Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047_

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning and er	nding		
В	heck If	C Name of organization		D Employer identifica	ation number
а	pplicable:	THE ACADEMY OF NATURAL SCIENCES OF			
	Address change	PHILADELPHIA	MOD	23-13	52000
	Name change	Doing Business As THE ACADEMY OF NATURAL SCIE			32000
	Initial return	Number and street (b) F.O. box it that is not delivered to be street asserted	oom/suite	E Telephone number	99-1000
	Termin- ated	1900 BENJAMIN FRANKLIN PARKWAY			29,674,160.
	Amende return	City of town, state of ocultary, and and an analysis		G Gross receipts \$	
	Applica-	PHILADELPHIA, PA 19103-1101		H(a) Is this a group ret	Yes X No
	pending		TDUTA	for affiliates?	
		1900 BENJAMIN FRANKLIN PARKWAY, PHILADE	527	H(b) Are an anniates more	st. (see instructions)
1	Tax-exer	mpt status: X 501(c)(3)	527	H(c) Group exemption	
J '	Website	WWW.ANSP.ORG	1 Voor	of formation: 1812 M	State of legal domicile: PA
		rganization: A dolporation Trast Trast	L teal	or formation. To Zaj W	Clate of logal definition
P	art I	Summary	ACADE	MY OF NATURA	AL SCIENCES
8	1 E	riefly describe the organization's mission or most significant activities: THE (ACADEMY) WAS ESTABLISHED IN 1812 AND IS	THE C	LDEST NATURA	AL SCIENCE
Activities & Governance	1	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.
ern	2	Check this box I if the organization discontinued its operations of disposi-	od of more	3	25
300	3 1	lumber of voting members of the governing body (Part VI, line 1a) lumber of independent voting members of the governing body (Part VI, line 1b)			19
ø	4 N	Number of independent voting members of the governing body (1 art V), line 157		5	367
ties	5 7	otal number of individuals employed in calendar year 2011 (Fat 1, 1916 25)		6	490
Ĭ	6 7	otal number of volunteers (estimate it necessary) otal unrelated business revenue from Part VIII, column (C), line 12		7a	-42,250.
Ac	7a	otal unrelated business revenue from Fart VIII, column (6), into 72		7b	-45,279.
_	b	Net unrelated business taxable income from Form 330 1, line 01		Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		5,430,352.	7,384,123.
ne	8 (Program service revenue (Part VIII, line 2g)		3,284,238.	3,205,788.
Revenue	9	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,847,857.	6,071,944.
Re	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		813,911.	636,088.
	11 (Other revenue (Part VIII, columnit (A), lines 6, 66, 66, 66, 67, 67, 67, 67, 67, 67,		12,376,358.	17,297,943.
-	12	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	13	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,470,081.	8,312,292.
Expenses	160	n (- i i fundraising food (Part IX column (A) line 11e)		0.	0.
ueo	lua	Total fundraising expenses (Part IX, column (D), line 25) 917, 60	02.		6 512 420
EX	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,267,537.	6,513,438.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,737,618.	14,825,730.
	19	Revenue less expenses. Subtract line 18 from line 12		-1,361,260.	2,472,213.
70	20	HOVERTON DECENTAGE OF THE PROPERTY OF THE PROP	В	eginning of Current Year	End of Year 71,111,666.
seets or	20	Total assets (Part X, line 16)		76,126,251.	8,903,297.
ASS	21	Total liabilities (Part X, line 26)		7,061,441.	
Net As	22	Net assets or fund balances. Subtract line 21 from line 20		69,064,810.	02,200,303.
				land to the best of m	w knowledge and heliaf It is
Ur	ider pena	the late that I have examined this return, including accompanying schedule	s and state	ments, and to the best of th	y knowledge and belief, it is
trı	ie, correc	afties of perjury, Toeclare that Thave examined that tolerly, measuring a little of the state of	hich prepar	er has any knowledge.	112
•		I'M KN		Date	112
S	ign	Signature of officer)	NTCMD		
	ere	DAVID RUSENKO, VP OF FINANCE AND ADMI	MIDIK	ATTON	
		Type or print name and title		Date Check	PTIN
_	-	Print/Type preparer's name Richard CARLIN Preparer's signeture		11.15.12 If salf-emplo	P00547216
p	aid	ZELENKOFSKE AXELROD LLC		Firm's EIN	23-3022325
P	reparer	Firm's name > ZELENKOFSKE AXELROD LLC			
U	se Only	Firm's address 2370 YORK ROAD, SUITE A-5		Phone no. 2	215-918-2277
		JAMISON, PA 18929		1	X Yes No
N	lay the	IRS discuss this return with the preparer shown above? (see instructions)	ions.		Form 990 (2011)

	THE ACADEMY OF NATURAL SCIENCES OF	
Form	990 (2011) PHILADELPHIA 23-1352000	Page 2
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION IS "WE ADVANCE RESEARCH, EDUCATION, AND PUBLIC ENGAGMEE	
	IN BIODIVERSITY AND ENVIROMENTAL SCIENCE." THE ACADEMY IMPLEMENTS	ITS
	MISSION THROUGH IMPROVING UNDERSTANDING OF THE DIVERSITY OF LIFE,	
	DEVELOPING AND APPLYING SCIENCE TO PROTECT THE ENVIRONMENT, ADVANCI	NG
2	Did the organization undertake any significant program services during the year which were not listed on	X No
	the phot remined of each 22.	△ No
	If "Yes," describe these new services on Schedule O.	X No
3	bid the organization occordently, or make organization of the organization occordently in the organization occordence of the organization occurrence occurrence of the organization occurrence occur	INO
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	,
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations t	
	others, the total expenses, and revenue, if any, for each program service reported.	O
4a	(Code:) (Expenses \$ 6,492,639 • including grants of \$) (Revenue \$ 2,654,	656.
1.4	RESEARCH - ACADEMY ENVIRONMENTAL SCIENTISTS CONTIUNE TO BE TRAILBLA	ZERS
	IN THE USE OF BIOTIC CENSUSES AS INDICATORS OF ENVIRONMENTAL HEALTH	,
	PARTICULARLY IN SURVEYS OF DIATOMS, FISH AND MACROINVERTIBRATES IN	
	AQUATIC SYSTEMS. ACADEMY SYSTEMATIC SCIENTISTS WORK TO UNDERSTAND	
	RECORD THE HISTORY OF LIFE, AND TO MAKE THAT KNOWLEDGE ACCESSIBLE T	0
	FELLOW SCIENTISTS AND THE PUBLIC. SCIENTISTS DESCRIBED SEVEN NEW	
	SPECIES AND ADDED 240,000 ITEMS TO THE COLLECTION. ACADEMY SCIENTIS	
	STUDIED THE POTENTIAL IMPACT OF MARCELLUS SHALE DRILLING ON THE ECO	
	OF STREAMS IN THE UPPER SUSQUEHANNA AND DELAWARE RIVER BASINS. STAF	
	CONTINUED MONITORING POLLUTANT CONCENTRATIONS OF FISH COLLECTED FRO	
	NEW JERSEY LAKES AND STREAMS AND STUDIED THE IMPACTS OF LAND USE AN CLIMATE CHANGE ON PENNSYLVANIA'S TINICUM MARSH. THEY ALSO INVESTIGA	
	4 740 110	
4b	(Code:) (Expenses \$ 4,740,110. including grants of \$) (Revenue \$ 2,382, EDUCATION - EDUCATION IS CENTRAL TO THE MISSION OF THE ACADEMY.	
	ACADEMY STAFF AND VOLUNTEERS PROVIDE A WIDE VARIETY OF SERVICES AND)
	RESOURCES FOR SCHOOLS, HOME SCHOOLING FAMILIES, YOUTH CAMPS AND	
	EDUCATORS. IN ADDITION TO FORMAL PROGRAMS THE PUBLIC MUSEUM OFFERS	A
	VARIETY OF ACTIVITIES AND EVENTS THAT CELEBRATED THE ACADEMY'S CORE	1
	STRENGTHS OF COLLECTIONS AND SCIENTIFIC RESEARCH. THE ACADEMY'S	
	EDUCATION DEPARTMENT LAUNCHED SEVERAL NEW PROGRAMS FOR ADULTS AND	
	FAMILIES. NEW FIELDTRIPS AND WORKSHOPS GAVE PARTICIPANTS THE	
	OPPORTUNITY TO WORK DIRECTLY WITH ACADEMY SCIENTISTS AND EXPERTS ON	
	TOPICS RANGING FROM BEGINNING NATURE PHOTOGRAPHY TO GOING BEHIND TH	
	SCENES TO CONNECT WITH THE COLLECTIONS. THE GROW UP GREAT WITH SCIE	INCE
	PROGRAM WORKED WITH EARLY CHILDHOOD EDUCATORS TO EVALUATE TEACHING	068.
4c	(Code:) (Expenses \$ 1,076,532. including grants of \$) (Revenue \$ 381, LIBRARY AND ARCHIVES - NUMBERING MORE THAN 200,000 BOOKS AND 250,000	
	MANUSCRIPTS, MAPS, ARCHIVAL OBJECTS AND WORKS OF ART, THESE HOLDING	10
	PROIVDE AN UNPARALLELED RESOURCE FOR RESEARCHERS AND EDUCATORS ALIK	E.
	THE ACADEMY'S SCIENTIFIC PUBLICATION "PROCEEDINGS OF THE ACADEMY OF	7
	NATURAL SCIENCES" REPRESENTS AMERICA'S LONGEST RUNNING SERIAL	
	PUBLISHING PROGRAM DEVOTED TO THE NATURAL WORLD. THE LIBRARY AND	
	ARCHIVES STAFF CREATED NEARLY 700 HIGH RESOLUTION DIGITAL IMAGES OF	7
	RARE BOOK PLATES AND ARCHIVAL ITEMS TO ENHANCE ACCESIBILITY AND	
	INCREASE USE OF THE ITEMS.	

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

4,538,232.) including grants of \$ 12,309,281.) (Revenue \$

4e Total program service expenses ▶

Form **990** (2011)

Form 990 (2011) PHILADELPHIA 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)?		w	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		w	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		- 22
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8	Х	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.	16.23		14 27
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Tia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
120	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	ļ
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	445	x	
45	or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	1	-
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17	_	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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		<u> </u>	+
13	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	000	(2011)

	The Officerist of Hequired Concauces (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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			١
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):		BIE	.,
а	36 UNDATE NOTE TO THE CONTROL OF SOME SHOWN AND A SOUTH STATE OF S	28a	37	X
b		28b	Х	-
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		v	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		v	
	contributions? If "Yes," complete Schedule M	30	X	-
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
	If "Yes," complete Schedule N, Part I	31	_	A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		X
00	Schedule N, Part II	32		- 1
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? If "Yes," complete Schedule R, Part I	33		X
24	Was the organization related to any tax-exempt or taxable entity?	33		
34		34	X	
250	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		000		
b	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		1
30		36		X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	 	+
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	0,	\vdash	+
00	Note. All Form 990 filers are required to complete Schedule O	38	X	
_	Note: All Form 300 mers are required to complete ochequie o			(2011

Form	990 (2011) PHILADELPHIA		23-13520	000	P	age 5
Par						
	Check if Schedule O contains a response to any question in this Part V			*****		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	134			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable g	aming			
	(gambling) winnings to prize winners?			1c	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	2a	367			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	account)?		4a	X	
b	If "Yes," enter the name of the foreign country: ► CAYMAN ISLANDS, IRELAND					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	accounts.			56	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organiza	tion solicit			
	any contributions that were not tax deductible?			6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gift	3			
	were not tax deductible?			6b	X	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?	1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			- 4	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a f	orm 1098-C?	7h		

9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		. 9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1457		
11	Section 501(c)(12) organizations. Enter:	728			
а	Gross income from members or shareholders	11a			13.5
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		. 13a		
				1	

Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

Form 990 (2011)

14a

X

13b

13c

Form 990 (2011)

23-1352000

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	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?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			H
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a raying and approval by independent			

Section C. Disclosure

taxable entity during the year?

exempt status with respect to such arrangements?

- List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI
- 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.

X Own website X Another's website X Upon request

persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID RUSENKO, VP OF FINANCE AND AD - 215-299-1000

1900 BENJAMIN FRANKLIN PARKWAY, PHILADELPHIA, PA 19103-1101

132006 01-23-12

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2011)

X

X

15a

15b

16a

Page 7

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

Check if Schedule O contains a response to any question 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		orga	ıniza	3.6		nper	nsat	30.000		
(A)	(B))) Pos	C) ition		- 1	(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than o	one	Reportable	Reportable	Estimated
	hours per					is both or/trus		compensation	compensation from related	amount of other
	week (describe	10			Γ	П		from the	organizations	compensation
	hours for	Individual trustee or director				_		organization	(W-2/1099-MISC)	from the
	related	e 0r 0	stee			sate		(W-2/1099-MISC)	(17 27 1000 111100)	organization
	organizations	truste	Institutional trustee		yee	mper		(,		and related
	in Schedule	dual	utions	_	oldm	st co	-Ja			organizations
	O)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE W. GEPHART JR.										10 202
PRESIDENT AND CEO	45.00	X		Х				290,643.	0.	19,303.
(2) CYNTHIA P HECKSHER										
BOARD CHAIR	10.00	X		Х				0.	0.	0.
(3) MICHAEL H. REED, ESQ.										
VICE CHAIR OF THE BOARD	3.00	X		Х				0.	0.	0.
(4) PETER AUSTEN										
BOARD TRUSTEE	1.00	X	_		_		_	0.	0.	0.
(5) HELEN Y. BOWMAN										
BOARD TRUSTEE	1.00	X			_	_		0.	0.	0.
(6) BYRON T. CLARK	1 00								_	
BOARD TRUSTEE	1.00	X			_	_	_	0.	0.	0.
(7) CARL S. CUTLER	4 00									
BOARD TRUSTEE	1.00	X	_	_		_		0.	0.	0.
(8) ABBIE DEAN	1 00									
BOARD TRUSTEE	1.00	X	_		_	_		0.	0.	0.
(9) HARVEY I. FORMAN, ESQUIRE										
BOARD TRUSTEE	1.00	X		_	_	_		0.	0.	0.
(10) JOHN A. FRY	1									
BOARD TRUSTEE	1.00	X	_	_	1			0.	0.	0.
(11) MARK L. GREENBERG	1 00									
BOARD TRUSTEE	1.00	X	_	_	_		_	0.	0.	0.
(12) JAMES R. MACALEER	1 00									
BOARD TRUSTEE	1.00	Х	_	_	╄	_	_	0.	0.	0.
(13) SANDRA L. MCLEAN	1 00	l								
BOARD TRUSTEE	1.00	X	1	┺	1	_	_	0.	0.	0.
(14) ALLEN J. MODEL		l								
BOARD TRUSTEE	1.00	X	_	1	1	_	_	0.	0.	0.
(15) ANTHONY K. MOORE	1 00							_	_	
BOARD TRUSTEE	1.00	X	1	1	1	_	1	0.	0.	0.
(16) I. WISTER MORRIS III	1 00							_	_	
BOARD TRUSTEE	1.00	X	-	1	+	+	-	0.	0.	0.
(17) JOHN NYHEIM	1 00	٦,						0.	0.	0.
BOARD TRUSTEE	1.00	X	_	\perp	_		_	1 0.	0.	Form 990 (2011)

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Form **990** (2011)

Part VII Section A. Officers, Directors, 7		mple		-	ndl	Jiah	oct	Companyated Employ	ans (continued)	OOO Page O
(A)	(B)	lipic	уее		C)	ngn	est	(D)	(E)	(F)
Name and title	Average hours per week		Position (do not check more box, unless person officer and a direct				h an	Reportable compensation	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) PATRICK M. OATES, PH.D	4 00									
BOARD TRUSTEE	1.00	X						0.	0.	0.
(19) SEYMOUR S. PRESTON III BOARD TRUSTEE	1.00	х						0.	0.	0.
(20) ANN L. REED						\vdash				
BOARD TRUSTEE	1.00	X						0.	0.	0.
(21) GERALD B. RORER	1 00	Ī.,								
BOARD TRUSTEE	1.00	X		_	_	_		0.	0.	0.
(22) JOHN J. SOROKO BOARD TRUSTEE	1.00	х						0.	0.	0.
(23) KENNETH J. WARRWN, ESQUIRE BOARD TRUSTEE	1.00	х						0.	0.	0.
(24) JOHN F. BALES III BOARD TRUSTEE-EMERITUS	1.00	х						0.	0.	0.
(25) EDWARD A. MONTGOMERY JR. BOARD TRUSTEE-EMERITUS	1.00	х						0.	0.	0.
(26) MINTURN T. WRIGHT III BOARD TRUSTEE-EMERITUS	1.00	х						0.	0.	0.
Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A					* * *		290,643. 277,360. 568,003.	0. 0. 0.	
Total number of individuals (including but compensation from the organization	it not limited to th					e) w	ho re	eceived more than \$100	0,000 of reportable	3

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 3 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 4 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

Section B. Independent Contractors

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
KEYSTONE HEALTH PLAN		
PO BOX 70250, PHILADELPHIA, PA 19176-0250 M	MEDICAL INSURANCE	512,723.
J.S. CORNELL & SON INC.,		
1528 CHERRY STREET , PHILADELPHIA, PA 19102B	BUILDING CONTACTORS	390,334.
ART GUILD INC.,		
300 WOLF DRIVE, WEST DEPTFORD, NJ 08086	DESIGN FIRM	333,483.
HAMADA ROOFING		
2848 FRANKFORD AVE., PHILADELPHIA, PA 19134R	ROOFING CONTRACTOR	243,400.
CLEAN TECH SERVICES INC.,		
114 CHESTNUT ST., PHILADELPHIA, PA 19106 C	CLEANING SERVICES	233,621.
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 15		
CEE DARM VIII CECUTON A COMMINIATION CUE	reme	F 000 (0044)

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2011)

Form 990 (2011) PHILADELI									23-135	2000
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd F	High	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	()			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(check all that apply)						compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ANDREW LEWIS		lud	lus	Offi	Key	Ē	For			
BOARD TRUSTEE-HONORARY	1.00	X						0.	0.	0
(28) RUTH PATRICK										
BOARD TRUSTEE-HONORARY	0.00	X						0.	0.	0
(29) DAVID P. LAZAR, SR.										
TREASURER	3.00	X		X				0.	0.	0
(30) JUDITH E. SOLTZ, ESQ.										
SECRETARY	3.00	Х		Х				0.	0.	0
(31) DAVID RUSENKO										
STAFF BOARD TRUSTEE	45.00			X				101,643.	0.	8,019
(32) SARA A. HERTZ								50 + 3 T M 100 - 100 A 100 A 100 A		
STAFF VP OF STRATEGIC INITIATIVES	45.00				Х	-		175,717.	0.	15,974
						_	_			
		-					_			
		_								
							H			
	-	\vdash	-	\vdash		\vdash	\vdash	-		
	-	-	_	_		-	-			
Total to Part VII, Section A, line 1c								277,360.		23,993

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA 23-1352000 Page 9 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Related or Total revenue Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 371,628. **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e 1,722,316. e Government grants (contributions) f All other contributions, gifts, grants, and 1f 5,290,179 similar amounts not included above 1,301,682. g Noncash contributions included in lines 1a-1f: \$,384,123 h Total. Add lines 1a-1f **Business Code** 2 a MUSEUM ADMISSIONS 900099 ,160,662.1,160,662 Program Service b ENVIRONMENTAL RESEARCH 541700 ,080,711.1,080,711. 837,254. 837,254. 611600 c EDUCATION & MUSEUM PRO d SYSTEMATIC BIOLOGY 541700 105,371. 105,371. 519100 21,790. 21,790. LIBRARY f All other program service revenue 3,205,788. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,977,123.3,024,163. -47,040.other similar amounts) Income from investment of tax-exempt bond proceeds 84,687. 84,687. (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 15248386 assets other than inventory b Less: cost or other basis 12153565 and sales expenses 3094821. c Gain or (loss) 3,094,821.3,094,821 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 450,524 and allowances ь 222,652. b Less: cost of goods sold 227,872. 223,082. 4,790. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 102,746. 11 a EATERY FOR MUSEUM GUES 722210 102,746. b

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-42,250.

220,783.

323,529.

900099

12

01-23-12

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

17297943.9,956,070.

220,783.

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) but are not required to complete columns (B), (C), and (D).

comp	plete columns (B), (C), and (D).				
	Check if Schedule O contains a respon			(0)	<u></u>
	not include amounts reported on lines 6b, 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 governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	Name or verse or		1980 DOCUMENT STORY SE	Sharph New Control of the Control of
	trustees, and key employees	611,299.		378,894.	232,405
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	6,189,629.	5,092,906.	847,467.	249,256
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	571,615.	403,420.	112,666.	55,529
9	Other employee benefits	464,753.	328,002.	91,102.	45,649
10	Payroll taxes	474,996.	335,231.	92,889.	46,876
11	Fees for services (non-employees):				
а	Management				
b	Legal	371,565.	20,893.	350,672.	
	Accounting	51,385.		51,385.	
	Lobbying	24,000.			24,000
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	68,814.		68,814.	
g	Other	215,249.	36,383.	176,553.	2,313
12	Advertising and promotion	713,936.	618,130.	10,359.	85,447
13	Office expenses	942,061.	816,978.	98,308.	26,775
14	Information technology	97,647.	23,933.	73,714.	
15	Royalties	34,414.	34,414.		
16	Occupancy	1,333,140.	26,468.	1,306,672.	
17	Travel	293,743.	277,399.	12,085.	4,259
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,746.	11,398.	2,899.	1,449
20	Interest	41,726.		41,726.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,308,424.	32,899.	1,263,414.	12,111
23	Insurance	162,278.	37,029.	125,249.	
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 0.)				
а	EXHIBITS AND RESEARCH	378,051.	340,434.	34,497.	3,120
b	EATERY FOR MUSEUM GUEST	216,916.	216,916.	•	
c	BUILDING ALLOCATION	0.	1,645,687.	-1,667,129.	21,442
d	ADMINISTRATIVE ALLOCATI	0.	1,788,404.	-1,893,253.	104,849
	All other expenses	244,343.	222,357.	19,864.	2,122
25	Total functional expenses. Add lines 1 through 24e	14,825,730.	12,309,281.	1,598,847.	917,602
26	Joint costs. Complete this line only if the organization		1		* 15 15 1 -
	reported in column (B) joint costs from a combined			9	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	g				Carra 000 (0011

Form 990 (2011)

	990 (2 + Y	Balance Sheet		23-	1332000 Page II
rai	. ^	Dalatice Street	(A)		(B)
			Beginning of year		End of year
Т	1	Cash - non-interest-bearing	281,900.	1	461,356.
	2	Savings and temporary cash investments	59,497.	2	62,858.
	3	Pledges and grants receivable, net	581,190.	3	510,255.
		Accounts receivable, net	1,270,548.	4	1,204,336.
	5	Receivables from current and former officers, directors, trustees, key			
	3	employees, and highest compensated employees. Complete Part II			
		THE RESERVE AND THE PROPERTY OF THE PROPERTY O		5	
	6	of Schedule L Receivables from other disqualified persons (as defined under section			
	U	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 instructions)		6	
SIS	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	217,000.	8	152,210.
⋖	9	The Control of the Co	351,553.	9	644,686.
		Prepaid expenses and deterred charges Land, buildings, and equipment: cost or other		-	
	ioa	basis. Complete Part VI of Schedule D 10a 44,145,652.			
	b	Less: accumulated depreciation 10b 29,452,048.	15,103,859.	10c	14,693,604.
	11	Investments - publicly traded securities	32,475,133.	11	26,795,888.
	12	Investments - other securities. See Part IV, line 11	18,145,324.	12	19,484,285.
	13	Investments - program-related. See Part IV, line 11	7,211,074.	13	7,102,188.
	14	The second secon	.,,	14	.,,,
	15	Intangible assets Other assets. See Part IV, line 11	429,173.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	76,126,251.	16	71,111,666.
\neg	17	Accounts payable and accrued expenses	626,206.	17	599,426.
	18	Grants payable		18	, , , , , , , , , , , , , , , , , , , ,
- 1	19	Deferred revenue	195,740.	19	552,226.
- 1	20	Tax-exempt bond liabilities	1,100,000.	20	1,100,000.
,,	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
١		highest compensated employees, and disqualified persons. Complete Part II			
Ľ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	5,139,495.	25	6,651,645.
	26	Total liabilities. Add lines 17 through 25	7,061,441.	26	8,903,297
		Organizations that follow SFAS 117, check here X and complete			
S		lines 27 through 29, and lines 33 and 34.			
oc	27	Unrestricted net assets	13,641,322.	27	8,782,679.
alaı	28	Temporarily restricted net assets	7,850,404.	28	7,147,476.
B	29	Permanently restricted net assets	47,573,084.		46,278,214.
S I	1000000	Organizations that do not follow SFAS 117, check here and			
or F		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
d)		Paid-in or capital surplus, or land, building, or equipment fund		31	
sse	31			-	+
t Asse	31	a separation of the control of the c		32	
Net Assets or Fund Balances	31 32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	69,064,810.		62,208,369.

Form 990 (2011)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		7,29		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,82		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,47		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		9,06		
5	Other changes in net assets or fund balances (explain in Schedule O)		9,32		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	52,20	8,3	69.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			<u> </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	X	
			Form	990 (2011)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

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 Chari	ty Status (All organiza	ations mus	st complete	e this part	.) See inst	ructions.				
The organi	ization is not a	private foundation I	pecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1	A church, cor	nvention of churches	s, or association of churc	ches descr	ibed in se	ction 170(b)(1)(A)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state											
5 📖	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	described	l in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6			ent or governmental unit									
7 📖	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general pu	ıblic desci	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8	,		ection 170(b)(1)(A)(vi). (
9 X			eives: (1) more than 33 1									
			nctions - subject to certa									
	income and u	inrelated business to	axable income (less sect	tion 511 tax	x) from bu	sinesses a	cquired b	y the orga	nization af	ter June 3	0, 197	5.
		509(a)(2). (Complete										
10	9		perated exclusively to tes									
11 🔲			perated exclusively for the									or
	2		tions described in section). See sec	tion 509(a	a)(3). Chec	k the box	that	
	describes the	type of supporting	organization and comple									
	a Type I		71		e III - Func					Type III - C		
е 📖			t the organization is not									n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions des	cribed in s	ection 509	$\theta(a)(1)$ or se	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										. —
g			organization accepted ar									
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons of	lescribed i	in (ii) and (iii) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		
			n described in (i) above?									
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) above	∍?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			, , , , , , , , , , , , , , , , , , ,					1 / 101				
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is	on in col.	(vii) An	nount o	of
orga	anization		(described on lines 1-9	governing	sted in your		ion in col. r support?	(i) organiz U.S	ed in the	sup	port	
			above or IRC section	0		()						
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1								
				1								

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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,					THE VALUE OF	
	column (f)						
_	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		100 80000000000			1	(O.T.)
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
11	Total support. Add lines 7 through 10		1:>			12	1
12		etc. (see instruc	tions)	ive fourth or fifth			
13	First five years. If the Form 990 is for		is first, second, tr	iira, iourtii, or iiitii	lax year as a sect		▶□
Se	organization, check this box and stor	ic Support P	ercentage				
	Public support percentage for 2011 (column (fl)		14	%
14	Public support percentage for 2011	Schedule A Pa	rt II line 14	, coldina (i),		15	%
16	a 33 1/3% support test - 2011. If the	organization did i	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox and
100	stop here. The organization qualifies						
	33 1/3% support test - 2010. If the	organization did	not check a box or	n line 13 or 16a, an	nd line 15 is 33 1/3	3% or more, check	this box
•	and stop here. The organization qua	lifies as a publich	y supported organ	ization			
17:	a 10% -facts-and-circumstances tes	st - 2011. If the o	rganization did no	t check a box on li	ne 13, 16a, or 16b	, and line 14 is 10%	6 or more,
	and if the organization meets the "fac	cts-and-circumsta	ances" test, check	this box and stop	here. Explain in F	Part IV how the orga	nization
	meets the "facts-and-circumstances"						
i	o 10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	x and see instructio	ns ▶ 🔲
						hedule A (Form 99	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	below, please com	piete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(4) = 3 3 .	(2) 2000	(0) 2000	(4) 2010	(0) 2011	(i) rotar
	membership fees received. (Do not						
	include any "unusual grants.")	10819590.	6876128.	5810719.	5430352.	7384123.	36320912.
2	Gross receipts from admissions,				0100001	73011131	30320712.
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	4168118.	3607442.	3693605.	3975761.	3757189	19202115.
3	Gross receipts from activities that	11001101	30071121	3033003.	3373701.	3/3/103.	17202113.
Ü	are not an unrelated trade or bus-						φ.
	iness under section 513					14	
4	**********						
4	Tax revenues levied for the organ-						
	ization'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	14007700	10402570	0504204	0.40.61.10	11111111	
	Total. Add lines 1 through 5	1498//08.	10483570.	9504324.	9406113.	11141312.	55523027.
7a	Amounts included on lines 1, 2, and	602 060	400 000	610 000	406 500	110000	
	3 received from disqualified persons	603,069.	480,203.	612,033.	406,589.	1192630.	3294524.
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	4					VIII. C.
	amount on line 13 for the year	1551150.	993,097.				
	Add lines 7a and 7b	2154219.	1473300.	1371239.	1043537.	2042741.	8085036.
8	Public support (Subtract line 7c from line 6.)						47437991.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨		(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	14987708.	10483570.	9504324.	9406113.	11141312.	55523027.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	2804228.	3240583.	3557521.	3289252.	3061810.	15953394.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	8,765.					8,765.
С	Add lines 10a and 10b	2812993.	3240583.	3557521.	3289252.	3061810.	15962159.
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain					10	
	or loss from the sale of capital			-8861428.	-319,007.	3094821.	-6085614.
13	assets (Explain in Part IV.)	17800701.	13724153.				65399572.
	First five years. If the Form 990 is for						
	check this box and stop here						Lation,
Sec	ction C. Computation of Publ				***************************************		
	Public support percentage for 2011 (olumn (f))		15	72.54 %
16	Public support percentage from 2010					16	79.01 %
	ction D. Computation of Inve	stment Incom	e Percentage			10	73.01 %
	Investment income percentage for 20			ne 13 column (fl)		17	24.41 %
18	Investment income percentage from	2010 Schedule A	Part III line 17	ie 13, column (i))			0.4.00
	33 1/3% support tests - 2011. If the					18	
138							_ V
Į.	more than 33 1/3%, check this box a						
O	33 1/3% support tests - 2010. If the						
00	line 18 is not more than 33 1/3%, che						>
	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th			
13202	23 01-24-12				Sch	edule A (Form 99	0 or 990-FZ) 201

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2011

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2007 Amount	2008 Amount	2009 Amount	2010 Amount	2011 Amount
ARIOUS NAMES	603,069.	480,203.	612,033.	406,589.	1,192,630
otal to Schedule A, art III, Line 7a	603,069.	480,203.	612,033.		1,192,630

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2011

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2007 Amount	2008 Amount	2009 Amount	2010 Amount	2011 Amount
ARIOUS NAMES	1,551,150.	993,097.	759,206.	636,948.	850,111
79					
otal to Schedule A, art III, Line 7b	1,551,150.	993,097.	759,206.	636,948.	850,111

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2011

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2011	2011 Excess Payments
VARIOUS NAMES	1,023,090.	850,111.
Total Excess Payments to Schedule A. Part III. Line 7b. column (e)		850,111.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Open to Public Inspection

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), ther

	•	01(c)(4), (5), or (6) organizat	ions: Complete Part III.	1ax), or Form 990-E2	., Fart V, line 550 (Froxy 1	axj, tileli
	ne of organ		DEMY OF NATURAL	SCIENCES OF	Empl	oyer identification number
		PHILADE				23-1352000
Pa	rt I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Political e	expenditures	ation's direct and indirect politic		▶\$	
De	ud I D	Complete if the ave	anization is evenuet und	or coation FO1/aV	(2)	
	art I-B		anization is exempt und incurred by the organization und			
1	Enter the	amount of any excise tax	incurred by the organization und incurred by organization manage	er section 4955		
			n 4955 tax, did it file Form 4720			
		describe in Part IV.				La res La No
Pa	art I-C	Complete if the ord	anization is exempt und	er section 501(c),	except section 501(c)(3).
			by the filing organization for sec			
2	Enter the	amount of the filing organ	ization's funds contributed to other	her organizations for se	ection 527	
_						
3			. Add lines 1 and 2. Enter here a			
Ū						
4	Did the fi	ling organization file Form	1120-POL for this year?		······································	Yes No
5			nployer identification number (El			
-			tion listed, enter the amount paid			
			omptly and directly delivered to			
	political a	action committee (PAC). If	additional space is needed, prov	ride information in Part	IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
2000						
_					1	
				*		
-					-	

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

01-27-12

			OF NATURAL	SCIENCES C		
Schedule C (Form 990 or 990-EZ) 2011	PHILAD	ELPHIA		50.17 \70	23-1	352000 Page 2
Part II-A Complete if the org			pt under section	501(c)(3) and fi	led Form 5768	
(election under sec	•					
A Check ► X if the filing organiza				Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha		, ,				
B Check ► ☐ if the filing organiza	ation checked	d box A and	l "limited control" prov	isions apply.		
	its on Lobby iditures" me		ditures ts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public	opinion (gr	ass roots lobbying)			
b Total lobbying expenditures to inf	luence a legis	slative body	(direct lobbying)		25,440.	
c Total lobbying expenditures (add	lines 1a and	1b)			25,440.	
d Other exempt purpose expenditure					15,116,962.	
e Total exempt purpose expenditure	es (add lines	1c and 1d)			15,142,402.	
f Lobbying nontaxable amount. Ent					907,120.	
If the amount on line 1e, column (a)	or (b) is:	The lobby	ying nontaxable amou	unt is:		
Not over \$500,000		20% of th	e amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000	\$100,000	plus 15% of the exces	ss over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,000	plus 10% of the exces	ss over \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000	\$225,000	plus 5% of the excess	s over \$1,500,000.		
Over \$17,000,000		\$1,000,00	00.			
g Grassroots nontaxable amount (e					226,780.	
h Subtract line 1g from line 1a. If ze					0.	
i Subtract line 1f from line 1c. If zer					0.	
j If there is an amount other than ze		line 1h or lin	ne 1i, did the organizat	ion file Form 4720	_	
reporting section 4911 tax for this					L	Yes No
	zations that	made a sec	aging Period Under S ction 501(h) election o instructions for lines	do not have to com		
	Lobby	ing Expend	litures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	08	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	892	,371.	903,100.	854,742.	907,120.	3,557,333.
b Lobbying ceiling amount (150% of line 2a, column(e))						5,336,000.
c Total lobbying expenditures	147	,672.	116,280.	98,013.	25,440.	387,405.
d Grassroots nontaxable amount	223	,093.	225,775.	213,686.	226,780.	889,334.
 Grassroots ceiling amount 						

Schedule C (Form 990 or 990-EZ) 2011

1,334,001.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description			(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i						
j	Total. Add lines 1c through 1i	SERIE				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3			
ı uı	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	(5), or se	III-A, lin	e 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	:al				
	expenses for which the section 527(f) tax was paid).	, ui				
а			2a			
b			2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess	····			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	**************	5			
Par	t IV Supplemental Information					
this p	blete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part for any additional information. ${\tt RT\ II-B}$, ${\tt LINE\ 1}$, ${\tt LOBBYING\ ACTIVITIES}$:	rt II-A; and	Part II-B, lir	e 1. Also, o	complete	
THE	ACADEMY IS AN AFFILIATE OF DREXEL UNIVERSITY (EIN	23-13	352630).		
DRE	EXEL IS EXEMPT UNDER 501(C)(3) AND HAS NOT FILED FO	RM 576	8. DR	EXEL		
OPE	CRATES ON A JULY 1 TO JUNE 30 FISCAL YEAR. THE TOTA	L LOBE	BYING	COSTS		
FOF	THE PERIOD JULY 1, 2010 TO JUNE 30, 2011 WERE \$47	6,290.	DREX	EL		
LOE	BBYING COSTS CONSIST OF \$71,295 OF MAILINGS AND \$40					
		Schedul	e C (Form	990 or 990	-EZ) 2011	

THE ACADEMY OF NATURAL SCIENCES OF

Schedule C (Form 990 or 990-EZ) 2011 PHILADELPHIA	23-1352000 Page 4
Schedule C (Form 990 or 990-EZ) 2011 PHILADELPHIA Part IV Supplemental Information (continued)	
AGGGGTAMED LITTLY DEDUCT CONT. CT	
ASSOCIATED WITH DIRECT CONTACT.	
	·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Employer identification number 23-1352000

Pai	t I Organizations Maintaining Donor Advised F	unds or Other Similar Fund	ds or Ac	counts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.			parameter - 1,000,000,000,000,000
		(a) Donor advised funds	(b	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor adv	vised fund	s
	are the organization's property, subject to the organization's excl			
6	Did the organization inform all grantees, donors, and donor advise			
	for charitable purposes and not for the benefit of the donor or do			- (-5)
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the organiz	ration answered "Yes" to Form 990.	Part IV Ii	ne 7
1	Purpose(s) of conservation easements held by the organization (or		, , , , , , , , ,	110 7.
•	Preservation of land for public use (e.g., recreation or education)		nistorically	important land area
	Protection of natural habitat	Preservation of a ce	-	
	Preservation of open space	- Preservation of a ce	a tilled fils	tone structure
2	Complete lines 2a through 2d if the organization held a qualified of	consoniation contribution in the form	m of a cor	according accoment on the last
_	day of the tax year.	conservation contribution in the for	iii oi a cor	iservation easement on the last
	day of the tax year.		Г	Held at the End of the Tax Year
2	Total number of consequation assements		H	
a h	Total number of conservation easements Total acreage restricted by conservation easements			2a
b		ve in all velocities (a)		2b
c	Number of conservation easements on a certified historic structu			2c
d	Number of conservation easements included in (c) acquired after			
3	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by t	ine organi.	zation during the tax
4	year Number of states where property subject to concentration accom-	ont in Innatad N		
4	Number of states where property subject to conservation easeme		_	
5	Does the organization have a written policy regarding the periodic			
6	violations, and enforcement of the conservation easements it hole			
6	Staff and volunteer hours devoted to monitoring, inspecting, and		and the same of th	
7	Amount of expenses incurred in monitoring, inspecting, and enfo			
8	Does each conservation easement reported on line 2(d) above sa			.,
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports conservation e			
	include, if applicable, the text of the footnote to the organization's conservation easements.	s financial statements that describe	es the orga	anization's accounting for
Pai	t III Organizations Maintaining Collections of Ar	t Historical Transuras or	Other S	imilar Assats
I al	Complete if the organization answered "Yes" to Form 990,		Other 3	olilliai Assets.
		VIII. COLORED FIRST SECTION SE		
ia	If the organization elected, as permitted under SFAS 116 (ASC 98)			No. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10
	historical treasures, or other similar assets held for public exhibition		erance of p	bublic service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes			
b	If the organization elected, as permitted under SFAS 116 (ASC 98)			
	treasures, or other similar assets held for public exhibition, educa	ition, or research in furtherance of p	oublic sen	vice, provide the following amounts
	relating to these items:			5 8
	(i) Revenues included in 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 treasur	es, or other similar assets for finance	cial gain, p	provide
	the following amounts required to be reported under SFAS 116 (A			
а	Revenues included in 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. $_{\rm 132051}$

Schedule D (Form 990) 2011

Pa	rt III Organizations Maintaining C	ollections of Ar	rt, Historical Tr	easures,	or Oth	er S	Similar	Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following th	at are a	signi	ficant us	e of its	collection	items
	(check all that apply):			5		- 5				1101110
а	X Public exhibition	d	X Loan or exc	hange progr	ams					
b	X Scholarly research	е		3 1 3						
С	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizat	ion's exe	empt	purpose	e in Par	t XIV	
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or oth	ner simila	ar as	sets	, c.	.,	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?				X	Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered	"Yes" to	o For	m 990. F	art IV	line 9. or	110
	reported an amount on Form 990, Par	t X, line 21.	J				, .	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other a	ssets no	t inc	luded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:							
		•							Amount	
С	Beginning balance					ı	1c		, arriodine	
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			L			Yes	□ No
b	If "Yes," explain the arrangement in Part XIV.									
Pai	t V Endowment Funds. Complete if	the organization and	swered "Yes" to Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d)	Three year	s back	(e) Four y	ears back
1a	Beginning of year balance	50,024,054.	47,438,833.	43,11	5,074.					
b	Contributions	1,623,397.	374,640.	1,42	8,304.					
С	Net investment earnings, gains, and losses	-776,448.	6,248,863.	7,37	7,655.					
d	Grants or scholarships								M. R. C	
е	Other expenditures for facilities									
	and programs	5,076,869.	4,038,282.	4,41	8,612.					
f	Administrative expenses			6	3,588.					
g	End of year balance	45,794,134.	50,024,054.		8,833.					
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	6.03	_%							
	Permanent endowment ► 85.55	%								
С		3.42 %								
	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administe	ered for t	the o	rganizati	on		
	by:								Y	es No
	(i) unrelated organizations								(-)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?						3b	
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds.							
Par										
	Description of property	(a) Cost or ot	()		(c) A	ccur	nulated		(d) Book	value
		basis (investm	ent) basis (other)	de	prec	iation			
	Land		100 =:		4 -					
b	Buildings		33,51	8,630.	19,	923	1,006	. 1	3,597	,624.
	Leasehold improvements		46.55							
	Equipment		10,62	7,022.	9,	532	1,042		1,095	
	Other									0.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part)	X, column (B), line 1	0(c).)			>	<u> </u> 1	4,693	,604.
							Sch	nedule	D (Form 9	90) 2011

PHILADELPHIA

Part VII Investments - Other Securities. Sec	e Form 990, Part X, lir	ne 12.			
(a) Description of security or category (including name of security)	(b) Book value			Method of valua end-of-year mark	
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) MORGAN STANLEY					
(B) INSTITUTIONAL	697,10		END-OF-YEAD	R MARKET	VALUE
(C) GOLDMAN SACHS FUNDS	5,757,00		END-OF-YEAD	R MARKET	VALUE
(D) MADISON INTERNATIONAL RE	1,837,18		END-OF-YEAD		
(E) FIR TREE CAPITAL	2,456,00		END-OF-YEAD		
(F) VERDIS REAL ASSETS FUND	1,190,06		END-OF-YEAD		
(G) FLAG ENERGY	214,80		END-OF-YEA		
(H) FLAG REAL ESTATE	222,13		END-OF-YEAD		
(I) OWL CREEK	829,58		END-OF-YEA	R MARKET	VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	19,484,28				
Part VIII Investments - Program Related. Se	ee Form 990, Part X,	line 13.			
(a) Description of investment type	(b) Book value		Cost or	Method of valua end-of-year mar	ket value
(1) WOODWARD TRUST	3,493,3		END-OF-YEA		WALLES BOOK OF THE STATE OF THE
(2) SHARPE TRUST	3,110,1		END-OF-YEA		
(3) CARPENTER TRUST	375,48		END-OF-YEA		
(4) MORRIS TRUST	123,1	58.	END-OF-YEA	R MARKET	VALUE
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	7,102,18	88.			
Part IX Other Assets. See Form 990, Part X, line					(b) Book value
	Description				(b) book value
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)					
Total, (Column (b) must equal Form 990, Part X, col (B) line	2 15)				
Part X Other Liabilities. See Form 990, Part X,					
1. (a) Description of liability	1110 20.	(b)) Book value		
(1) Federal income taxes		, , ,			
(2) ADDITIONAL MINIMUM					
(3) LIABILITY-PENSION PLAN		6	,181,466.		
(4) PAYROLL TAXES AND BENEFIT	S PAYABLE		123,941.		
(5) LIFE INCOME GIFTS			284,518.		
(6) OTHER LIABILITIES			61,720.		
(7)					
(8)					
(9)					
(10)					
(11)					
Total, (Column (b) must equal Form 990, Part X, col (B) line	e 25.)	6	,651,645.		
FIN 48 (ASC 740) Foothote. In Part XIV, provide the text of the foothote t	o the organization's financia	al statemen	its that reports the organization	n's liability for uncerta	ain tax positions under

132053 01-23-12

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,431,343
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,825,730.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,472,213.
4	Net unrealized gains (losses) on investments	4	-7,119,538.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	

-2,209,116. 8 Other (Describe in Part XIV.) -9,328,654. Total adjustments (net). Add lines 4 through 8 9 9 -6,856,441. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 10,495,077. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: -7,119,538a Net unrealized gains on investments 2a 1,056. 2b **b** Donated services and use of facilities c Recoveries of prior year grants 315,616. d Other (Describe in Part XIV.) -6,802,866. 2e e Add lines 2a through 2d 17,297,943. 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIV.) 0. c Add lines 4a and 4b 4c 5

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

Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts W	tn Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements			1	15,142,402.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,056.		
b	Prior year adjustments	2b			
С	Other losses	2c			
	Other (Describe in Part XIV.)	2d	315,616.		
е	Add lines 2a through 2d			2e	316,672.
3	Subtract line 2e from line 1			3	14,825,730.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			121
С	Add lines 4a and 4b			4c	0.
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	14,825,730.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART III, LINE 1A: THE COLLECTIONS, WHICH WERE 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. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE

Schedule D (Form 990) 2011

Part XIV Supplemental Information (continued)

REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES. THE ACADEMY'S COLLECTIONS ARE MADE UP OF LIBRARY HOLDINGS, SCIENTIFIC SPECIMENS, MINERALS, GEMS, EXHIBITS, AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY.

PART III, LINE 4: THE ACADEMY'S COLLECTIONS OF MORE THAN 17 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 IT 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 SPECIFIC COLLECTIONS AND RESEARCH, EDUCATION, PUBLICATIONS, THE LIBRARY, DEPARTMENTAL CHAIRS AND POSITIONS, AND THE OVERALL OPERATION OF THE ACADEMY OF NATURAL SCIENCES.

PART X, LINE 2: PART X-LINE 25: THE ACADEMY DID NOT HAVE A FIN 48 LIABILITY FOR AN UNCERTAIN TAX POSITION IN ITS AUDITED FINANCIAL STATEMENTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

EFFECT OF FASB STMT NO 158 CUMULATIVE EFFECT OF CHANGE IN

-2,209,116.

ACCOUNTING PRINC.

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedule D (Form 990) 2011 PHILADELPHIA Part XIV Supplemental Information (continued)	23-1352000 Page 5
Part XIV Supplemental Information (continued)	
BENEFIT RETIREMENT PLAN LIABILITY	
PART XIII-LINE 2D-EXPENSES OF \$92,96	A ACCOCTAMED WITHU CENTEDAMING
TAKT ATTI-BINE ZD-EAFENSES OF \$92,900	ASSOCIATED WITH GENERALING
MISCELLANEOUS REVENUE. COST OF GOODS	S SOLD \$222,652 (SEE PART VIII FORM
990 LINE 10B).	
990 LINE 10B).	
	,
<u> </u>	

132055 01-23-12

(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1,010,608.	FMV
1,034,696.	FMV
2,406,904.	FMV
1,828,210.	FMV
	*
	1,010,608.

23-1352000 Page **5**

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
THE ACADEMY OF NATURAL SCIENCES OF

Employer identification number

PHILADELPHIA 23-1352000 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 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? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and expenditures offices (by type) (e.g., fundraising, program is a program service, for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region EAST ASIA & THE PROGRAM SERVICES RESEARCH / COLLECTING 72,004. PACIFIC EUROPE PROGRAM SERVICES RESEARCH / COLLECTING 3,213. SUB-SAHARAN AFRICA PROGRAM SERVICES RESEARCH / COLLECTING 4,000. SOUTH AMERICA PROGRAM SERVICES RESEARCH / COLLECTING 51,502. 0. 130,719. 3 a Sub-total 1 b Total from continuation 0. 0 sheets to Part I c Totals (add lines 3a 130,719.

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Schedule F (Form 990) 2011

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

23-1352000

Page 2	any	•	(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2011
	90, Part IV, line 15, for		(h) Description of non-cash assistance	× ×					Schedu
23-1352000	"Yes" to Form 9		(g) Amount of non-cash assistance					cempt by	•
23-13	ganization answerec		(f) Manner of cash disbursement					recognized as tax-e>	
	omplete if the org	man \$5,000	(e) Amount of cash grant					foreign country, I	
	Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any	io one recipient received more than \$5,000	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
		OX II V	(c) Region					s listed above that are re has provided a section	entities
PHILAI	r Assistance to Orga	recipient wno received more than \$5,000. Check this b Part II can be duplicated if additional space is needed.	(b) IRS code section and EIN (if applicable)					ecipient organizations ne grantee or counsel	other organizations or
Schedule F (Form 990) 2011		recipient who rec Part II can be dup	1 (a) Name of organization					Enter total number of recipient organizations listed above that are the IRS, or for which the grantee or counsel has provided a section	Enter total number of other organizations or entities
Sched	Part II		(a) N					и П ±	8

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THE ACADEMY OF NATURAL SCIENCES OF

Page 3

23-1352000

PHILADELPHIA

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Schedule F (Form 990) 2011

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2011
(g) Description of non-cash assistance							Schedule
(f) Amount of non-cash assistance							
(e) Manner of cash disbursement				-			
(d) Amount of cash grant							
(c) Number of recipients							
(b) Region			•				
(a) Type of grant or assistance		*					

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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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X 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	X 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	X 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	X 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

Complete this part to 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.
SCHEDULE F, PART I, LINE 3: 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.

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Inspection

nternal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions. THE ACADEMY OF NATURAL SCIENCES OF

Employer identification number PHILADELPHIA 23-1352000

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in 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. Explain in Part III. Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in 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" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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Schedule J (Form 990) 2011

THE ACADEMY OF NATURAL SCIENCES OF

Schedule J (Form 990) 2011 PHILADELPHIA

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

23-1352000

Page 2

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	retirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	Ξ	290,643	0.	0	7,265.	12,038.	309,946.	0
1 GEORGE W. GEPHART JR.	€		0	0	0	0	0	0
	Ξ	175,717	0		3,936.	12,038.	191,691.	0
2 SARA A. HERTZ	<u>=</u>	0	0	0	0	0	0	0
	Ξ							
3	€							
	Ξ							
4	(ii)							
	Ξ							
5	(ii)							
	Ξ							
9	(ii)							
	(i)							
7	(iii)							
	(i)							
8	<u>(ii</u>							
	(i)							
6	(ii)							
	(i)							
10	(ii)							
	Ξ							
11	(ii)							
	Ξ							
12	(II)							
	Ξ							
13	(ii)							
	Ξ							
14	<u> </u>							
	Ξ							
15	1							
	Ξ							
16	(ii)							

Schedule J (Form 990) 2011

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization TH			NATUI	RAL SCI	ENCES OF			Employer			iumber
	ILADELP							23-13	5200	0	
					n 501(c)(4) organizatio						
	anization ansv	wered "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Par	t V, line 40	b.		
(a) Name of di	squalified per	son			(b) Description	of transa	action				rected?
					(-7					Yes	No
										-	
-											
										_	
2 Enter the amount of tax imp	oosed on the	organization	manager	s or disqualif	ied persons during the	year ur	nder				
						10500		> \$			
3 Enter the amount of tax, if a	any, on line 2,	above, reim	bursed by	the organiza	ation			> \$			
Part II Loans to and/o	or From Int	erested	Persons	S.							
	anization ansi	wered "Yes"	on Form	990, Part IV,	line 26, or Form 990-E	Z, Part \	V, line				
(a) Name of interested		to or from	(c) Origi	nal principal	(d) Balance due) In	(f) App	oroved ard or	(g) W	
person and purpose	the orga	nization?	ar	mount		deta	ault?		ittee?	agreei	ment?
	То	From				Yes	No	Yes	No	Yes	No
							-				
			-				-			-	
	+					-	-			-	
	+		-			 	-			_	
						-	\vdash			-	
	+					1	-	_		\vdash	
	+					1	+	+		+	
	1					+	 			-	
						-	-	+			
Total			-	> \$		1					
Part III Grants or Assis	stance Ber	nefiting li	ntereste	ed Person	S.	-					
Complete if the org	anization ans	wered "Yes"	on Form	990. Part IV.	line 27.						
(a) Name of interested				ionship betwe	een interested person	and		(c) Am	ount ar	nd type o	f
200(204)				the or	ganization				assistar		
							\perp				
							+				
							+				
							_				
IIIA For Donor	A -4 N/ -4/ -			, F							
LHA For Paperwork Reduction	n act Notice,	see the Ins	tructions	for Form 99	0 or 990-EZ.		Sched	ule L (For	m 990 d	or 990-E	Z) 2011

Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 PHILADELPHIA

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answere	d "Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
MIGUEL PEREZ-PEREZ	RELATED TO BOARD ME	21 552	EMPLOYMENT	Yes	No
PETER AUSTEN	BOARD MEMBER		INSURANCE	1	X
Part V Supplemental Information Complete this part to provide addition	al information for responses to questions	s on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTEREST	ED PERSONS:		,
(A) NAME OF PERSON: MIGUE	L PEREZ-PEREZ				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON ANI	ORGANIZAT	CION:		
RELATED TO BOARD MEMBER					
(C) AMOUNT OF TRANSACTION	\$ 21,553.				
(D) DESCRIPTION OF TRANSA	CTION: EMPLOYMENT				
(E) SHARING OF ORGANIZATION	ON REVENUES? = NO				
(A) NAME OF PERSON: PETER	AUSTEN				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZAT	'ION:		
BOARD MEMBER					
(C) AMOUNT OF TRANSACTION	\$ 177,229.				
(D) DESCRIPTION OF TRANSAC	CTION:		8		
INSURANCE					
INSURANCE					
(E) SHARING OF ORGANIZATIO	ON REVENUES? = NO				
SCHEDULE L-PART IV-SUPPLE	MENTAL INFORMATION				
BUSINESS TRANSACTIONS INV	OLVING INTERESTED PER	SONS			
THE ACADEMY HAS UTILIZED I	VILLIS OF PA TO PROVI	DE INSURAN	CE BROKERAG	ŀΕ	
132132 01-19-12		S	chedule L (Form 990	or 990-E	Z) 201

Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
SERVICES FOR MANY YEARS. IN 2010, PETER AUSTEN JOINED THE ACADEMY'S
BOARD OF TRUSTEES. MR. AUSTEN IS THE REGIONAL PARTNER FOR WILLIS NORTH
AMERICA, WHICH INCLUDES WILLIS OF PA. WILLIS PROVIDES BROKERAGE
SERVICE CONNECTING INSURANCE CARRIERS WITH CLIENTS TO FIND THE BEST
COVERAGE AT THE BEST PRICE. WILLIS COLLECTS BOTH THE PREMIUM PAYMENTS
FOR THE INSURANCE CARRIERS AND A SERVICE COMMISSION FOR THEIR BROKERAGE
AND RISK MANAGEMENT CONSULTING SERVICES. THE \$177,229 OF INSURANCE
PAYMENTS TO WILLIS OF PA INCLUDES \$36,672 OF SERVICE COMMISSION.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2011

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Types of Property

Attach to Form 990.

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Employer identification number 23-1352000

Schedule M (Form 990) (2011)

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	termin	ina	
		applicable	contributions or	amounts reported on	noncash contribu			S
		X	items contributed	Form 990, Part VIII, line 1g	AT / 7			
1	Art · Works of art	Λ		0.	N/A			
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	Х	35	1,301,682.	SELLING PRI	CE		
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	Х	5	0.	N/A			
20	Drugs and medical supplies	X	1		N/A			
21	Taxidermy	Х	1		N/A			
22	Historical artifacts							
23	Scientific specimens	X	1	0.	N/A			
24	Archeological artifacts							
25	Other • (PARKING SPACE)	Х	2	0.	N/A			
26	Other (CARPET)	Х	2		N/A			
27	Other (MICROSCOPE/CO)	X	3		N/A			
28	Other (DENTAL INS, &)	X	2		N/A			
29	Number of Forms 8283 received by the organi				F.,			
	for which the organization completed Form 82		* PARTIES AND STATE OF THE STAT	C14 G0-00-00-00-00-00-00-00-00-00-00-00-00-0			0	
	To the organization completed form of	00,1 41114,1	on look tolk lowload	goment 20			Yes	No
30a	During the year, did the organization receive b	v contributio	n any property re	norted in Part I lines 1.28 th	at it must hold for		163	140
oou	at least three years from the date of the initial							
						30a		х
h	the entire holding period? If "Yes," describe the arrangement in Part II.					30a		21
31	Does the organization have a gift acceptance	nolicy that m	acuires the review	of any non-standard contrib	utions?	24	х	
	Does the organization have a girt acceptance					31	47	<u> </u>
oza	NEW COLUMN			5-2 (4) 4-3 (4) 10 10 10 10 10 10 10 10 10 10 10 10 10		20-		x
h	contributions? If "Yes," describe in Part II.					32a		Λ
		column (a) f	or a tuna -f	white formulated and transfer (-)	a a local			
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	пескеа,			
	describe in Part II.							

132141

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

THE ACADEMY OF NATURAL SCIENCES OF

Schedule M (Form 990) (2011) PHILADELPHIA	23-1352000	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part the organization is reporting in Part I, column (b), the number of contributions, the number of items Also complete this part for any additional information.	l, lines 30b, 32b, and 33, and received, or a combination of	d whether of both.
SCHEDULE M, LINE 32B: THE ORGANIZATION IS REPORTING THE	NUMBER OF	
CONTRIBUTIONS IN COLUMN (B) NOT THE NUMBER OF ITEMS.		
	0	
		,
,		
		-

132142 01-23-12

Schedule M (Form 990) (2011)

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.

2011
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 I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESEARCH INSTITUTION AND MUSEUM IN THE AMERICAS. IT'S MISSION IS "WE

ADVANCE RESEARCH, EDUCATION, AND PUBLIC ENGAGEMENT IN BIODIVERSITY AND

ENVIRONMENTAL SCIENCE". THE ACADEMY IS AFFILIATED WITH DREXEL

UNIVERSITY AND IS RECOGNIZED INTERNATIONALLY FOR ITS SYSTEMATIC AND

ENVIRONMENTAL RESEARCH, DIVERSE NATURAL SCIENCE COLLECTIONS, EXHIBITS

AND EDUCATIONAL PROGRAMS.

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

PUBLIC INTEREST AND ENGAGEMENT OF NATURAL SCIENCE AND ENVIROMENTAL

ISSUES, AND PRESERVING THE HERITAGE OF NATURAL SCINECE IN SPECIMENS,

IMAGES, WORDS AND NUMBERS.

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

ALGAE BLOOMS IN THE EAST CHINA SEA. SCIENTISTS FROM BOTH THE ACADEMY

AND DREXEL UNIVERSITY JOINED FORCES TO DESIGN A NEW DEPARTMENT AT

DREXEL UNIVERSITY CALLED BIODIVERSITY, EARTH, AND ENVIRONMENTAL SCIENCE

(BEES) WHICH WILL ACCEPT ITS FIRST STUDENTS IN FALL 2012 AND OFFER

TEACHING OPPORTUNITIES FOR ACADEMY SCIENTISTS.

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

METHODS IN LOW INCOME NEIGHBORHOODS. 1,200 PHILADELPHIA SIXTH THROUGH

EIGTH GRADERS AND THEIR TEACHERS CAME TO THE ACADEMY TO LEARN ABOUT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

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

CAREER OPPORTUNITIES IN THE SCIENCES DURING TWO CAREER DAYS.

FORM 990, PART VI, SECTION A, LINE 4: FORM 990, PART VI, SECTION A, LINE 7A: ON SEPTEMBER 30, 2011, THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA EXECUTED AN AFFILIATION AGREEMENT WITH DREXEL UNIVERSITY ESTABLISHING THE ACADEMY AS A NON-PROFIT SUBSIDIARY OF DREXEL. NO MENETARY CONSIDERATION WAS EXCHANGED IN THIS TRANSACTION. BOTH THE ACADEMY AND DREXEL RETAIN THEIR SEPARATE CORPORATE IDENTITIES AND MISSIONS. THE ACADEMY REMAINS A SEPARATE 501(C)(3) NON-PROFIT ORGANIZATION WITH ITS OWN BOARD OF TRUSTEES AND RETAINS ITS CORPORATE NAME. DREXEL BECOMES THE SOLE VOTING MEMBER OF THE ACADEMY. THE ACADEMY WILL BE CONVERTING FROM A CALENDAR YEAR ORGANIZATION TO A JULY 1 FISCAL YEAR ORGANIZATION, BEGINNING JULY 1, 2012, MATCHING DREXEL'S FISCAL YEAR.

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 AS THE SOLE VOTING MEMBER 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 MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT 990 IS PREPARED INTERNALLY AND REVIEWED BY OUR EXTERNAL AUDITORS ZELENKOFSKE AXELROD LLC. THE DRAFT 990 IS THEN REVIEWED BY THE ACADEMY'S AUDIT COMMITTEE, WITH THE EXTERNAL AUDITORS PRESENT. THE AUDIT COMMITTEE WILL APPROVE THE FINAL 132212 01-23-12 Schedule O (Form 990 or 990-EZ) (2011) VERSION AND DIRECT THE EXTERNAL AUDITORS TO FILE THE RETURN. A COPY OF THE FINAL VERSION IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF TRUSTEES AND POSTED ON THE WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C: ALL TRUSTEES AND APPROPRIATE ACADEMY STAFF REVIEW AND SIGN A CONFLICT OF INTEREST POLICY EACH YEAR WHICH IS MONITORED FOR COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE ACADEMY'S CEO WAS RECOMMENDED BY THE ACADEMY'S SEARCH COMMITTEE WORKING WITH AN EXECUTIVE SEARCH FIRM AND APPROVED BY THE BOARD OF TRUSTEES. COMPENSATION WAS BASED ON DATA PROVIDED BY THE SEARCH FIRM THAT FACTORED IN THE SPECIFIC INDUSTRY ALONG WITH THE GEOGRAPHIC REGION. THE SEARCH FIRM ALSO PROVIDED DATA ON THE OTHER NON-PROFIT CEO'S WITHIN THE REGION TO HELP RECOMMEND AN APPROPRIATE SALARY RANGE.

A THIRD PARTY COMPENSATION SPECIALIST 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 EXPERIENCE AND YEARS OF SERVICE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19: THROUGH THE ACADEMY PUBLIC WEBSITE 132212 01-23-12 Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	Employer identification number 23-1352000
THE PUBLIC MAY REQUEST AND PRINT THE ACADEMY'S BY-LAWS, A	RTICLES OF
INCORPORATION, FORM 990, CODE OF ETHICS AND CONDUCT AND T	HE CURRENT AUDIT
FINANCIAL STATEMENTS. THE ACADEMY WILL ALSO RESPOND TO WR	ITTEN 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 XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-7,119,538.
EFFECT OF FASB STMT NO 158 CUMULATIVE EFFECT OF CHANGE IN	
ACCOUNTING PRINC.	-2,209,116.
BENEFIT RETIREMENT PLAN LIABILITY	
TOTAL TO FORM 990, PART XI, LINE 5	-9,328,654.
SCHEDULE L PART IV: INTERESTED PERSONS	
MIGUEL PEREZ-PEREZ IS THE SON-IN-LAW OF A MEMBER OF THE A	CADEMY'S BOARD
OF TRUSTEES. MIGUEL WORKS IN THE BOTANY DEPARTMENT OF THE	ACADEMY AS A
CURATORIAL ASSISTANT.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

2011 Open to Public Inspection

OMB No. 1545-0047

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA Department of the Treasury Internal Revenue Service
Name of the organization

Employer identification number 23-1352000

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

(a) Name, address, and EIN 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	itions (Complete if the organization a	answered "Yes" to Form 990,	Part IV, line 34 bec	ause it had one o	r more related tax-exer	mpt	
(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	Section 512(b)(13) controlled entity?	(b)(13)
DREXEL UNIVERSITY - 23-1352630 3141 CHESTNUT ST. PHILADELPHIA, PA 19104	HIGHER EDUCATION	PENNSYLVANIA	501(C)(3) L	LINE 2	N/A	-	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2011	Form 990) 2	2011

132161 01-23-12 LHA

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedule R (Form 990) 2011

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

Page 2

23-1352000

31 General or Percentage Nox managing ownership	Les NO		d one or more related	(g) (h) Share of Percentage end-of-year ownership assets			_
code V-UBI Code V-UBI amount in box Code Schedule Code V-UBI			e 34 because it ha	Share of total S income en			_
Share of Disproportionend-of-year at allocations?			orm 990, Part IV, lin	(e) Type of entity (C corp., S corp, i or trust)			_
Share of total Sincome en			answered "Yes" to F	(d) Direct controlling Ty entity (C 6			_
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			te if the organization	Legal domicile (state or foreign country)			_
Direct controlling Presentity excess			ation or Trust (Comple ar.)	(b) Primary activity	-		
(c) Legal domicile (state or foreign			s a Corpora g the tax ye				
(b) Primary activity			anizations Taxable a	7			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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			

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedule R (Form 990) 2011

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Page 3

23-1352000

Yes No	_	×	×	×	×	×	-	×	×	×	×	×	×	×	×	×	×	×	×	×									
×		1a	1b	10 7	+	16	2	+	10	5 4	 =	÷	*	=	1m	1h	9	1p	19	+									
	Parts II-IV?																				for information on who must complete this line, including covered relationships and transaction thresholds.	(d) Method of determining amount involved	CASH						
	elated organizations listed in																				iis line, including covered rela	(c) Amount involved	350,000.CA						The second secon
	ns with one or more r												anization(s)	anization(s)	ion(s)						who must complete the	(b) Transaction type (a-r)	C						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	During the tax year, did the organization engage in any of the for		b Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	e Loans or loan guarantees by related organization(s)		f Sale of assets to related organization(s)	g Purchase of assets from related organization(s)	h Exchange of assets with related organization(s)	i Lease of facilities, equipment, or other assets to related organization(s)	j Lease of facilities, equipment, or other assets from related organization(s)	k Performance of services or membership or fundraising solicitations for related organization(s)	l Performance of services or membership or fundraising solicitations by related organization(s)	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n Sharing of paid employees with related organization(s)	o Reimbursement paid to related organization(s) for expenses	p Reimbursement paid by related organization(s) for expenses	 q Other transfer of cash or property to related organization(s) 	Other transfer of cash or property from related organization(s)	If the answer to any of the above is "Yes," see the instructions for information on w	(a) Name of other organization	(1) DREXEL UNIVERSITY	(2)	(3)	(4)	(5)	(9)	

Page 4

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedule R (Form 990) 2011

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

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

(k)	nership															
(j) neral or Pel	managing ow partner? OW									 +				+		
(i) Code V-UBI	thouse amount in box 20 managing ownership of Schedule K-1 partner?															
(h) Dispropor-	allocations?							+		+				+		
(g) Share of	end-of-year assets															
(f) Share of	total income															
(e) Are all partners sec.	501(c)(3) orgs.? Yes No							+		+				+		1
(d) Predominant income	(related, unrelated, excluded from tax under section 512-514) y															
(c) Legal domicile	(state or foreign country)															
(b) Primary activity																
(a) Name, address, and EIN Primary activity (b) Predominant income (c) (d) (d) (d) (house address, and EIN Primary activity Compared to make address and EIN Predominant income	of entity															

Schedule R (Form 990) 2011

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedule R	(Form 990) 2011 Supplemental Infor	PHILADELPHIA	23-1352000	Page 5
Part VII	Supplemental Infor	mation		1 age 3
	Complete this part to prov	vide additional information for responses to questions on Schedule R (see instruc	ctions)	
		the additional members of responded to questions on scriedule in (see institut	itions).	
-				
				-

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

m m				+		COST OF DASIS	\top	Dabio	Depreciation			Deancaon
m	BUILDINGS											
_	1BUILDINGS	VARIESSL	20	.001	9	1131933.			31131933.	18242421.		889,223.
B .		VARIESSL	20	.001	9	2259433.			2259433.	1678585.		82,527.
50 E	BUILDING ADDITIONS 52008	123108SL	20	.001	9	98,941.			98,941.			1,979.
9 II P	GIMPROVEMENTS 2008	123108SL	20	.001	9	28,323.			28,323.			1,416.
0 * 8	* OFFICE EQUIPMENT	VARIESSL	10	.001	9	596,130.			596,130.	570,202.		15,224.
· m	JAN FAGE				3,4	4114760.		0	34114760.	20491208.	0	990,369.
* 0 %	* 990 PAGE 10 TOTAL OTHER MACHINERY &				34	4114760.		0	34114760.	20491208.	0	.698,066
	LABORATORY EQUIPMENT	VARIESSL	10	.001	9	6797081.			6797081.	5871206.		254,835.
<u> </u>	DATA FROCESSING EQUIPMENT * 000 DACE 10 HOMAT	123108SL	10	.001	9	3195284.			3195284.	3062664.		55,514.
Y					<u>ი</u>	9992365.		0	9992365.	8933870.	0	310,349.
PAM4	THER JTOMOBILES AND ARINE EQUIPMENT	123108SL	ن	.00	9	38,528.			38,528.	26,970.		7,706.
¢ O +	YYU PAGE IU THER					38,528.		0.	38,528.	26,970.	0	7,706.
P.	PAGE 10 DEPR				44	1145653.		0	44145653.	29452048.	0	1308424.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No. 1545-0172 Sequence No. 179

Name(s) shown on return THE ACADEMY OF NATURAL SCIENCES OF

Business or activity to which this form relates

990

Identifying number

Form 4562 (2011)

PHILADELPHIA FORM 990 PAGE 10 23-1352000 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 500,000. 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 2,000,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 1,308,424. 16 Part III | MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2011 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property year placed in service (business/investm (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction only - see instructions) 19a 3-year property b 5-year property С 7-year property d 10-year property e 15-year property f 20-year property 25-year property g 25 yrs. h Residential rental property 27.5 yrs. MM S/L 27.5 yrs. MM S/L i 39 yrs. MM Nonresidential real property S/L MM Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 40-year 40 vrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - $\underline{\text{see}}$ instr. 1,308,424. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23 116251 11-21-11 LHA For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

_	Section A	Danvasiati	on and Other	Informa	tion ICo	tion.	Soo tho	inetrue	tions for li	mits for	naccona	or autom	obiles 1		
								_						V	
24a	Do you have evidence to s	T		int use ca	almed?	<u> </u>	es _	No	24b If "Y	Т				Yes _	No
	(a) Type of property (list vehicles first)	Date placed in service	Business/ investment use percenta	ge ot	(d) Cost or her basis	(hi	(e) sis for depr usiness/invo use onl	estment	Recovery period	Me	g) thod/ ention	Depre	h) ciation iction	Elec section co	n 179
25	Special depreciation alle	owance for o	ualified listed	property	placed	in servi	ce durin	g the t	ax year ar	nd					
	used more than 50% in	a qualified b	usiness use								25				
	Property used more that														
		1 1	9	6											
		1 1	g	6											
		1 1	g	6											
27	Property used 50% or le	ess in a qual	ified business	use:											
		1 1	Ç	6						S/L ·					
		1 1	g	6						S/L·					
		1 : :	Ç	6						S/L·					
28	Add amounts in column	n (h), lines 25	through 27. E	nter her	e and or	line 21	, page 1				28				
29	Add amounts in column	n (i), line 26. E	nter here and	on line	7, page	1							. 29		
			8	ection l	B - Infor	mation	on Use	of Vel	hicles						
thos	ou provided vehicles to y se vehicles. Total business/investment			(a) nicle		(b)		(c) /ehicle	(d)	(4	e)	(f)
	year (do not include com				11010	1	111010	1	. 0111010	100					
	Total commuting miles							1		<u> </u>					
	Total other personal (no							1							
	driven														
	Total miles driven during							1							
	Add lines 30 through 32							1							
	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate														
36	Is another vehicle availa														
	use?														
		Section C	- Questions	for Emp	loyers V	Vho Pro	ovide Ve	hicles	for Use b	y Their	Employ	ees			
Ans	swer these questions to	determine if	you meet an e	xception	n to com	pleting	Section	B for v	vehicles u	sed by e	mployee	s who a	re not m	ore than	5%
IWO	ners or related persons.														
37	Do you maintain a writte	en policy sta	tement that p	ohibits a	all perso	nal use	of vehic	les, ind	cluding co	mmuting	, by you	r		Yes	No
	employees?														
38	Do you maintain a writte														
	employees? See the ins														
	Do you treat all use of v														
40	Do you provide more th					informa	ation from	n your	employee	es about					
	the use of the vehicles,														-
41	Do you meet the require														
_	Note: If your answer to	37, 38, 39, 4	10, or 41 is "Ye	s," do n	ot comp	lete Se	ction B f	or the	covered v	ehicles.					
P	art VI Amortization			(1-)		(-V			(-1)		(-)			(4)	
	(a) Description o	of costs	Date	(b) amortization begins		(c) Amortiza amour	able		(d) Code section		(e) Amortiza period or pe	ation	A	(f) mortization or this year	
42	Amortization of costs th	hat begins du	uring your 201		ar:										
_				: :											
				: :											
43	Amortization of costs the	hat began be	efore your 201	1 tax ye	ar							43			
	Total. Add amounts in											44			

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If	you are t	filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	
		filing for an Additional (Not Automatic) 3-Month Ex					
		plete Part II unless you have already been granted a					
rogu	uired to fi	ling (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of ti	me to file (6 months for a corpo	oration
of tie	me to file	le Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically	file Form 8	868 to request an e	xtension
Pare	conal Bor	any of the forms listed in Part I or Part II with the except Contracts, which must be contracted the IDC in a contract.	ception of	Form 8870, Information Return for	Transfers	Associated With Ce	rtain
visit	www irs	nefit Contracts, which must be sent to the IRS in pap gov/efile and click on e-file for Charities & Nonprofits	er format	(see instructions). For more details	on the ele	ctronic filing of this f	orm,
	rt I	Automatic 3-Month Extension of Time		Submit original (no conice no	odod)		
		n required to file Form 990-T and requesting an autor	natic 6.me	onth extension school this box and	eded).		
	I only	are quies to more similared in and requesting arraditor	natio o me	onth extension - check this box and	complete		X
All o to file	ther corp e income	porations (including 1120-C filers), partnerships, REM e tax returns.	ICs, and t	rusts must use Form 7004 to reque	st an exter	nsion of time	21
Туре	e or N	Name of exempt organization or other filer, see instru-	ctions.		Employe	r identification numb	er (EIN) or
prin		THE ACADEMY OF NATURAL SCIE	ENCES	OF			(4.1.7)
File by	y the	PHILADELPHIA			X	23-135200	0
due d	ate for	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.	Social se	curity number (SSN)
filing y return	. See	1900 BENJAMIN FRANKLIN PARI					1
instru	ctions. C	City, town or post office, state, and ZIP code. For a for PHILADELPHIA, PA 19103-11(ress, see instructions.			
			, _				
Ente	r the Ret	urn code for the return that this application is for (file	a separa	te application for each return)		•••••	0 7
Appl	lication		Return	Application			Return
ls Fo	or		Code	Is For			Code
Form	n 990		01	Form 990-T (corporation)			07
Form	n 990-BL		02	Form 1041-A			08
Form	n 990-EZ		01	Form 4720			09
Form	1990-PF		04	Form 5227			10
Form	n 990-T (s	sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	n 990-T (t	rust other than above)	06	Form 8870			12
		DAVID RUSENKO,	VP OF	F FINANCE AND AD -	ANS	- 1900	
• Ti	he books	e are in the care of ► BENJAMIN FRANKI No.► 215-299-1000	IN PA		HIA,	PA 19103-1	101
		nization does not have an office or place of business	in the lim	FAX No.			
• If	this is for	r a Group Return, enter the organization's four digit	roup Evo	metica Number (CEN)			
hox	▶ □	. If it is for part of the group, check this box	and atta	shiption number (GEN)	If this is to	r the whole group, c	heck this
1	I reques	st an automatic 3-month (6 months for a corporation	required t	to file Form 900 T) extension of time	f all memb	ers the extension is	for.
	NC	$0 \overline{\text{VEMBER}}$ 15 , 2012 , to file the exempt	organizat	tion return for the organization name	ed above.	The extension	
	is for th	e organization's return for:					
		calendar year 2011 or					
		tax year beginning	, and	d ending		_ •	
2	If the to	v voor entered in line 1 is far less than 10					
2		x year entered in line 1 is for less than 12 months, change in accounting period	neck reaso	on:	Final retur	n	
За	If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, er	nter the tentative tax, less any			
		indable credits. See instructions.			3a	\$	0.
b		pplication is for Form 990-PF, 990-T, 4720, or 6069, e					
		ed tax payments made. Include any prior year overp			3b	\$	0.
С		e due. Subtract line 3b from line 3a. Include your pay					
		g EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.
Caut	tion. If yo	ou are going to make an electronic fund withdrawal w	ith this Fo	orm 8868, see Form 8453-FO and Fe	orm 8879.	EO for navment inst	uctions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

Form 8868 (Rev. 1-2012)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	s box		▶ X		
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	8868.			
 If you are filing for an Automatic 3-Month Extension, comple 	te only Pa	art I (on page 1).					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	opies ne	eded).		
					, see instructions		
Type or Name of exempt organization or other filer, see instru				No. September 1	ion number (EIN) or		
print THE ACADEMY OF NATURAL SCIEN	NCES	OF					
File by the PHILADELPHIA			X	23-13	352000		
due date for filing your Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	ecurity num	ber (SSN)		
return. See C/O ZELENKOFSKE AXELROD LLC				8			
City, town or post office, state, and ZIP code. For a for JAMISON, PA 18929	oreign add	dress, see instructions.					
•							
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)		***************************************	0 1		
Application	Return	Application			Return		
Is For	Code	Is For			Code		
Form 990	01						
Form 990-BL	02	Form 1041-A			08		
Form 990-EZ	01	Form 4720			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	ed Form 88	68.		
DAVID RUSENKO,	VP O	F FINANCE AND AD -	ANS	- 1900)		
• The books are in the care of BENJAMIN FRANKI	JIN PA		HIA,	PA 191	103-1101		
Telephone No. ► 215-299-1000		FAX No. ▶					
If the organization does not have an office or place of business	in the Ur	nited States, check this box			▶ □		
If this is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) If	this is fo	r the whole	group, check this		
box ▶ . If it is for part of the group, check this box ▶			all memb	ers the exte	ension is for.		
		BER 15, 2012.					
5 For calendar year 2011, or other tax year beginning		, and ending					
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return							
Change in accounting period							
7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO FILE AN ACCURATE AND COMPLETE TAX RETURN							
ADDITIONAL TIME IS REQUIRED TO) L.T.	E AN ACCURATE AND (COMPL	ETE TA	AX RETURN		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720 o	0000						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, on nonrefundable credits. See instructions.	or 6069, e	nter the tentative tax, less any			0		
b If this application is for Form 990-PF, 990-T, 4720, or 6069,			8a	\$	0.		
tax payments made. Include any prior year overpayment allo							
previously with Form 8868.	owed as a	credit and any amount paid	-		0.		
previously with Form 8868. 8b \$ c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using							
EFTPS (Electronic Federal Tax Payment System). See instru		in this form, if required, by using			0.		
		st be completed for Part II o	8c	\$	0.		
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this form.	ng accomp			f my knowled	dge and belief,		
Signature ► Title ► C			Date				
Title C			Date		8868 (Rev. 1-2012)		