

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable: C Name of organization THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA D Employer identification number 23-1352000 E Telephone number 215-299-1000 G Gross receipts \$ 44,200,830. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.ANSP.ORG K Form of organization: L Year of formation: 1812 M State of legal domicile: PA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7 Activities & Governance 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

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 LISA MILLER, VP, CFO/COO Date: 5-15-2019 Paid: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN Preparer Use Only: Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	June 30, 2018
Notice date	November 12, 2018
Employer ID number	23-1352000
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

049308.102410.283536.29499 1 AV 0.378 370



ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA
3201 ARCH ST STE 400
PHILADELPHIA PA 19104-2755

Page 1 of 1



049308

Important information about your June 30, 2018 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
June 30, 2018 Form 990.

Your new due date is May 15, 2019.

What you need to do

File your June 30, 2018 Form 990 by May 15, 2019. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Form 990 (2017)

23-1352000 Page 2

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 MISSION IS "WE ADVANCE RESEARCH, EDUCATION, AND PUBLIC ENGAGEMENT IN BIODIVERSITY AND ENVIRONMENTAL SCIENCE." THE ACADEMY IMPLEMENTS ITS MISSION THROUGH IMPROVING UNDERSTANDING OF THE DIVERSITY OF LIFE, DEVELOPING AND APPLYING SCIENCE TO PROTECT THE ENVIRONMENT, ADVANCING

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 \$ 10,872,721. including grants of \$ 4,666,428.) (Revenue \$ 7,975,201.)

RESEARCH - ACADEMY SCIENTISTS CONDUCT RESEARCH AROUND THE WORLD, COLLECTING SPECIMENS THAT HELP THEM DOCUMENT BIODIVERSITY, TRACE EVOLUTION, AND TRACK ENVIRONMENTAL CHANGES OVER TIME. THROUGH FESTIVALS, MEMBERS' NIGHT, BEHIND THE SCENES TOUR, POPULAR PUBLICATIONS AND OUTREACH EVENTS (E.G., ACADEMY TOWN SQUARES AND CONVERSATIONS), THESE SCIENTISTS SHARE THEIR DISCOVERIES, ENABLING THEIR COLLEAGUES, VISITORS, AND MEMBERS TO GAIN FURTHER INSIGHT INTO LIFE ON EARTH AND HOW TO SUSTAIN IT IN THE FUTURE. ACADEMY SCIENTISTS CONTINUE TO PRODUCE SCIENTIFIC PUBLICATIONS WHILE CULTIVATING OUR COLLECTIONS AND TRAVELING OUTSIDE THE MUSEUM FOR RESEARCH ON DOZENS OF FIELD TRIPS AND EXPEDITIONS. THE ACADEMY & DREXEL UNIVERSITY'S BIODIVERSITY, EARTH & ENVIRONMENTAL SCIENCE (BEES) PROGRAM HAS GROWN WITH MANY NEW PROJECTS

4b (Code:) (Expenses \$ 6,501,348. including grants of \$ 35,966.) (Revenue \$ 2,317,190.)

EDUCATION - THE ACADEMY BRINGS NATURAL SCIENCE TO LIFE THROUGH THREE FLOORS OF ENGAGING EXHIBITS, INCLUDING DINOSAURS AND OTHER ANCIENT CREATURES. AT OUR MUSEUM IN FISCAL YEAR 2018, WE WELCOMED MORE THAN 167,000 VISITORS TO EXPLORE OUR DIORAMAS, DINOSAURS, BUTTERFLIES, LIVE ANIMALS, AND THE CHILDREN'S NATURE DISCOVERY CENTER, OUTSIDE IN. IN FISCAL YEAR 2018, ACADEMY EDUCATORS REACHED MORE THAN 26,000 STUDENTS DURING OUTREACHES AND FIELD TRIPS. THE ACADEMY'S NATIONALLY RECOGNIZED WOMEN IN NATURAL SCIENCES PROGRAM KNOWN AS WINS IS A FREE AFTER SCHOOL AND SUMMER ENRICHMENT PROGRAM FOR YOUNG WOMEN. THIS PROGRAM INTRODUCES HUNDREDS OF HIGH SCHOOL WOMEN TO FUTURE CAREERS IN SCIENCE. WE ARE EXCITED TO ANNOUNCE THAT THE ACADEMY'S WINS PROGRAM RECEIVED THE PRESIDENTIAL AWARD FOR EXCELLENCE IN SCIENCE, MATHEMATICS AND

4c (Code:) (Expenses \$ 1,076,216. including grants of \$ 0.) (Revenue \$ 1,111.)

LIBRARY AND ARCHIVES - THE ACADEMY'S LIBRARY AND ARCHIVES IS INTERNATIONALLY RECOGNIZED FOR ITS RARE AND HISTORIC BOOKS, JOURNALS, ART, ARTIFACTS, MANUSCRIPTS, PHOTOGRAPHS, AND THE UNIQUE PAPERS AND RESEARCH OF ACADEMY MEMBERS AND STAFF. THE LIBRARY HOLDS MORE THAN 250,000 TITLES THAT SPAN FIVE CENTURIES. OUR ARCHIVES COLLECTIONS CONTAIN OVER A MILLION ITEMS, INCLUDING MANUSCRIPTS, CORRESPONDENCE, FIELD NOTEBOOKS, FILMS, JOURNALS AND PHOTOGRAPHS. THE LIBRARY AND ARCHIVES CONTINUES TO PROVIDE SERVICES TO ACADEMICS AND THE GENERAL PUBLIC. THE DEPARTMENT EXPERIENCED A MAJOR GROWTH IN APPOINTMENTS FROM THE DREXEL COMMUNITY THROUGH BOTH ON-SITE VISITS TO VIEW THE COLLECTION AND PRESENTATIONS ON ACCESS TO VARIOUS RESEARCH COURSES ON CAMPUS. THROUGH A GENEROUS GIFT FROM MILLER TRUST, THE LIBRARY ACQUIRED 140 NEW

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 18,450,285.

Form 990 (2017)

**THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA**

Form 990 (2017)

23-1352000 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form **990** (2017)

**THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA**

Form 990 (2017)

23-1352000 Page **4**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form **990** (2017)

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Form 990 (2017)

23-1352000

Page 5

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 28 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DREXEL UNIVERSITY, COMPTROLLER'S OFFICE - 215-895-1442**
1505 RACE STREET, 9TH FLOOR, PHILADELPHIA, PA 19102-1119

SEE SCHEDULE O FOR FULL LIST OF STATES

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TARA ACHARYA, PH.D., MPH BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(2) PETER AUSTEN CHAIR	2.00 2.00	X		X				0.	0.	0.
(3) JOHN F. BALES, III BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(4) JEFFREY A. BEACHELL BOARD TRUSTEE	2.00 2.00	X						0.	0.	0.
(5) M. BRIAN BLAKE, PH.D. BOARD TRUSTEE	2.00 40.00	X						0.	569,044.	91,472.
(6) HELEN Y. BOWMAN BOARD TRUSTEE	2.00 45.00	X						0.	621,112.	91,472.
(7) AMY BRANCH BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(8) AMY COES BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(9) SCOTT COOPER, PHD PRESIDENT AND CEO (AS OF 12/12/17)	40.00 0.00	X		X				33,389.	0.	0.
(10) ABBIE DEAN VICE CHAIR	2.00 2.00	X		X				0.	0.	0.
(11) ROBERT J. DELANY TREASURER	2.00 0.00	X		X				0.	0.	0.
(12) ROBERT DRURY BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(13) JOHN A. FRY BOARD TRUSTEE	2.00 45.00	X						0.	1,094,748.	328,888.
(14) GEORGE W. GEPHART JR. PRESIDENT AND CEO (THROUGH 8/10/17)	40.00 0.00	X		X				188,413.	0.	28,276.
(15) DAVID GRIFFITH BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(16) LATASHA HARLING BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(17) ELLEN D. HARVEY BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.

**THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA**

Form 990 (2017)

23-1352000 Page **8**

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUN HUANGPU, PH.D., MBA BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(19) PAGE LEIDY BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(20) SANDRA L. MCLEAN SECRETARY	2.00 0.00	X		X				0.	0.	0.
(21) ALLEN J. MODEL BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(22) MICHAEL H. REED, ESQ. VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(23) VAN R. REINER BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(24) GERALD B. RORER BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(25) IVY SILVER BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(26) JUDITH E. SOLTZ, ESQ. BOARD TRUSTEE	2.00 0.00	X						0.	0.	0.
1b Sub-total								221,802.	2,284,904.	540,108.
c Total from continuation sheets to Part VII, Section A								862,934.	389,700.	155,411.
d Total (add lines 1b and 1c)								1,084,736.	2,674,604.	695,519.

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 **7**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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
CLEAN TECH SERVICES, INC., 114 CHESTNUT ST., 5TH FL., PHILADELPHIA, PA 19106	CLEANING SERVICE	319,736.
JACOBSWYPER ARCHITECTS, LLP 1232 CHANCELLOR ST., PHILADELPHIA, PA 19107	ARCHITECTURAL SERVICES	226,022.
CAPACITY INTERACTIVE CONSULTING, LLC, 1239 BROADWAY, SUITE 1103, NEW YORK, NY 10001	MEDIA CONSULTANT	215,501.
LIMBACH COMPANY, LLC, 175 TITUS AVE., SUITE 100, WARRINGTON, PA 18976	HVAC SERVICES	189,482.
AGILECAT, LLC, 1818 MARKET ST., SUITE 220, PHILADELPHIA, PA 19106	GRAPHIC DESIGN	136,758.

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 **11**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Form 990 (2017)

23-1352000 Page 9

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 Similar Amounts	1 a Federated campaigns	1a 2,922.				
	b Membership dues	1b 567,662.				
	c Fundraising events	1c 39,430.				
	d Related organizations	1d 3,872,055.				
	e Government grants (contributions)	1e 50,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,689,299.				
	g Noncash contributions included in lines 1a-1f: \$	604,843.				
	h Total. Add lines 1a-1f	▶ 8,221,368.				
	Program Service Revenue	2 a ENVIRONMENTAL RESEARCH	Business Code 541700	7,279,713.	7,279,713.	
b EDUCATION & MUSEUM PRO		611600	1,180,794.	1,180,794.		
c MUSEUM ADMISSIONS		900099	1,136,396.	1,136,396.		
d SYSTEMATIC BIOLOGY RE		541700	695,488.	695,488.		
e LIBRARY		519100	1,111.	1,111.		
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 10,293,502.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 1,365,768.			1,365,768.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶ 39,225.			39,225.	
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	20,391,009.	6,580.		
		c Gain or (loss)	3,320,489.	-6,580.		
	d Net gain or (loss)	▶ 3,313,909.			3,313,909.	
	8 a Gross income from fundraising events (not including \$ 39,430. of contributions reported on line 1c). See Part IV, line 18	a 29,500.				
		b Less: direct expenses	b 28,766.			
c Net income or (loss) from fundraising events		▶ 734.			734.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11	a HEALTH INSURANCE ADJUSTMENT	900009	489,539.		489,539.	
	b FACILITY SALES	900099	100,798.		100,798.	
	c INCOME (LOSS) FROM PARTNERSHIP IN	900099	-50,368.	-50,368.		
	d All other revenue					
e Total. Add lines 11a-11d	▶ 539,969.					
12 Total revenue. See instructions.	▶ 23,774,475.	10,293,502.	-50,368.	5,309,973.		

**THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA**

Form 990 (2017)

23-1352000 Page **10**

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	4,702,094.	4,702,094.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	300.	300.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	815,249.		618,193.	197,056.
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	6,538,886.	5,827,952.	464,964.	245,970.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	897,051.	710,889.	132,122.	54,040.
9 Other employee benefits	1,061,802.	855,273.	146,174.	60,355.
10 Payroll taxes	534,054.	423,224.	78,658.	32,172.
11 Fees for services (non-employees):				
a Management				
b Legal	16,352.		16,352.	
c Accounting	81,300.		81,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	220,216.		220,216.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	758,183.	300,924.	434,667.	22,592.
12 Advertising and promotion	346,761.	346,761.		
13 Office expenses	1,030,502.	883,427.	91,635.	55,440.
14 Information technology	140,418.	113,580.	19,088.	7,750.
15 Royalties	3,653.	3,653.		
16 Occupancy	1,585,683.	1,508,463.	59,283.	17,937.
17 Travel	207,856.	194,876.	9,804.	3,176.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	147,867.	126,393.	20,545.	929.
20 Interest	384.		384.	
21 Payments to affiliates	2,284,370.	721,338.	1,373,467.	189,565.
22 Depreciation, depletion, and amortization	1,142,831.	1,087,177.	42,726.	12,928.
23 Insurance				
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 EXHIBITION EXPENSE	486,670.	486,670.		
b HOSPITALITY	43,199.	9,223.	557.	33,419.
c PROFESSIONAL MEMBERSHIP	30,318.	14,385.	14,773.	1,160.
d UNRELATED BUSINESS INCO	29,286.		29,286.	
e All other expenses	161,938.	133,683.	22,767.	5,488.
25 Total functional expenses. Add lines 1 through 24e	23,267,223.	18,450,285.	3,876,961.	939,977.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Form 990 (2017)

23-1352000 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,550.	1	4,550.
	2 Savings and temporary cash investments	9,511,781.	2	8,142,824.
	3 Pledges and grants receivable, net	5,560,296.	3	7,585,670.
	4 Accounts receivable, net	186,498.	4	213,678.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	204,763.	9	259,864.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 27,881,579.		
	b Less: accumulated depreciation	10b 8,913,932.		
	11 Investments - publicly traded securities	19,324,410.	10c	18,967,647.
	12 Investments - other securities. See Part IV, line 11	44,700,522.	11	45,204,746.
	13 Investments - program-related. See Part IV, line 11	24,830,463.	12	26,134,925.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	104,323,283.	15	106,513,904.	
17 Accounts payable and accrued expenses	1,733,086.	16	106,513,904.	
18 Grants payable		17	4,870,607.	
19 Deferred revenue	14,154.	18		
20 Tax-exempt bond liabilities		19	23,085.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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	18,415,463.	24	16,158,601.	
26 Total liabilities. Add lines 17 through 25	20,162,703.	25	21,052,293.	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26		
27 Unrestricted net assets	6,522,270.	27	5,121,962.	
28 Temporarily restricted net assets	13,245,928.	28	14,723,811.	
29 Permanently restricted net assets	64,392,382.	29	65,615,838.	
30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds		30		
31 Paid-in or capital surplus, or land, building, or equipment fund		31		
32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	84,160,580.	33	85,461,611.	
34 Total liabilities and net assets/fund balances	104,323,283.	34	106,513,904.	

Form 990 (2017)

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

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	23,774,475.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,267,223.
3	Revenue less expenses. Subtract line 2 from line 1	3	507,252.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	84,160,580.
5	Net unrealized gains (losses) on investments	5	793,779.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,461,611.

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 in 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		X
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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
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 _____	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA** Employer identification number **23-1352000**

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 or 990-EZ).)
- 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 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 in 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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 type="checkbox"/>
b 33 1/3% support test - 2016. 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 - 2017. 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 - 2016. 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

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11059883.	14581748.	13621452.	10349866.	8221368.	57834317.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3656828.	5043253.	5596780.	6451950.	10394300.	31143111.
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	14716711.	19625001.	19218232.	16801816.	18615668.	88977428.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	750,954.	8299682.	1958711.	1840017.	3345769.	16195133.
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	413,803.	1663603.	1284382.	1344004.	111,960.	4817752.
c Add lines 7a and 7b	1164757.	9963285.	3243093.	3184021.	3457729.	21012885.
8 Public support. (Subtract line 7c from line 6.)						67964543.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	14716711.	19625001.	19218232.	16801816.	18615668.	88977428.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8462159.	1460034.	1023646.	1557908.	1404993.	13908740.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8462159.	1460034.	1023646.	1557908.	1404993.	13908740.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	57,597.	0.	106,381.	55,320.	0.	219,298.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	237,839.	1354662.	435,571.	331,039.	489,539.	2848650.
13 Total support. (Add lines 9, 10c, 11, and 12.)	23474306.	22439697.	20783830.	18746083.	20510200.	105954116

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	64.15 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	58.05 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	13.13 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	14.83 %

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 (a) and (b) 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 in (a) 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 (a) and (b) 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>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>		

THE ACADEMY OF NATURAL SCIENCES OF

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):		
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

THE ACADEMY OF NATURAL SCIENCES OF

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

THE ACADEMY OF NATURAL SCIENCES OF

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.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA
Employer identification number 23-1352000

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax 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 7/25/06, 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?

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)?

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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

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 on 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	59,741,000.	55,032,000.	56,380,000.	53,611,000.	48,638,612.
b Contributions	240,000.	715,000.	3,065,000.	5,659,000.	707,000.
c Net investment earnings, gains, and losses	4,561,000.	6,993,000.	-1,426,000.	-133,000.	7,905,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,344,000.	2,999,000.	2,987,000.	2,757,000.	3,639,612.
f Administrative expenses					
g End of year balance	62,198,000.	59,741,000.	55,032,000.	56,380,000.	53,611,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 2.41 %
- b Permanent endowment 91.08 %
- c Temporarily restricted endowment 6.51 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 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				
b Buildings		22,456,362.	4,554,083.	17,902,279.
c Leasehold improvements				
d Equipment		5,345,230.	4,329,726.	1,015,504.
e Other		79,987.	30,123.	49,864.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,967,647.

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) INVESTMENT AT NAV		
(B) (PRIVATE EQUITY, REAL		
(C) ESTATE, HEDGE FUNDS AND		
(D) OTHER)	26,134,925.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	26,134,925.	

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. (Col. (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	
(2) DEPOSITS	5,452,952.
(3) POST RETIREMENT AND PENSION	
(4) BENEFIT	8,979,931.
(5) DUE TO DREXEL UNIVERSITY	1,725,718.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,158,601.

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

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

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	23,532,214.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	793,779.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	793,779.	
3	Subtract line 2e from line 1		3	22,738,435.
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	581,847.	
b	Other (Describe in Part XIII.)	4b	454,193.	
c	Add lines 4a and 4b	4c	1,036,040.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	23,774,475.

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	22,231,183.
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		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1		3	22,231,183.
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	581,847.	
b	Other (Describe in Part XIII.)	4b	454,193.	
c	Add lines 4a and 4b	4c	1,036,040.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	23,267,223.

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.

PART X, LINE 2:

THE ACADEMY IS A NOT-FOR-PROFIT CORPORATION THAT HAS BEEN GRANTED TAX EXEMPT STATUS UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, AND, ACCORDINGLY FILES FEDERAL TAX FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX), ANNUALLY.

THE ACADEMY HAS FROM TIME TO TIME REPORTED UNRELATED BUSINESS INCOME FROM INVESTMENTS HELD IN THE ENDOWMENT FUND, WHEN UNRELATED BUSINESS INCOME HAS BEEN REPORTED BY THE INVESTMENT MANAGER ON SCHEDULE K-1. THE STATUE OF LIMITATIONS ON THE ACADEMY'S U.S. FEDERAL INFORMATIONAL RETURNS REMAINS OPEN FOR THREE YEARS FOLLOWING THE THE YEAR THEY ARE FILED.

THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED ACCOUNTING STANDARDS CODIFICATION ("ASC") 740-10, ACCOUNTING FOR UNCERTAINTY IN

Part XIII Supplemental Information (continued)

INCOME TAXES, WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR
DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THE ACADEMY DOES
NOT BELIEVE THERE ARE ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE
RECOGNITION IN THE FINANCIAL STATEMENTS AS OF JUNE 30, 2018 AND 2017.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS HEALTH INSURANCE RECOVERY TO REVENUE

RECLASS FUNDRAISING EVENT EXPENSE

RECLASS LOSS ON DISPOSAL OF ASSET

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS HEALTH INSURANCE RECOVERY TO REVENUE

RECLASS FUNDRAISING EVENT EXPENSE

RECLASS LOSS ON DISPOSAL OF ASSET

PART III, LINE 1A:

COLLECTIONS ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE
ACADEMY'S INCEPTION ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF
FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS
DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE
ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE
ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED
COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS.

THE ACADEMY'S COLLECTIONS ARE MADE UP OF LIBRARY HOLDINGS, SCIENTIFIC
SPECIMENS, MINERALS, EXHIBITS, AND ART OBJECTS THAT ARE HELD FOR
EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. EACH OF THESE
ITEMS ARE CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING
THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY.

Part XIII Supplemental Information (continued)

PART III, LINE 4:

THE ACADEMY'S COLLECTIONS OF MORE THAN 18 MILLION CATALOGED NATURAL HISTORY SPECIMENS AND ARTIFACTS ARE COLLECTIVELY AMONG THE 10 LARGEST IN THE UNITED STATES. THROUGH ITS THREE MAIN COMPONENTS - RESEARCH, EDUCATION AND MUSEUM, THE ACADEMY WORKS TO SHARE ITS SCIENTIFIC KNOWLEDGE GAINED FROM THE COLLECTIONS AND OTHER ORGANIZATIONS, GOVERNMENTS, BUSINESSES, AND INDIVIDUALS TO INSPIRE STEWARDSHIP IN THE ENVIRONMENT AND TO PROMOTE AND ENCOURAGE CONTINUED INVESTMENT IN THE NATURAL SCIENCES.

PART V, LINE 4:

THE ENDOWMENT FUNDS WERE ESTABLISHED TO SUPPORT SCIENTIFIC COLLECTIONS AND RESEARCH, EDUCATION, PUBLICATIONS, THE LIBRARY, DEPARTMENTAL CHAIRS AND POSITIONS, AND THE OVERALL OPERATION OF THE ACADEMY OF NATURAL SCIENCES.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization
**THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA**

Employer identification number
23-1352000

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 and 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 the 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
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	84.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	2,301.
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	1,013.
EUROPE - INCLUDING ICELAND AND GREENLAND	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	2,678.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	1,917.
3 a Sub-total	0	0			7,993.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			7,993.

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

Schedule F (Form 990) 2017

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

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.

PART I, LINE 2:

THE EXPENDITURES INCURRED IN ACTIVITIES OUTSIDE THE UNITED STATES ARE
TRACKED ON EXPENSE REPORTS SUBMITTED BY THE SCIENTISTS AND EMPLOYEES.
THE EXPENSE REPORTS DOCUMENT THE ACTUAL EXPENDITURES AND DISBURSEMENTS
MADE WITHIN THE FOREIGN LOCATION.

THE ACADEMY OF NATURAL SCIENCES OF

Schedule G (Form 990 or 990-EZ) 2017 PHILADELPHIA

23-1352000 Page 2

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 (add col. (a) through col. (c))
		WINS GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	68,930.		68,930.
	2	Less: Contributions	39,430.		39,430.
	3	Gross income (line 1 minus line 2)	29,500.		29,500.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	20,192.		20,192.
	8	Entertainment			
	9	Other direct expenses	8,574.		8,574.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			28,766.
11	Net income summary. Subtract line 10 from line 3, column (d)			734.	

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))
Revenue	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: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA** Employer identification number **23-1352000**

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** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DELAWARE RIVERKEEPER NETWORK 925 CANAL ST., STE. 3701 BRISTOL, PA 19007	74-3255972	501(C)(3)	159,441.	0.			RESEARCH
CARY INSTITUTE OF ECOSYSTEM STUDIES, INC. - 2801 SHARON TURNPIKE - MILLBROOK, NY 12545	22-3232968	501(C)(3)	380,607.	0.			RESEARCH
ASPIRA COMMUNITY ENTERPRISES, INC. 4322 N. 5TH ST. PHILADELPHIA, PA 19140	41-2249719	501(C)(3)	19,833.	0.			RESEARCH
CONGRESO DE LATINOS UNIDOS, INC. 216 WEST SOMERSET ST. PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	15,833.	0.			RESEARCH
UNIVERSITY OF DELAWARE 83 E. MAIN ST., 3RD FLOOR NEWARK, DE 19716	51-6000297	501(C)(3)	554,294.	0.			RESEARCH
VILLANOVA UNIVERSITY 800 E. LANCASTER AVE. VILLANOVA, PA 19085	23-1352688	501(C)(3)	379,645.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **12.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) (2017)

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Schedule I (Form 990)

23-1352000

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTCLAIR STATE UNIVERSITY 1 NORMAL AVE. MONTCLAIR, NJ 07043	22-2912682	GOV. ENTITY	340,000.	0.			RESEARCH
DELAWARE RIVER BASIN COMMISSION PO BOX 7360 WEST TRENTON, NJ 08628		GOV. ENTITY	884,097.	0.			RESEARCH
NEW JERSEY PINELANDS COMMISSION 15 SPRINGFIELD RD. NEW LISBON, NJ 08064		GOV. ENTITY	450,000.	0.			RESEARCH
RUTGERS UNIVERSITY 57 US HIGHWAY 1 NEW BRUNSWICK, NJ 08901	22-6001086	GOV. ENTITY	300,000.	0.			RESEARCH
SHIPPENSBURG UNIVERSITY 1871 OLD MAIN DR. SHIPPENSBURG, PA 17257	23-2500361	GOV. ENTITY	422,471.	0.			RESEARCH
UNITED STATES GEOLOGICAL SURVEY 12201 SUNRISE VALLEY DR. RESTON, VA 20192		GOV. ENTITY	795,873.	0.			RESEARCH

Schedule I (Form 990)

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE PRINCIPAL INVESTIGATOR HAVING RESPONSIBILITY FOR THE GRANT MONITORS
SUBCONTRACTOR PERFORMANCE BASED ON THE PROGRAM'S TASKS AND GOALS. THE
PRINCIPAL INVESTIGATOR REVIEWS THE PERFORMANCE BEFORE AUTHORIZING THE
SUBCONTRACTOR'S INVOICE FOR PAYMENT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA** Employer identification number **23-1352000**

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 type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, 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 **1b**

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

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 type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<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? **4a**

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**

c Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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? **5a**

b Any related organization? **5b**

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? **6a**

b Any related organization? **6b**

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 on lines 5 and 6? If "Yes," describe in Part III **7**

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 **8**

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

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

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

Schedule J (Form 990) 2017

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

23-1352000

Schedule J (Form 990) 2017

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 aren't 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 and/or 1099-MISC compensation			(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) M. BRIAN BLAKE, PH.D. BOARD TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	568,201.	0.	843.	74,300.	17,172.	660,516.	0.
(2) HELEN Y. BOWMAN BOARD TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	621,112.	0.	0.	74,300.	17,172.	712,584.	0.
(3) JOHN A. FRY BOARD TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	787,974.	0.	306,774.	314,070.	14,818.	1,423,636.	0.
(4) GEORGE W. GEPHART JR. PRESIDENT AND CEO (THROUGH 8/10/17)	(i)	180,486.	0.	7,927.	20,207.	8,069.	216,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISA M MILLER VP, CFO/COO	(i)	179,905.	0.	0.	19,800.	521.	200,226.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID VELINSKY VP, CENTER FOR ACADEMY SCIE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	194,524.	0.	0.	18,160.	16,843.	229,527.	0.
(7) JANE TAYLOR VP, MARKETING, SALES & COMM	(i)	150,431.	0.	0.	16,500.	493.	167,424.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MONICA CAWVEY GALLAGHER VP, INSTITUTIONAL ADVANCEMENT	(i)	168,815.	0.	0.	8,750.	13,167.	190,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAVID RUSENKO FORMER VP, FINANCE & ASSIST	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	191,176.	0.	0.	21,074.	3,487.	215,737.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4B:

DREXEL UNIVERSITY, A RELATED ORGANIZATION, PROVIDES JOHN FRY WITH CERTAIN
SUPPLEMENTAL RETIREMENT AND DEATH BENEFITS, EFFECTIVE AS OF JULY 1, 2012.

THE ANNUAL ALLOCATION AMOUNT IS CONDITIONED ON MR. FRY'S CONTINUED
EMPLOYMENT THROUGH THE END OF THE IMMEDIATELY PRECEDING FISCAL YEAR (OR
UPON THE DATE OF DEATH, TOTAL DISABILITY, OR INVOLUNTARY TERMINATION, IF
EARLIER). THIS ANNUAL ALLOCATION AMOUNT IS EQUAL TO 11% OF THE PREVIOUS
FISCAL YEAR TOTAL BASE AND BONUS COMPENSATION PAID TO MR. FRY THAT EXCEEDS
THE COMPENSATION LIMIT UNDER INTERNAL REVENUE CODE SECTION 401(A)(17).

PART II:

DREXEL UNIVERSITY, A RELATED ORGANIZATION, PROVIDES JOHN FRY, HELEN
BOWMAN, AND BRIAN BLAKE WITH DEFERRED COMPENSATION ARRANGEMENTS.

THE UNIVERSITY WILL CREDIT MR. FRY WITH \$200,000 ON JUNE 30, 2016, AND
ON EACH FOLLOWING JUNE 30 THROUGH 2020 WHILE HE REMAINS EMPLOYED BY THE
UNIVERSITY AS PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE AMOUNT
CREDITED ON JUNE 30, 2020 WILL ALSO INCLUDE INVESTMENT EARNINGS, GAINS,
AND LOSSES, PROVIDED MR. FRY IS EMPLOYED BY THE UNIVERSITY ON THAT

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.

DATE. IN THE EVENT MR. FRY VOLUNTARILY TERMINATES HIS EMPLOYMENT WITHOUT GOOD REASON WITH THE UNIVERSITY PRIOR TO JUNE 30, 2020, OR THE UNIVERSITY TERMINATES MR. FRY'S EMPLOYMENT FOR CAUSE, THE DEFERRED COMPENSATION SHALL BE FORFEITED.

THE UNIVERSITY WILL CREDIT MS. BOWMAN WITH \$50,000 ON EACH SEPTEMBER 1, BEGINNING WITH SEPTEMBER 1, 2016 AND ENDING SEPTEMBER 1, 2020. INTEREST ACCRUED WILL ALSO BE PAID IF SHE REMAINS EMPLOYED WITH THE UNIVERSITY. MS. BOWMAN WILL BECOME FULLY VESTED IN THE BALANCE OF HER ACCOUNT UPON THE EARLIEST OF THE FOLLOWING: (I) SEPTEMBER 1, 2020, (II) HER INVOLUNTARY TERMINATION BY THE UNIVERSITY FOR ANY REASON OTHER THAN CAUSE, (III) DEATH, OR (IV) TERMINATION DUE TO TOTAL AND PERMANENT DISABILITY. IF MS. BOWMAN RESIGNS OR IS TERMINATED BY THE UNIVERSITY FOR CAUSE BEFORE THE ACCOUNT IS VESTED, THE ENTIRE ACCOUNT WILL BE FORFEITED.

THE UNIVERSITY WILL CREDIT DR. BLAKE WITH \$50,000 ON EACH SEPTEMBER 1, BEGINNING WITH SEPTEMBER 1, 2017 AND ENDING SEPTEMBER 1, 2022. INTEREST ACCRUED WILL ALSO BE PAID IF HE REMAINS EMPLOYED WITH THE UNIVERSITY.

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.

DR. BLAKE WILL BECOME FULLY VESTED IN THE BALANCE OF HIS ACCOUNT UPON
 THE EARLIEST OF THE FOLLOWING: (I) SEPTEMBER 1, 2022, (II) HIS
 INVOLUNTARY TERMINATION BY THE UNIVERSITY FOR ANY REASON OTHER THAN
 CAUSE, (III) DEATH, OR (IV) TERMINATION DUE TO TOTAL AND PERMANENT
 DISABILITY. IF DR. BLAKE RESIGNS OR IS TERMINATED BY THE UNIVERSITY
 FOR CAUSE BEFORE THE ACCOUNT IS VESTED, THE ENTIRE ACCOUNT WILL BE
 FORFEITED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization **THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA** Employer identification number **23-1352000**

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	19	604,843.	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	X	2	0.	PART II EXPLANATION
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	3	0.	PART II EXPLANATION
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** **2**

- 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? **X**
- 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? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- 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		X
31	X	
32a		X

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

Schedule M (Form 990) 2017

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.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B), NOT THE NUMBER OF ITEMS.

SCHEDULE M, LINE 33:

THE ORGANIZATION DOES NOT RECOGNIZE REVENUE FOR CONTRIBUTIONS OF COLLECTION ITEMS BECAUSE COLLECTIONS ARE NOT CAPITALIZED AS ALLOWED UNDER SFAS 116. THE ORGANIZATION ALSO DOES NOT RECOGNIZE REVENUE FOR NONCASH CONTRIBUTIONS (OTHER THAN SECURITIES) THAT ARE LESS THAN \$5,000 IN VALUE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization	THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	Employer identification number	23-1352000
--------------------------	--	--------------------------------	------------

FORM 990, PART I, DOING BUSINESS AS:

THE ACADEMY OF NATURAL SCIENCES OF DREXEL UNIVERSITY

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PUBLIC INTEREST AND ENGAGEMENT IN NATURAL SCIENCES AND ENVIRONMENTAL
ISSUES, AND PRESERVING THE HERITAGE OF NATURAL SCIENCE IN SPECIMENS,
IMAGES, WORDS AND NUMBERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ON THE HORIZON AS WE CONTINUE TO BE THE EPICENTER OF DISCOVERY. FROM
DIGITIZATION OF THE COLLECTIONS, TO LOOKING FOR CHEMICAL CLUES TO
BIODIVERSITY, TO UNDERSTANDING ENVIRONMENTAL CHANGE IN WETLANDS AND
WATERSHEDS, THE SCIENTISTS ARE LEADING RESEARCHERS IN NATURAL SCIENCES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ENGINEERING (STEM) MENTORING IN JUNE OF 2018. IT IS THE HIGHEST
NATIONAL MENTORING AWARD BESTOWED BY THE WHITE HOUSE OFFICE OF SCIENCE
AND TECHNOLOGY POLICY AND THE NATIONAL SCIENCE FOUNDATION. THIS AWARD
RECOGNIZES THE "OUTSTANDING EFFORTS OF OUR MENTORS IN ENCOURAGING THE
NEXT GENERATION OF INNOVATORS AND DEVELOPING A SCIENCE AND ENGINEERING
WORKFORCE THAT REFLECTS THE DIVERSE TALENT OF AMERICA".

THE ACADEMY CONTINUES TO LAUNCH SEVERAL EXCITING NEW INITIATIVES AIMED
AT TAKING OUR VISITOR EXPERIENCE TO THE NEXT LEVEL. IN ADDITION TO A
CUSTOMER-SERVICE CENTRIC TRAINING PLAN FOR ALL STAFF AND VOLUNTEERS, WE
ANALYZE GUEST FEEDBACK TO MAKE DATA-DRIVEN DECISIONS FOR PROGRAMMING
AND EXHIBITS. WE EXCITE AND EDUCATE OUR GUESTS WITH CARTS OF

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	Employer identification number 23-1352000
--	---

CURIOSITY, WHICH OFFER UP CLOSE ENCOUNTERS WITH THE ACADEMY STAFF THROUGH AN EFFECTIVE USE OF TECHNOLOGY, SHOWS FEATURING LIVE ANIMAL AMBASSADORS AND STORY-TIMES, AND A HOST OF NEW, HANDS-ON ACTIVITY STATIONS WHICH PROMOTE GUIDED DISCOVERY AS WELL AS INDEPENDENT INQUIRY. WE ARE PARTICULARLY PROUD OF THE STRIDES WE HAVE MADE IN TERMS OF ACCESSIBILITY, OFFERING MONTHLY PAY-WHAT-YOU-WISH EVENING HOURS AS WELL AS FREQUENT FREE EVENTS FOR INDIVIDUALS WITH SENSORY PROCESSING DISORDERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: TITLES SUPPORTING THE RESEARCH OF STAFF AND SCIENTISTS. ADDITIONALLY, THE LIBRARY AND ARCHIVES BEGAN AN IN-HOUSE DIGITIZATION WORKFLOW ALLOWING OUR INSTITUTION TO CONTRIBUTE SEVERAL OF OUR RARE WORKS AND FIELD JOURNALS TO THE BIODIVERSITY HERITAGE LIBRARY PLATFORM.

FORM 990, PART V, LINE 7G: NOT APPLICABLE.

FORM 990, PART V, LINE 7H: NOT APPLICABLE.

FORM 990, PART VI, SECTION A, LINE 1: EMERITUS TRUSTEES AND HONORARY TRUSTEES SHALL HAVE SUCH OTHER PRIVILEGES AS THE BOARD SHALL DETERMINE BUT SHALL NOT BE ELIGIBLE TO VOTE.

FORM 990, PART VI, SECTION A, LINE 2:

Name of the organization	THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	Employer identification number	23-1352000
--------------------------	---	--------------------------------	------------

JEFFREY A. BEACHELL AND ALLEN J. MODEL - BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF THE ACADEMY CONSISTS OF ONE VOTING MEMBER WHICH IS DREXEL UNIVERSITY.

FORM 990, PART VI, SECTION A, LINE 7A:

DREXEL UNIVERSITY IS THE SOLE VOTING MEMBER AND HAS THE AUTHORITY TO APPOINT OR REMOVE AN ACADEMY TRUSTEE.

FORM 990, PART VI, SECTION A, LINE 7B:

TO THE FULLEST EXTENT PERMITTED UNDER THE PENNSYLVANIA NON-PROFIT CORPORATION LAW OF 1988, AS AMENDED, CERTAIN CORPORATE ACTIONS REQUIRE THE APPROVAL OF THE MEMBER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT 990 IS PREPARED INTERNALLY AND REVIEWED BY THE ACADEMY'S AUDIT COMMITTEE. ACTING ON BEHALF OF THE BOARD, THE AUDIT COMMITTEE WILL APPROVE THE FINAL VERSION AND DIRECT THE RETURN TO BE FILED. A COPY OF THE FINAL VERSION IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING AND POSTED ON THE WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA ("ACADEMY") IMPLEMENTS THE CONFLICT OF INTEREST POLICY OF ITS PARENT, DREXEL UNIVERSITY. THE POLICY APPLIES TO ALL EMPLOYEES (WHETHER A KEY EMPLOYEE OR NOT), OFFICERS, AND TRUSTEES OF THE ACADEMY/UNIVERSITY. THE CONFLICT OF INTEREST POLICY IS INTENDED TO SATISFY COMPLIANCE REQUIREMENTS AND GUIDE ACADEMY/UNIVERSITY

Name of the organization	THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	Employer identification number	23-1352000
--------------------------	---	--------------------------------	------------

PERSONNEL IN AVOIDING THOSE SITUATIONS THAT CAN RESULT IN A CONFLICT OF INTEREST OR COMMITMENT. THE KEY TO AVOIDING THOSE SITUATIONS THAT CAN RESULT IN A CONFLICT OF INTEREST OR COMMITMENT IS TO MAKE CONSTITUENTS AWARE OF WHAT CONSTITUTES A CONFLICT OF INTEREST AND FOR THEM TO DISCLOSE POTENTIAL SITUATIONS BEFORE THE ACTIVITY IS UNDERTAKEN. THE FORMAT FOR THE DISCLOSURE IS FOR EACH EMPLOYEE, OFFICER OR TRUSTEE TO COMPLETE A QUESTIONNAIRE ANNUALLY. THE COMPLETED QUESTIONNAIRE IS SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT IN THE CASE OF EMPLOYEES PER POLICY AND AS REQUIRED IS REVIEWED BY THE COMPLIANCE, PRIVACY AND INTERNAL AUDIT OFFICER. COMPLETED QUESTIONNAIRES FOR OFFICERS AND TRUSTEES ARE SUBMITTED TO THE OFFICE OF THE GENERAL COUNSEL FOR REVIEW. AFTER REVIEW, A DETERMINATION IS MADE AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND AT WHAT LEVEL. THOSE EMPLOYEES CONFLICTS THAT ARE DETERMINED TO BE DETRIMENTAL TO THE ACADEMY/UNIVERSITY ARE DISCUSSED WITH THE EMPLOYEE AND THE EMPLOYEE IS ENCOURAGED TO TERMINATE THE ACTIVITY. EMPLOYEES WHO WILLINGLY OR OTHERWISE CONTINUE TO VIOLATE THE CONFLICT OF INTEREST POLICY ARE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING SUSPENSION WITHOUT PAY, DEMOTION OR TERMINATION OF EMPLOYMENT. IN THE CASE OF TRUSTEES, A CONFLICT OF INTEREST QUESTIONNAIRE IS MAILED ANNUALLY. TRUSTEES ARE REQUIRED TO COMPLETE THE QUESTIONNAIRE AND DISCLOSE ANY INTERESTS IN ANY CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION IN WHICH THEY OWN OR CONTROL 5% OR MORE OF THE ENTITY.

FORM 990, PART VI, SECTION B, LINE 15:

ACADEMY CEO COMPENSATION IS DETERMINED BY THE ACADEMY BOARD CHAIR AND DREXEL UNIVERSITY PRESIDENT, IN CONSULTATION WITH THE UNIVERSITY'S HUMAN RESOURCES DEPARTMENT, USING DATA ON THE COMPENSATION OF OTHER NON-PROFIT CEOS IN THE REGION TO RECOMMEND AN APPROPRIATE SALARY RANGE.

Name of the organization THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	Employer identification number 23-1352000
--	---

COMPENSATION SPECIALIST(S) REVIEWED ALL POSITIONS AT THE ACADEMY AND RECOMMENDED A COMPENSATION STRUCTURE BASED ON JOB CLASS, INDUSTRY SECTOR, AND GEOGRAPHIC REGION. INDIVIDUAL COMPENSATION LEVELS ARE ESTABLISHED WITHIN THE RANGE FOR THE GIVEN POSITION BASED ON THE EXPERIENCE AND YEARS OF SERVICE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THROUGH THE ACADEMY'S PUBLIC WEBSITE THE PUBLIC MAY REQUEST AND PRINT THE ACADEMY'S BY-LAWS, ARTICLES OF INCORPORATION, FORM 990, CODE OF ETHICS AND CONDUCT AND THE CURRENT AUDIT FINANCIAL STATEMENTS. THE ACADEMY WILL ALSO RESPOND TO WRITTEN REQUESTS AS WELL AS PHONE REQUESTS FOR INFORMATION FOR THOSE WITHOUT COMPUTER ACCESS. THE ACADEMY'S 990 ALSO APPEARS ON INDEPENDENT NON-PROFIT WEBSITES LIKE GUIDESTAR AND CHARITY NAVIGATOR.

FORM 990, PART XII, LINE 2C: THE ACADEMY'S AUDIT COMMITTEE REVIEWS THE AUDITED FINANCIAL STATEMENTS FOR THE ACADEMY OF NATURAL SCIENCES. THE TASK OF SELECTING THE INDEPENDENT AUDITOR AND APPROVING THE AUDIT PLAN, FOR THE UNIVERSITY AND ITS SUBSIDIARIES, IS THE RESPONSIBILITY OF DREXEL UNIVERSITY'S AUDIT COMMITTEE.

**SCHEDULE R
(Form 990)**

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

2017

Open to Public Inspection

Name of the organization **THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA** Employer identification number **23-1352000**

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

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
DREXEL UNIVERSITY - 23-1352630 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	EDUCATIONAL INSTITUTION	PENNSYLVANIA	501(C)3	2	N/A		X

THE ACADEMY OF NATURAL SCIENCES OF

PHILADELPHIA

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

