5	69,713
16		income before net operating												6	-190,275

17

18

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · ·		<u>-</u>	∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	incom	unrelated le (loss) ltructions)		nts made	that is included in the control organization gross incorporations	ded lling n's	connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	incom		et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ess unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	Excess exempt expenses. Subtract line 5 from line 6								7	

Schedule A (Form 990-T) 2020

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great	ater of the columns tota	l or zero here and on Pa	art II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name		2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	I. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	,				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC print	t - DO NOT PROCESS	As Filed [Data -						DLN:	93393315004151
SC	HEDULE A	Unrela	ated Bus	sines	s Taxa	ble Inc	om	e			OMB No. 1545-0047
	orm 990-T)		n Unrel								2020
	tment of the Treasury al Revenue Service	►Go to www.irs.go ►Do not enter SSN number								(3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza IONAL ACADEMY OF						Emp -0196		dentific	cation	number
c (Jnrelated business a	ctivity code (see instructions) ▶ 323100	D Sequ	ience:		2		of		3
E [Describe the unrelate	ed trade or business ▶ PRIN	TING & FULFI	LLMENT S	ERVICES						
Pa	rt I Unrelated	Trade or Business Inc	ome		(A)) Income		(B) E	xpense	es	(C) Net
1a	Gross receipts or s	ales 6,231									
b	Less returns and allow	vances	c Baland	ce ▶ 1 0	;	6,2	31				
2		(Part III, line 8)		. 2		27,9					
3	3 Gross Profit. Subtract line 2 from line 1c					-21,6	-				-21,678
4a	Capital gain net inc 1120)) (see instruc	. 4a	1								
b	Net gain (loss) (Fo	rm 4797) (attach Form 4797) (see instruction	ons) 4b)						
c	Capital loss deduct	ion for trusts		40	:						
5	` ,	a partnership or an S corpo	,								
6	Rent income (Part	IV)		. 6			0			0	
7	7 Unrelated debt-financed income (Part V)		. 7			0			0		
8		royalties, and rents from a vI)		. 8			0			0	
9	Investment income organizations (Part	of section 501(c)(7), (9), o	(17)	. 9			0			0	
10	Exploited exempt a	ctivity income (Part VIII) .		. 10)						
11	Advertising income	(Part IX)		. 11			0			0	
12	•	instructions; attach stateme	•								
13	Total. Combine lin	es 3 through 12		. 13	3	-21,6	78			0	-21,678
Pai		ns Not Taken Elsewher with the unrelated busin	`		for limita	tions on de	ducti	ons) D	educti	ons m	ust be directly
1	Compensation of o	fficers, directors, and trustee	s (Part X) .							1	0
2	Salaries and wages									2	1,696
3	Repairs and mainte	enance								3	
4	Bad debts									4	
5	,	atement) (see instructions)								5	
6										6	125
7		h Form 4562) (see instruction	•			. 7					
8		laimed in Part III and elsewh				. 8a				8b	
9	Depletion									9	
10		ferred compensation plans .								10	
11		rograms								11	
12		enses (Part VIII)								12	_
13	•	costs (Part IX)								13	0
14										14	6,760
15		. Add lines 1 through 14 . income before net operating								15	8,581 -30,259
TO	- uniterated business	income perore net operating	i ioss deaucti	on, Suptr	actime (5)	nom Part L	ime I	الناوي . د.	mm (C.)	1 10	-50.259

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17 18

Sched	lule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory val	uation >		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	27,909
4	Additional section 263A costs (attach statement	:)		4	0
5	,			5	0
6	Total. Add lines 1 through 5			6	27,909
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6				27,909
9	Do the rules of section 263A (with respect to pr		, , , ,		☐ Yes ☑ No
Par	TIV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with	Real Property)	
1	Description of property (property street address	s, city, state, ZIP code). Cl	neck if a dual-use (see	instructions)	
	A 🖳				
	В				
	c ∐				
	D L				
-	Rent received or accrued	Α	В	С	D
2	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
c	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D .				
3	Total rents received or accrued. Add line 2c colu	ımns A through D. Enter h	ere and on Part I, line	6, column (A) . 🕨 _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A through	nh D. Enter here and on Pa	art I line 6 column (B)		0
				<u> </u>	
Pai	t V Unrelated Debt-Financed Incom				
1	Description of debt-financed property (property	street address, city, state	, ZIP code). Check if a	dual-use (see instructio	ns)
	<u> </u>				
	в ∐ с □				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-				
-	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
а	Straight line depreciation (attach statement)		<u> </u>		
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns				
	A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach				
	statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter her	e and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	ed in line 10			0
				Schedule .	A (Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	incom	unrelated le (loss) ltructions)		nts made	that is included in the control organization gross incorporations	ded lling n's	connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	incom		et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ess unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	Excess exempt expenses. Subtract line 5 from line 6								7	

Schedule A (Form 990-T) 2020

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great	ater of the columns tota	l or zero here and on Pa	art II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name		2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	I. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	,				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC print	t - DO NOT PROCESS	As Filed D	ata -			DLN	DLN: 93393315004151				
SCI	HEDULE A	Unrela	ated Bus	siness	Taxable Iı	ncom	e	OMB No. 1545-0047				
(Fo	rm 990-T)	From a	ın Unrel	ated T	rade or Bu	ısine	ss	2020				
			/ -					2020				
	ment of the Treasury Il Revenue Service	►Go to www.irs.go ►Do not enter SSN numbers						Open to Public Inspection for 501(c)(3) Organizations Only				
	lame of the organiza ONAL ACADEMY OF					B Emp 53-019	oloyer identification 6932	n number				
c L	Inrelated business a	ctivity code (see instructions) ▶ 541800	D Seque	nce:	3	of	3				
E 0	escribe the unrelate	ed trade or business ▶ ADVE	RTISING									
Pa	rt I Unrelated	Trade or Business Inco	ome		(A) Income		(B) Expenses	(C) Net				
1a	Gross receipts or sa	ales										
b	Less returns and allow	vances	c Balanc	e ▶ 1 c								
2		(Part III, line 8)		. 2								
3	Gross Profit. Subtra	act line 2 from line 1c		. 3								
4a	Capital gain net inc 1120)) (see instruc	. 4a										
b	Net gain (loss) (For	rm 4797) (attach Form 4797) (see instruction	ons) 4b								
С	Capital loss deduct	ion for trusts		4c								
5	, ,	a partnership or an S corpo	,									
6	Rent income (Part	IV)		. 6		0	(
7	Unrelated debt-fina	anced income (Part V)		. 7		0	(
8		royalties, and rents from a o		. 8		0	(
9		of section 501(c)(7), (9), or VII)		. 9		0	(
10	Exploited exempt a	ctivity income (Part VIII) .		. 10								
11	Advertising income	(Part IX)		. 11	4	5,160	3,056	42,104				
12	•	instructions; attach stateme	•									
13	Total. Combine line	es 3 through 12		. 13	4	5,160	3,056	42,104				
Par		ns Not Taken Elsewher with the unrelated busin	`	uctions fo	or limitations on	deduct	ions) Deductions r	nust be directly				
1	Compensation of of	fficers, directors, and trustee	s (Part X) .				1	0				
2	Salaries and wages						2	1,696				
3	Repairs and mainte	enance					<u>3</u>					
4	Bad debts						4					
5	•	atement) (see instructions)					<u>5</u>					
6							<u>6</u>	125				
7		h Form 4562) (see instructio	•		7							
8	•	laimed in Part III and elsewh			<u>8a</u>		8b					
9												
10		ferred compensation plans.					10					
11 12		erograms										
13		costs (Part IX)						0				
14		attach statement) 🕏										
		Add lines 1 through 14 .						'				

17 🐒 17 Deduction for net operating loss (see instructions) 5,835 Unrelated business taxable income. Subtract line 17 from line 16 18 27,688

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

16

16

33,523

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · ·		<u>-</u>	∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3	
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			•			
			2. Employer 3. Net unrelated 4. Total (empt Controlled Organization			6. Deductions directly			
1. Name of controlled organization		identification			4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		connected with income in column 5		
(1)								_			
(2)											
(3)											
(4)											
			Non	exempt C	ontrolled Or	ganization:	S				
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	10. Part of column 9 that is included in the ontrolling organization's gross income		11. Deductions directly connected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides	
					1	statement			(add columns 3 and 4)	
(1)											
(2)											
(3)											
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Totals	<u></u>			0						0	
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)			
1 Des	scription of exploited acti	vitiy:									
2 Gro	ess unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2		
	penses directly connected umn (B)								3		
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4		
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5		
6 Exp	enses attributable to inc	ome entere	d on line 5					[6		
	ess exempt expenses. S								7		

Schedule A (Form 990-T) 2020

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting A TRANSPORTATION RESEARCH BOARD	two or more periodicals	on a consolidated basi	S.	
	B TRANSPORTATION RESEARCH BOARD				
	c 🗆				
	D □				
Enter	amounts for each periodical listed above in the c	orresponding column			
Lincol		A	В	С	
2	Gross advertising income	45,160			
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)			45,160
3	Direct Advertising costs by periodical	3,056			
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)			3,056
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	42,104			
5	Readership costs	·			
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ter of the columns total	or zero here and on Pa	art II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	2	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2)					
(3) (4)					
	I. Enter here and on Part II, line 1				0
	t XI Supplemental Information (see i				
ı Gı	Supplemental Information (See 1	naci deciona)			
				Schedul	е A (Form 990-T) 2020

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SCH	EDULE D			Capital G	ains a	nd Loss	ses				OMB No. 15	45-0123
(Fori	m 1120)	► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.						20/	20			
_	nent of the Treasury	1120-ND, 1120-	-PC, 1120	1-POL, 1120-1	KE11, 112	J-KIC, 1120	- 5 F, 01	certaii	1 FOITIS	990-1	· 20 2	Z U
	Revenue Service	► Go to w	ww.irs.go	ov/Form1120) for instru	ections and	the late	st info	rmatio	1.		
Name NATIO	NAL ACADEMY OF S	CIENCES						E	Employe	er iden	itification num	ber
								5	3-01969	932		
	e corporation dispose	,	` '		•	-	,				☐ Yes	☐ No
	s," attach Form 8949 t I Short–Term									in	structions\	
Pal	See instructions for		anu Lus	(d)	Tally AS	(e)			ments to		(h) Gain or (l	066)
	the amounts to er		Pi	roceeds		Cost	or le	oss fror	n Form(s)	Subtract colum	
	below.		(sa	les price)	(or	other basis)		9, Part ımn (g)	1, line 2	2,	column (d) and the result with	
	This form may be earlif you round off cent dollars.						Cont	iiiii (g)			(g)	Column
1 a	Totals for all short-t											
	reported on Form 10 basis was reported t											
	which you have no a	idjustments (see										
	instructions). However to report all these tr											
	Form 8949, leave th	is line blank and										
- 11	go to line 1b Totals for all transac											
11	Form(s) 8949 with E											
2	Totals for all transactions form(s) 8949 with	' '										
3	Totals for all transact Form(s) 8949 with E	' '										34,615
4	Short-term capital g		nt sales fro	om Form 6252	 , line 26 or	37				. 4		31,013
	Short-term capital g									. 5		
	Unused capital loss	, ,	•	•						. 6		()
	Net short-term capit											34,615
Par	Long-Term		and Los		erally Ass							
	See instructions for the amounts to en below.			(d) roceeds les price)	(or	(e) Cost other basis)	or 1 894	oss fror	ments to n Form(II, line :	s)	(h) Gain or (I Subtract colum column (d) and the result with	nn (e) from d combine
	This form may be earlif you round off cent dollars.							(9)	,		(g)	Column
8a	Totals for all long-te reported on Form 10 basis was reported t which you have no a instructions). Howev to report all these tr Form 8949, leave th go to line 8b	099-B for which to the IRS and for adjustments (see yer, if you choose transactions on										
8	Totals for all transac											
	Form(s) 8949 with	Box D checked										
	Totals for all transac Form(s) 8949 with E	Box E checked										
10	Totals for all transactions form(s) 8949 with	' '										51,524
	Enter gain from Forr									. 11		28,477
	Long-term capital ga									. 12		
	Long-term capital ga	, ,		_						. 13		
	Capital gain distribut	•	-							. 14		90.001
	Net long-term capita			es &a through	14 in colun	nnn	• • •	• •	• •	. 15		80,001
				7) 0)/05 5 = 1		sital loss (list	. 1E\			140		34,615
	Enter excess of net s Net capital gain. Ent	•	- '	•	-	•				. 16 . 17	1	80,001
	Add lines 16 and 17.		-		•			•		. 18		114,616
	Note: If losses exce			· · · -			. 2 311 001			. [13	1	
For P	aperwork Reductio					Cat.	. No. 11	460M		Sched	ule D (Form 1	120) 2020

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As Filed Data -

DLN: 93393315004151

OMB No. 1545-0074

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Name(s) shown on return				Social security nu	ımber or t	axpayer identif	ication number
NATIONAL ACADEMY OF SCIENCES					53-	0196932	
Before you check Box A, B, or C belo statement will have the same inform broker and may even tell you which	ation as Form 1						
Part I Short-Term. Transactions long-term transactions Note: You may aggree	, see page 2.	•		_		•	•
and for which no adjus to report these transac	tments or coc ctions on Form	les are requir 1 8949 (see ir	ed. Enter the to estructions).	otals directly on S	chedule [), line 1a; you a	aren't required
You must check Box A, B, or C be Form 8949, page 1, for each applical complete as many forms with the sai	ble box. If you h	nave more shor	more than one b t-term transactio	ox applies for your s ns than will fit on th	hort-term is page for	transactions, com one or more of th	plete a separate ne boxes,
(A) Short-term transactions rep(B) Short-term transactions rep(C) Short-term transactions not	orted on Form(s) 1099-B show	ving basis wasn'			oove)	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter a	, if any, to gain or loss. in amount in column (g), code in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
QUALIFIED INVESTMENT PARTNERSHIP				()			34,615
2 Totals. Add the amounts in colum (subtract negative amounts). Ente include on your Schedule D, line: checked), line 2 (if Box B above Box C above is checked)	er each total her 1b (if Box A abo is checked), or l	e and ove is line 3 (if					34,615

NATIONAL ACADEMY OF SCIENCES Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B (h) Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g). Gain or (loss). (e) enter a code in column (f). (c) (d) Cost or other basis. Subtract column (a) (b) Date sold or See the Note below See the separate instructions. Proceeds (e) Description of property Date acquired disposed of (sales price) and see Column (e) from column (d) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (see instructions) in the separate and (f) (g) instructions combine the result Code(s) from Amount of instructions adjustment with column (q) QUALIFIED INVESTMENT PARTNERSHIP 51,524 **2 Totals**. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if **Box F** above is checked) 51,524 Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment. Form 8949 (2020)

Attachment Sequence No. 12A

Social security number or taxpayer identification number

Page 2

Form 8949 (2020)

Name(s) shown on return. Name and SSN or taxpayer identification no, not required if shown on other side

STATEMENT PURSUANT TO SECTION 1.351-3(a) BY NATIONAL ACADEMY OF SCIENCES [EIN: 53-0196932] A SIGNIFICANT TRANSFEROR

ATTACHED TO AND MADE PART OF FORM 990-T

EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED DECEMBER 31, 2020

Statement Filed Pursuant to Treas. Reg. Section 1.351-3(a)

<u>Name</u> <u>EIN</u>

(1) The transferee corporation is: Blue Torch Offshore Credit

Opportunities Fund II LP 98-1533006

Country

A foreign corporation organized under the laws of: Cayman Islands

Date(s)

(2) NATIONAL ACADEMY OF SCIENCES transferred the

assets identified in (3) below on:

12/31/2020

- (3) Aggregate Fair Market value and Basis of Property Transferred:
 - (i) Importation property transferred in a loss importation transaction, as defined in § 1.362-3(c)(2) and (3), respectively: None
 - (ii) Loss duplication property as defined in § 1.362-4(g)(1): None
 - (iii) Property with respect to which any gain or loss was recognized on the transfer: None
 - (iv) Property not described in paragraph (a)(3)(i), (ii), or (iii) of Reg. Sec. 1.351-3(a):

Property Transferred	Fair Market Value	Aggregate Basis
Cash	\$ 135,844	\$ 135,844
Total	\$ 135,844	\$ 135,844

(4) No private letter rulings were issued in connection with the section 351 exchange.

NATIONAL ACADEMY OF SCIENES [EIN: 53-0196932]

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR THE TAXABLE YEAR ENDED DECEMBER 31, 2020

Statement Filed Pursuant to Treas. Reg. Section 1.6038B-1(c) and Temp. Reg. Section 1.6038B-1T(c)

Unless otherwise stated below, the information required under Treasury Regulation 1.6038B-1(c) and Temporary Treasury Regulation 1.6038B-1T(c) has been reported on Form 926 and attached to this return.

Name of Transferor: EIN:	National Academy of Sciences 53-0196932
Address:	2101 Constitution Avenue NW Washington, DC 20418
2. Transferee Information:	
Name	Blue Torch Offshore Credit Opportunities Fund II LP
EIN	98-1533006
Address	C/O Walkers Corporate LTD., Cayman Corporate Centre 27 Hospital Rd, George Town, Grand Cayman KY1-9008
Country of Incorporation Date of Transfer	Cayman Islands VARIOUS
3. Capital interests in the transferee was the consideration received by the U.S. transferor. Consideration Received	0.57086 %
The property listed below was directly or indirectly transferred by the U.S. transferor to the foreign corporation. Property Transferred	Cash
5. No property from a foreign branch with previously deducted losses was transferred.	N/A
6. The assets were not transferred in an I.R.C. section 361(a) or 361(b) exchange.	N/A

STATEMENT PURSUANT TO SECTION 1.351-3(a) BY NATIONAL ACADEMY OF SCIENCES [EIN: 53-0196932] A SIGNIFICANT TRANSFEROR

ATTACHED TO AND MADE PART OF FORM 990-T

EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED DECEMBER 31, 2020

Statement Filed Pursuant to Treas. Reg. Section 1.351-3(a)

Name EIN

(1) The transferee corporation is:

assets identified in (3) below on:

SNYK Limited Highlands House

FOREIGNUS

A foreign corporation organized under the laws of:

United Kingdom

ngdom

NATIONAL ACADEMY OF SCIENCES transferred the

12/31/2020

Country

Date(s)

(3) Aggregate Fair Market value and Basis of Property Transferred:

- (i) Importation property transferred in a loss importation transaction, as defined in § 1.362-3(c)(2) and (3), respectively: None
- (ii) Loss duplication property as defined in § 1.362-4(g)(1): None
- (iii) Property with respect to which any gain or loss was recognized on the transfer: None
- (iv) Property not described in paragraph (a)(3)(i), (ii), or (iii) of Reg. Sec. 1.351-3(a):

Property Transferred	Fair Market Value	Aggregate Basis
Cash	\$ 125,641	\$ 125,641
Total	\$ 125,641	\$ 125,641

(4) No private letter rulings were issued in connection with the section 351 exchange.

NATIONAL ACADEMY OF SCIENES [EIN: 53-0196932]

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR THE TAXABLE YEAR ENDED DECEMBER 31, 2020

Statement Filed Pursuant to Treas. Reg. Section 1.6038B-1(c) and Temp. Reg. Section 1.6038B-1T(c)

Unless otherwise stated below, the information required under Treasury Regulation 1.6038B-1(c) and Temporary Treasury Regulation 1.6038B-1T(c) has been reported on Form 926 and attached to this return.

Name of Transferor: EIN:	National Academy of Sciences 53-0196932
Address:	2101 Constitution Avenue NW Washington, DC 20418
2. Transferee Information:	
Name	SNYK Limited Highlands House
EIN	FOREIGNUS
Address	Basingstoke Road Spencers Wood Reading XO RG7 INT
Country of Incorporation Date of Transfer	United Kingdom VARIOUS
3. Capital interests in the transferee was the consideration received by the U.S. transferor.	
Consideration Received	0.01372 %
4. The property listed below was directly or indirectly transferred by the U.S. transferor to the foreign corporation. Property Transferred	Cash
5. No property from a foreign branch with previously deducted losses was transferred.	N/A
6. The assets were not transferred in an I.R.C. section 361(a) or 361(b) exchange.	N/A

STATEMENT PURSUANT TO SECTION 1.351-3(a) BY NATIONAL ACADEMY OF SCIENCES [EIN: 53-0196932] A SIGNIFICANT TRANSFEROR

ATTACHED TO AND MADE PART OF FORM 990-T

EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED DECEMBER 31, 2020

Statement Filed Pursuant to Treas. Reg. Section 1.351-3(a)

<u>Name</u> <u>EIN</u>

(1) The transferee corporation is:

Investure Alternative Fund, LTD

98-1422498

Country

A foreign corporation organized under the laws of:

Cayman Islands

Date(s)

(2) NATIONAL ACADEMY OF SCIENCES transferred the

assets identified in (3) below on:

12/31/2020

- (3) Aggregate Fair Market value and Basis of Property Transferred:
 - (i) Importation property transferred in a loss importation transaction, as defined in § 1.362-3(c)(2) and (3), respectively: None
 - (ii) Loss duplication property as defined in § 1.362-4(g)(1): None
 - (iii) Property with respect to which any gain or loss was recognized on the transfer: None
 - (iv) Property not described in paragraph (a)(3)(i), (ii), or (iii) of Reg. Sec. 1.351-3(a):

Property Transferred	Fair Market Value	Aggregate Basis
Cash	\$ 26,200,000	\$ 26,200,000
Total	\$ 26,200,000	\$ 26,200,000

(4) No private letter rulings were issued in connection with the section 351 exchange.

NATIONAL ACADEMY OF SCIENES [EIN: 53-0196932]

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR THE TAXABLE YEAR ENDED DECEMBER 31, 2020

Statement Filed Pursuant to Treas. Reg. Section 1.6038B-1(c) and Temp. Reg. Section 1.6038B-1T(c)

Unless otherwise stated below, the information required under Treasury Regulation 1.6038B-1(c) and Temporary Treasury Regulation 1.6038B-1T(c) has been reported on Form 926 and attached to this return.

Name of Transferor: EIN:	National Academy of Sciences 53-0196932
Address:	2101 Constitution Avenue NW Washington, DC 20418
2. Transferee Information:	
Name	Investure Alternative Fund
EIN	98-1422498
Address	45 Market Street, Suite 3205, 2nd Floor, Gardenia Court Camana Bay, Georgetown, Grand Cayman, KY1-9003
Country of Incorporation Date of Transfer	Cayman Islands VARIOUS
3. Capital interests in the transferee was the consideration received by the U.S. transferor.	
Consideration Received	0.00000 %
4. The property listed below was directly or indirectly transferred by the U.S. transferor to the foreign corporation. Property Transferred	Cash
5. No property from a foreign branch with previously deducted losses was transferred.	N/A
6. The assets were not transferred in an I.R.C. section 361(a) or 361(b) exchange.	N/A

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT	2
	CONTRIBUTIONS SUBJECT	TO 100% LIMIT TO 25% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018 YEAR 2019	15,154,209 26,611,611			
TOTAL CARF	RYOVER RENT YEAR 10% CONTRIBU	TIONS	41,765,820 18,916,972		
	TRIBUTIONS AVAILABLE NOOME LIMITATION AS AD	JUSTED	60,682,792 2,769	_	
EXCESS 100	TRIBUTIONS OF CONTRIBUTIONS OF CONTRIBUTIONS	_	60,680,023 0 60,680,023	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTI	ON		2	,769
TOTAL CONT	RIBUTION DEDUCTION			2	,769

National Academy of Sciences

EIN: 53-0196932

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 12/31/2020

ACTIVITY: QUALIFIED INVESTMENT ACTIVITIES

SILO SCH M #: 1

FORM 990-T PART III, LINE 31

DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING ON OR AFTER 1/1/2018

Year	NOL Generated	NOL Utilized PY	NOL Utilized CY	NOL Carryforward
12/31/2018	127,438			127,438
12/31/2019	62,057			62,057
12/31/2020	190,042	-	-	190,042
Totals	379,537	-	-	379,537
TOTAL CARRYOVE	ER TO 2021			379,537

National Academy of Sciences

EIN: 53-0196932

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 12/31/2020

ACTIVITY: Custom - Printing and Fulfillment

SILO SCH M #:

FORM 990-T PART III, LINE 31

DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING ON OR AFTER 1/1/2018

Year	NOL Generated	NOL Utilized PY	NOL Utilized CY	NOL Carryforward
12/31/2018	44,516			44,516
12/31/2019	34,777			34,777
12/31/2020	30,430	-	-	30,430
Totals	109,723	-	-	109,723
TOTAL CARRYOVER TO 2021				109,723