

CHANGE OF ACCOUNTING PERIOD
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)

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

A For the 2012 calendar year, or tax year beginning **JAN 1, 2012** and ending **JUN 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA Doing Business As THE ACADEMY OF NATURAL SCIENCE Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1900 BENJAMIN FRANKLIN PARKWAY City, town, or post office, state, and ZIP code PHILADELPHIA, PA 19103-1101 F Name and address of principal officer: DAVID RUSENKO 1900 BENJAMIN FRANKLIN PARKWAY, PHILADELPHIA	D Employer identification number 23-1352000 E Telephone number 215-299-1000 G Gross receipts \$ 18,027,980. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ANSP.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1812		M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ACADEMY OF NATURAL SCIENCES (ACADEMY) WAS ESTABLISHED IN 1812 AND IS THE OLDEST NATURAL SCIENCE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	381
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	273.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	7,384,123.	3,491,561.
	9 Program service revenue (Part VIII, line 2g)	3,205,788.	2,134,913.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,071,944.	3,069,694.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	636,088.	138,052.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,297,943.	8,834,220.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,312,292.	4,477,976.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 494,339.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,513,438.	3,884,167.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,825,730.	8,362,143.
	19 Revenue less expenses. Subtract line 18 from line 12	2,472,213.	472,077.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	71,111,666.	77,049,493.
	21 Total liabilities (Part X, line 26)	8,903,297.	9,732,527.
	22 Net assets or fund balances. Subtract line 21 from line 20	62,208,369.	67,316,966.

Part II Signature Block

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

Sign Here	Signature of officer	Date 05/14/13
	DAVID RUSENKO, VP OF FINANCE AND ADMINISTRATION Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ZELENKOFKSKE AXELROD LLC	Preparer's signature 	Date 5/14/13	Check if self-employed <input type="checkbox"/>	PTIN P00547216
	Firm's name ▶ ZELENKOFKSKE AXELROD LLC	Firm's EIN ▶ 23-3022325			
	Firm's address ▶ 2370 YORK ROAD, SUITE A-5 JAMISON, PA 18929		Phone no. 215-918-2277		

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

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Form 990 (2012)

23-1352000 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
THE MISSION IS "WE ADVANCE RESEARCH, EDUCATION, AND PUBLIC ENGAGEMENT
IN BIODIVERSITY AND ENVIRONMENTAL SCIENCE." THE ACADEMY IMPLEMENTS ITS
MISSION THROUGH IMPROVING UNDERSTANDING OF THE DIVERSITY OF LIFE,
DEVELOPING AND APPLYING SCIENCE TO PROTECT THE ENVIRONMENT, ADVANCING

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,170,733. Including grants of \$) (Revenue \$ 1,867,333.)

RESEARCH - ACADEMY SCIENTISTS TRAVEL THE WORLD TO UNDERSTAND AND
DOCUMENT THE DIVERSITY OF LIFE, SHARING THEIR DISCOVERIES WITH THE
PUBLIC AND RESEARCHERS THROUGH EXTRAORDINARY COLLECTIONS AND INNOVATIVE
PROGRAMMING. ACADEMY ENVIRONMENTAL SCIENTISTS CONTINUE TO BE
TRAILBLAZERS IN THE USE OF BIOTIC CENSUS AS INDICATORS OF ENVIRONMENTAL
HEALTH. IN 2012 ACADEMY SCIENTISTS STUDIED DIATOMS IN THE KOLMYA
LOWLANDS, TRAVELED TO NORTHERN MONGOLIA TO STUDY ARTIC GRAYLING,
CONDUCTED FIELD RESEARCH IN AUSTRALIA AND VIETNAM TO STUDY EMERGING
AVIAN VIRUSES AND TRAVELED TO THE PHILIPPINES TO STUDY SHIPWORMS.
ACADEMY SCIENTISTS USED DNA TO UNDERSTAND THE EVOLUTION OF FRESHWATER
GREEN ALGAE AND THE RELATIONSHIP TO LAND PLANTS. ACADEMY SCIENTISTS
CONTINUED TO STUDY THE IMPACTS OF MARCELLUS SHALE DRILLING ON THE

4b (Code:) (Expenses \$ 2,939,354. Including grants of \$) (Revenue \$ 1,190,640.)

EDUCATION - THE ACADEMY'S EDUCATION PROGRAMS AND EXHIBITIONS CONNECT
OUR BEHIND-THE-SCENES SCIENCE WITH OUR EVER-GROWING COMMUNITY. IN 2012,
WE GUIDED EAGER SCHOOLCHILDREN, EDUCATED FAMILIES AT PROGRAMS AND
FESTIVALS, AND HELPED ADULT VISITORS REDISCOVER A CHILDLIKE SENSE OF
AMAZEMENT AT THE NATURAL WORLD. THE ACADEMY CELEBRATED ITS BICENTENNIAL
WITH THE EXHIBIT, THE ACADEMY AT 200: THE NATURE OF DISCOVERY, WITH FREE
ADMISSION FOR ALL VISITORS. IN 2012 WE CELEBRATED THE 30TH ANNIVERSARY
OF WOMEN IN NATURAL SCIENCE PROGRAMS (WINS) WINS IS A FREE AFTER-SCHOOL
AND SUMMER SCIENCE ENRICHMENT PROGRAM AT THE ACADEMY OF NATURAL
SCIENCES. SINCE ITS FOUNDING IN 1982, WINS HAS INTRODUCED HUNDREDS OF
HIGH SCHOOL GIRLS TO FUTURE CAREERS IN SCIENCE AND OTHER PROFESSIONS BY
PROVIDING HANDS-ON SCIENCE WORKSHOPS, CAREER AND COLLEGE EXPLORATION,

4c (Code:) (Expenses \$ 705,008. Including grants of \$) (Revenue \$ 199,289.)

LIBRARY AND ARCHIVES - "A GLORIOUS ENTERPRISE: THE ACADEMY OF NATURAL
SCIENCES OF PHILADELPHIA AND THE MAKING OF AMERICAN SCIENCE" A NEW,
RICHLY ILLUSTRATED BOOK RECOUNTS THE PASSIONATE PERSONALITIES AND THE
LANDMARK ACHIEVEMENTS THAT SHAPED THE FIRST 200 YEARS OF THE ACADEMY,
THE OLDEST NATURAL HISTORY MUSEUM IN THE WESTERN HEMISPHERE. THE BOOK
IS THE FIRST COMPLETE HISTORY OF THE ACADEMY, WHICH WAS FOUNDED IN
PHILADELPHIA IN 1812. WRITTEN BY ACADEMY SENIOR FELLOW ROBERT PECK AND
HISTORICAL BIOGRAPHER PATRICIA TYSON STROUD, A GLORIOUS ENTERPRISE
TELLS THE STORY OF THE BRILLIANT AND PASSIONATE MEN AND WOMEN WHO
ENDEAVORED TO ACQUIRE AND DISSEMINATE KNOWLEDGE OF THE NATURAL WORLD AT
THE ACADEMY.

4d Other program services (Describe in Schedule O.)
(Expenses \$ Including grants of \$) (Revenue \$ 2,118,210.)

4e Total program service expenses 6,815,095.

Form 990 (2012)

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Form 990 (2012)

23-1352000 Page 3

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Form 990 (2012)

232003
12-10-12

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Form 990 (2012)

23-1352000 Page 4

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2012)

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Form 990 (2012)

23-1352000 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form 990 (2012)

232005 12-10-12

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	1a	1b	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 body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	25			
b Enter the number of voting members included in line 1a, above, who are independent		19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			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	X
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	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

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

Section C. Disclosure

- 17 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**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, 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**
ANS - 1900 BENJAMIN FRANKLIN PARKWAY, PHILADELPHIA, PA 19103-1101

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CYNTHIA P HECKSHER CHAIRPERSON OF THE BOARD	10.00	X		X						
(2) GEORGE W. GEPHART PRESIDENT & CEO	45.00	X		X						
(3) MICHAEL H. REED, ESQ. VICE CHAIR OF THE BOARD	3.00	X		X						
(4) DAVID P. LAZAR, SR. TREASURER/VICE CHAIR OF THE BOARD	3.00	X		X						
(5) JUDITH E. SOLTZ, ESQ. SECRETARY OF THE BOARD	3.00	X		X						
(6) PETER AUSTEN BOARD TRUSTEE	1.00	X								
(7) HELEN Y. BOWMAN BOARD TRUSTEE	1.00	X								
(8) BYRON T. CLARK BOARD TRUSTEE	1.00	X								
(9) CARL S. CUTLER BOARD TRUSTEE	1.00	X								
(10) ABBIE DEAN BOARD TRUSTEE	1.00	X								
(11) HARVEY I. FORMAN, ESQUIRE BOARD TRUSTEE	1.00	X								
(12) JOHN A. FRY BOARD TRUSTEE	1.00	X								
(13) MARK L. GREENBERG BOARD TRUSTEE	1.00	X								
(14) JAMES R. MACALEER BOARD TRUSTEE	1.00	X								
(15) SANDRA L. MCLEAN BOARD TRUSTEE	1.00	X								
(16) PATRICK M. OATES PH.D BOARD TRUSTEE	1.00	X								
(17) ALLEN MODEL BOARD TRUSTEE	1.00	X								

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Form 990 (2012)

23-1352000 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANTHONY K. MOORE BOARD TRUSTEE	1.00	X								
(19) I. WISTAR MORRIS BOARD TRUSTEE	1.00	X								
(20) JOHN NYHEIM BOARD TRUSTEE	1.00	X								
(21) SEYMOUR S. PRESTON III BOARD TRUSTEE	1.00	X								
(22) ANN L. REED BOARD TRUSTEE	1.00	X								
(23) GERALD B. RORER BOARD TRUSTEE	1.00	X								
(24) JOHN J. SOROKO BOARD TRUSTEE	1.00	X								
(25) KENNETH J. WARRWN, ESQUIRE BOARD TRUSTEE	1.00	X								
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **▶** 0

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Form 990 (2012)

23-1352000 Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	164,044.			
	c Fundraising events	1c	37,052.			
	d Related organizations	1d	1,232,605.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,057,860.			
	g Noncash contributions included in lines 1a-1f: \$		83,623.			
	h Total. Add lines 1a-1f		3,491,561.			
Program Service Revenue	2 a ENVIRONMENTAL RESEARCH	Business Code 541700	716,043.	716,043.		
	b MUSEUM ADMISSIONS	900099	559,306.	559,306.		
	c EDUCATION & MUSEUM PROGRAM	611600	467,684.	467,684.		
	d SYSTEMATIC BIOLOGY RESEARCH	541700	383,992.	383,992.		
	e LIBRARY	519100	7,888.	7,888.		
	f All other program service revenue					
	g Total. Add lines 2a-2f		2,134,913.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,407,192.	1,407,192.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		38,162.	38,162.		
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		8,964,816.		
		c Gain or (loss)		1,662,502.		
	d Net gain or (loss)		1,662,502.	1,662,502.		
	8 a Gross income from fundraising events (not including \$ 37,052. of contributions reported on line 1c). See Part IV, line 18	a	7,985.			
		b Less: direct expenses	b	41,071.		
c Net income or (loss) from fundraising events			-33,086.		-33,086.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	236,265.				
	b Less: cost of goods sold	b	187,873.			
	c Net income or (loss) from sales of inventory		48,392.	48,119.	273.	
Miscellaneous Revenue		Business Code				
11 a EATERY FOR MUSEUM GUESTS	722210	29,336.	29,336.			
b						
c						
d All other revenue	900099	55,248.	55,248.			
e Total. Add lines 11a-11d		84,584.				
12 Total revenue. See instructions.		8,834,220.	5,375,472.	273.	-33,086.	

232009
12-10-12

Form 990 (2012)

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Form 990 (2012)

23-1352000 Page 10

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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, trustees, and key employees	355,232.	136,777.	69,981.	148,474.
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	3,183,935.	2,662,237.	361,016.	160,682.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	291,634.	241,114.	35,802.	14,718.
9 Other employee benefits	411,584.	314,604.	80,932.	16,048.
10 Payroll taxes	235,591.	193,289.	29,978.	12,324.
11 Fees for services (non-employees):				
a Management				
b Legal	37,071.		37,071.	
c Accounting	76,477.		76,477.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,822.		30,822.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	109,996.	23,146.	86,255.	595.
12 Advertising and promotion	932,455.	784,274.	102,673.	45,508.
13 Office expenses	563,592.	471,391.	63,847.	28,354.
14 Information technology	41,060.	1,200.	39,860.	
15 Royalties	15,717.	15,717.		
16 Occupancy	675,182.	11,061.	664,121.	
17 Travel	155,119.	153,498.	1,434.	187.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,719.	5,055.	60.	604.
20 Interest	6,060.		6,060.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	628,524.	499,139.	77,244.	52,141.
23 Insurance	83,308.	20,879.	62,429.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBITS, RSRCH & MMBRSHP	338,937.	317,003.	20,959.	975.
b EATERY FOR MUSEUM GUEST	1,900.	1,900.		
c BUILDING ALLOCATION	0.	820,669.	-831,362.	10,693.
d				
e All other expenses	182,228.	142,142.	37,050.	3,036.
25 Total functional expenses. Add lines 1 through 24e	8,362,143.	6,815,095.	1,052,709.	494,339.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Form 990 (2012)

23-1352000 Page 11

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	461,356.	1 112,169.
	2	Savings and temporary cash investments	62,858.	2 38,075.
	3	Pledges and grants receivable, net	510,255.	3 546,604.
	4	Accounts receivable, net	1,204,336.	4 1,830,589.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	152,210.	8 85,466.
	9	Prepaid expenses and deferred charges	644,686.	9 414,980.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,151,991.	
	b	Less: accumulated depreciation	10b 9,675,091.	
	11	Investments - publicly traded securities	14,693,604.	10c 20,476,900.
	12	Investments - other securities. See Part IV, line 11	26,795,888.	11 26,146,052.
	13	Investments - program-related. See Part IV, line 11	19,484,285.	12 20,064,091.
	14	Intangible assets	7,102,188.	13 7,334,567.
	15	Other assets. See Part IV, line 11	0.	14 0.
16	Total assets. Add lines 1 through 15 (must equal line 34)	71,111,666.	15 0.	
Liabilities	17	Accounts payable and accrued expenses	599,426.	16 77,049,493.
	18	Grants payable		17 512,358.
	19	Deferred revenue	552,226.	18
	20	Tax-exempt bond liabilities		19 366,146.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21
	23	Secured mortgages and notes payable to unrelated third parties		22
	24	Unsecured notes and loans payable to unrelated third parties	1,100,000.	23
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,651,645.	24
	26	Total liabilities. Add lines 17 through 25	8,903,297.	25 8,854,023.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	8,782,679.	26 9,732,527.
	28	Temporarily restricted net assets	7,147,476.	27 12,775,258.
	29	Permanently restricted net assets	46,278,214.	28 6,869,093.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		29 47,672,615.
	31	Paid-in or capital surplus, or land, building, or equipment fund		30
	32	Retained earnings, endowment, accumulated income, or other funds		31
33	Total net assets or fund balances	62,208,369.	32 67,316,966.	
34	Total liabilities and net assets/fund balances	71,111,666.	33 77,049,493.	

Form 990 (2012)

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Form 990 (2012)

23-1352000 Page 12

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,834,220.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,362,143.
3	Revenue less expenses. Subtract line 2 from line 1	3	472,077.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,208,369.
5	Net unrealized gains (losses) on investments	5	-320,110.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,956,630.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,316,966.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

THE ACADEMY OF NATURAL SCIENCES OF

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6876128.	5810719.	5430352.	7384123.	3491561.	28992883.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3607442.	3693605.	3975761.	3757189.	2267616.	17301613.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	10483570.	9504324.	9406113.	11141312.	5759177.	46294496.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	480,203.	612,033.	406,589.	1192630.	1576505.	4267960.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	993,097.	759,206.	636,948.	850,111.	435,489.	3674851.
c Add lines 7a and 7b	1473300.	1371239.	1043537.	2042741.	2011994.	7942811.
8 Public support (Subtract line 7c from line 6.)						38351685.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	10483570.	9504324.	9406113.	11141312.	5759177.	46294496.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3240583.	3557521.	3289252.	3061810.	1445354.	14594520.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3240583.	3557521.	3289252.	3061810.	1445354.	14594520.
11 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 or loss from the sale of capital assets (Explain in Part IV.)		-8861428.	-319,007.	3094821.	1629416.	-4456198.
13 Total support. (Add lines 9, 10c, 11, and 12.)	13724153.	4200417.	12376358.	17297943.	8833947.	56432818.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	67.96 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	72.54 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	25.86 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	24.41 %

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

THE ACADEMY OF NATURAL SCIENCES OF

Schedule A (Form 990 or 990-EZ) 2012 PHILADELPHIA

23-1352000 Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART III, LINE 12 EXPLANATION FOR OTHER INCOME: NET REALIZED INVESTMENT GAIN

AS REPORTED IN PART III STATEMENT OF SERVICES, LINE 4D AND ON SCHEDULE O, THE \$2,118,808 IS THE REALIZED GAIN FROM INVESTMENT ACTIVITY AND REBALANCING THE ENDOWMENT PORTFOLIO. THE ENDOWMENT PROVIDES RESOURCES TO SUPPORT PROGRAM SERVICES. SEE SCHEDULE O.

THE ACADEMY CONVERTED FROM A CALENDAR YEAR ORGANIZATION TO A JULY 1 FISCAL YEAR ORGANIZATION, BEGINNING JULY 1, 2012 MATCHING DREXEL UNIVERSITY'S FISCAL YEAR. SEE SCHEDULE O.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ 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), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours ▶ \$ _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide 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-.

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

Schedule C (Form 990 or 990-EZ) 2012

232041
01-07-13

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	903,100.	854,742.	907,120.		2,664,962.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,997,443.
c Total lobbying expenditures	116,280.	98,013.	25,440.		239,733.
d Grassroots nontaxable amount	225,775.	213,686.	226,780.		666,241.
e Grassroots ceiling amount (150% of line 2d, column (e))					999,362.
f Grassroots lobbying expenditures					

THE ACADEMY OF NATURAL SCIENCES OF

Schedule C (Form 990 or 990-EZ) 2012 PHILADELPHIA

23-1352000 Page 3

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 of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
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			
c 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ACADEMY IS AN AFFILIATE OF DREXEL UNIVERSITY (EIN 23-1352630).

DREXEL IS EXEMPT UNDER 501(C)(3) AND HAS NOT FILED FORM 5768. DREXEL OPERATES ON A JULY 1 TO JUNE 30 FISCAL YEAR. THE TOTAL LOBBYING COSTS FOR THE PERIOD JULY 1, 2010 TO JUNE 30, 2011 WERE \$476,290. DREXEL LOBBYING COSTS CONSIST OF \$71,295 OF MAILINGS AND \$404,995 OF COSTS

THE ACADEMY OF NATURAL SCIENCES OF

Schedule C (Form 990 or 990-EZ) 2012 PHILADELPHIA

23-1352000 Page 4

Part IV Supplemental Information *(continued)*

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.

OMB No. 1545-0047

2012

Open to Public Inspection

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

Employer identification number
23-1352000

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	2d
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA**

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	45,794,134.	50,024,054.	47,438,833.	43,115,074.	
b Contributions	152,200.	1,623,397.	374,640.	1,428,304.	
c Net investment earnings, gains, and losses	2,486,317.	-776,448.	6,248,863.	7,377,655.	
d Grants or scholarships					
e Other expenditures for facilities and programs	2,751,963.	5,076,869.	4,038,282.	4,418,612.	
f Administrative expenses				63,588.	
g End of year balance	45,680,688.	45,794,134.	50,024,054.	47,438,833.	

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

- a Board designated or quasi-endowment 3.25 %
- b Permanent endowment 87.87 %
- c Temporarily restricted endowment 8.88 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		19,100,000.		19,100,000.
c Leasehold improvements				
d Equipment		11,051,991.	9,675,091.	1,376,900.
e Other		0.	0.	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 20,476,900.

**THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA**

Schedule D (Form 990) 2012

23-1352000 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COLCHESTER GLOBAL BOND	2,611,614.	END-OF-YEAR MARKET VALUE
(B) MORGAN STANLEY	213,026.	END-OF-YEAR MARKET VALUE
(C) ING MORTGAGE	1,000,000.	END-OF-YEAR MARKET VALUE
(D) OWL CREEK	826,878.	END-OF-YEAR MARKET VALUE
(E) ADDISON CLARK	1,018,688.	END-OF-YEAR MARKET VALUE
(F) MASON CAPITAL	1,020,606.	END-OF-YEAR MARKET VALUE
(G) FORESTOR OFFSHORE LTD	2,127,086.	END-OF-YEAR MARKET VALUE
(H) FIR TREE RECOVERY FUND	2,538,016.	END-OF-YEAR MARKET VALUE
(I) MADISON INTERNATIONAL RE	1,459,534.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	20,064,091.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) WOODWARD TRUST	3,591,814.	END-OF-YEAR MARKET VALUE
(2) SHARPE TRUST	3,237,058.	END-OF-YEAR MARKET VALUE
(3) CARPENTER TRUST	377,478.	END-OF-YEAR MARKET VALUE
(4) MORRIS TRUST	128,217.	END-OF-YEAR MARKET VALUE
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	7,334,567.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADDITIONAL MINIMUM LIABILITY	
(3) PENSION LIABILITY	6,823,422.
(4) PAYROLL TAXES AND BENEFITS PAYABLE	570,791.
(5) LIFE INCOME GIFTS	308,490.
(6) DREXEL INTERCOMPANY LOAN	900,000.
(7) OTHER LIABILITIES	251,320.
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,854,023.

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

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements		14,656,165.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a -320,110.	
b	Donated services and use of facilities	2b 2,940.	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d 5,869,233.	
e	Add lines 2a through 2d		5,552,063.
3	Subtract line 2e from line 1		9,104,102.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b -269,882.	
c	Add lines 4a and 4b		-269,882.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		8,834,220.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements		8,634,965.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a 2,940.	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2,940.
3	Subtract line 2e from line 1		8,632,025.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b -269,882.	
c	Add lines 4a and 4b		-269,882.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		8,362,143.

Part XIII 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, lines 2d and 4b; and Part XII, 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

Part XIII Supplemental Information (continued)

STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE 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 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN FROM ADJUSTING THE BUILDING TO MARKET VALUE

Part XIII Supplemental Information (continued)

AT 6-30-12

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

MISCELLANEOUS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PART XIII-LINE 2D-EXPENSES OF \$92,964 ASSOCIATED WITH GENERATING
MISCELLANEOUS REVENUE. COST OF GOODS SOLD \$222,652 (SEE PART VIII FORM
990 LINE 10B).

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

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

Employer identification number
23-1352000

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" 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? Yes No
- 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 offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH / COLLECTING	32,673.
EUROPE	0	0	PROGRAM SERVICES	RESEARCH / COLLECTING	23,133.
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / COLLECTING	884.
SOUTH AMERICA	0	1	PROGRAM SERVICES	RESEARCH / COLLECTING	14,805.
3 a Sub-total	0	1			71,495.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	1			71,495.

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

Schedule F (Form 990) 2012

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedule F (Form 990) 2012

23-1352000

Page 2

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

THE ACADEMY OF NATURAL SCIENCES OF

PHILADELPHIA

23-1352000

Schedule F (Form 990) 2012

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.
Part III can be duplicated if additional space is needed.

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

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Schedule F (Form 990) 2012

23-1352000 Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

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.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

2012

Open To Public
Inspection

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedule G (Form 990 or 990-EZ) 2012

23-1352000 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	WINS 30TH YEAR ANNIVER (event type)	(event type)	NONE (total number)	
Revenue				
1 Gross receipts	45,037.			45,037.
2 Less: Contributions	37,052.			37,052.
3 Gross income (line 1 minus line 2)	7,985.			7,985.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	41,071.			41,071.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(41,071)
11 Net income summary. Combine line 3, column (d), and line 10				-33,086.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedule G (Form 990 or 990-EZ) 2012

23-1352000 Page 3

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

**THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA**

Employer identification number
23-1352000

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 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?</p>	2	X								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>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:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 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</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2012

THE ACADEMY OF NATURAL SCIENCES OF

PHILADELPHIA

23-1352000

Schedule J (Form 990) 2012

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

For each individual whose compensation must be reported 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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

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

2012

Open To Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

THE ACADEMY OF NATURAL SCIENCES OF

Schedule L (Form 990 or 990-EZ) 2012 PHILADELPHIA

23-1352000 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MIGUEL PEREZ-PEREZ	RELATED TO BOARD ME	10,648.	EMPLOYMENT		X
PETER AUSTEN	PETER AUSTEN	107,708.	INSURANCE		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MIGUEL PEREZ-PEREZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATED TO BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 10,648.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PETER AUSTEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PETER AUSTEN

(C) AMOUNT OF TRANSACTION \$ 107,708.

(D) DESCRIPTION OF TRANSACTION: INSURANCE

INSURANCE

INSURANCE

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L-PART IV-SUPPLEMENTAL INFORMATION

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCH L, PART IV, (A-2) NAME OF PERSON: PETER AUSTEN

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(B-2) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER

(C-2) AMOUNT OF TRANSACTION:

(D-2) DESCRIPTION OF TRANSACTION: INSURANCE

(E-2) SHARING OF ORGANIZATION REVENUES: NO

-SCH L, PART IV, LINE 2: SUPPLEMENTAL INFORMATION: THE ACADEMY HAS UTILIZED WILLIS OF PA TO PROVIDE INSURANCE BROKERAGE 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 \$107,708 OF INSURANCE PAYMENTS TO WILLIS OF PA INCLUDES \$886 OF SERVICE COMMISSION.

SCH L, PART IV, (A-1) NAME OF PERSON: MIGUEL PEREZ-PEREZ

MIGUEL PEREZ-PEREZ IS THE SON-IN-LAW OF A MEMBER OF ACADEMY'S BOARD OF TRUSTEES.

MIGUEL WORKS IN BOTANY DEPARTMENT OF THE ACADEMY AS A CURATORIAL ASSISTANT.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public
Inspection

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		0.	N/A
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	83,623.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	3	0.	N/A
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts	X	1	0.	N/A
25 Other ▶ (DESIGN SERVIC)	X	1	0.	N/A
26 Other ▶ (COMPUTER EQUI)	X	1	0.	N/A
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: THE ORGANIZATION IS REPORTING THE NUMBER OF
CONTRIBUTIONS IN COLUMN (B) NOT THE NUMBER OF ITEMS.

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.

OMB No. 1545-0047

2012

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:

ECOLOGY OF STREAMS IN THE UPPER SUSQUEHANNA AND DELAWARE RIVER BASINS.
SCIENTISTS FROM THE ACADEMY'S PHYCOLOGY AND BIOGEOCHEMISTRY TEAMS
JOINED NEW JERSEY'S DEPARTMENT OF ENVIRONMENTAL PROTECTION AND RESEARCH
INSTITUTIONS ACROSS THE REGION TO ASSESS THE HEALTH OF BARNEGAT BAY.
THEY ARE PART OF A BAY-WIDE WATER QUALITY MONITORING NETWORK GATHERING
DATA ON HOW WATER CIRCULATION WITHIN THE BAY AND NUTRIENTS FROM
FERTILIZER RUNOFF AFFECT THE BAY'S HEALTH.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Employer identification number
23-1352000

AND POSITIVE YOUTH DEVELOPMENT. THE PROGRAM'S MENTORING AND SUPPORT HAS
RESULTED IN 100% OF WINS STUDENTS GRADUATING HIGH SCHOOL AND OVER 96%
ATTENDING COLLEGE.

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

NUMBERING MORE THAN 200,000 BOOKS AND 250,000 MANUSCRIPTS, ARCHIVAL
OBJECTS AND WORKS OF ART, THE ACADEMY'S LIBRARY AND ARCHIVES PROVIDE AN
UNPARALLELED RESOURCE FOR RESEARCHERS AND EDUCATORS ALIKE. THE
ACADEMY'S SCIENTIFIC PUBLICATION "PROCEEDINGS OF THE ACADEMY OF NATURAL
SCIENCES" REPRESENTS AMERICA'S LONGEST RUNNING SERIAL PUBLISHING
PROGRAM DEVOTED TO THE NATURAL WORLD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

2,118,808 IS THE INVESTMENT GAINS FROM THE ENDOWMENT PORTFOLIO. THE
ENDOWMENT PROVIDES RESOURCES TO SUPPORT PROGRAM SERVICES.
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,118,210.

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

232212
01-04-13

Name of the organization THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Employer identification number
23-1352000

INTERNALLY AND REVIEWED BY OUR EXTERNAL AUDITORS ZELENKOFKSKE 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
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. THE
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,

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

WY

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

FORM 990, PART XII, LINE 2C

THE ACADEMY'S AUDIT COMMITTEE REVIEWS AND APPROVES THE AUDIT PLAN AND AUDITED FINANCIAL STATEMENTS FOR THE ACADEMY OF NATURAL SCIENCES. THE TASK OF SELECTING THE INDEPENDENT AUDITOR IS THE RESPONSIBILITY OF DREXEL UNIVERSITY'S AUDIT COMMITTEE. THE DREXEL AUDIT COMMITTEE IS RESPONSIBLE FOR SELECTING THE INDEPENDENT AUDITORS FOR THE ENTIRE UNIVERSITY SYSTEM, WHICH INCLUDES ALL SUBSIDIARIES.

SCHEDULE L PART IV: INTERESTED PERSONS

MIGUEL PEREZ-PEREZ IS THE SON-IN-LAW OF A MEMBER OF THE ACADEMY'S BOARD OF TRUSTEES. MIGUEL WORKS IN THE BOTANY DEPARTMENT OF THE ACADEMY AS A CURATORIAL ASSISTANT.

FORM 990, PART XI, LINE 9

CHANGE IN NET ASSETS

EFFECT OF FASB STMT NO 158 CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING

PRINCIPLE: -912,603

232212
01-04-13

Name of the organization THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Employer identification number 23-1352000

UNREALIZED GAIN FROM ADJUSTING THE BUILDING TO FMV AT JUNE 30, 2012

5,869,233

TOTAL LINE 9 4,956,630

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012
Open to Public
inspection

Name of the organization

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Employer identification number
23-1352000

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?		
						Yes	No	
DREXEL UNIVERSITY - 23-1352630 3141 CHESTNUT ST. PHILADELPHIA, PA 19104	HIGHER EDUCATION	PENNSYLVANIA	501(C)(3)	LINE 2 N/A				X

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

THE ACADEMY OF NATURAL SCIENCES OF

Schedule R (Form 990) 2012

PHILADELPHIA

23-1352000

Page 2

Part III 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DREXEL UNIVERSITY	C	1,232,605.CASH	
(2) DREXEL UNIVERSITY	E	900,000.CASH	
(3) DREXEL UNIVERSITY	J	5,200.CASH	
(4) DREXEL UNIVERSITY	P	71,739.CASH	
(5)			
(6)			

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	BUILDINGS	VARIESSL		50.00	16	31131933.			31131933.	19131644.		311,319.
2	BUILDING EQUIPMENT BUILDING ADDITIONS	VARIESSL		20.00	16	2259433.			2259433.	1761112.		56,486.
5	2008 BUILDING IMPROVEMENTS 2008	123108SL		50.00	16	98,941.			98,941.	1,979.		989.
6		123108SL		20.00	16	28,323.			28,323.	1,416.		708.
8	OFFICE EQUIPMENT	VARIESSL		10.00	16	596,130.			596,130.	585,426.		10,704.
	* 990 PAGE 10 TOTAL BUILDINGS					34114760.		0.	34114760.	21481577.	0.	380,206.
	* 990 PAGE 10 TOTAL OTHER					34114760.		0.	34114760.	21481577.	0.	380,206.
	MACHINERY & EQUIPMENT LABORATORY											
3	EQUIPMENT	VARIESSL		10.00	16	6797081.			6797081.	6126041.		339,854.
7	DATA PROCESSING EQUIPMENT	123108SL		10.00	16	3195284.			3195284.	3118178.		77,106.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					9992365.		0.	9992365.	9244219.	0.	416,960.
	OTHER AUTOMOBILES AND											
4	MARINE EQUIPMENT	123108SL		5.00	16	38,528.			38,528.	34,676.		3,852.
	* 990 PAGE 10 TOTAL OTHER					38,528.		0.	38,528.	34,676.	0.	3,852.
	* GRAND TOTAL 990 PAGE 10 DEPR					44145653.		0.	44145653.	30760472.	0.	801,018.

228102 05-01-12

(D) - Asset disposed

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

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) **FORM 990-T**
(Keep for your records. Do not send to the Internal Revenue Service.)

2013

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2012 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2013 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	1,750.

		(a)	(b)	(c)	(d)
11	Installment due dates (see instructions)	11			
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12			
13	2012 Overpayment (see instructions)	13			
14	Payment due. (Subtract line 13 from line 12.)	14			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2013)

ESTIMATED TAX	1,750.
OVERPAYMENT APPLIED	1,750.
AMOUNT DUE	0.

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning JAN 1, 2011, and ending JUN 30, 2012

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

**THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA**

Employer identification number

23-1352000

Name and title of officer

**DAVID RUSENKO
VP OF FINANCE AND ADMINISTRATION**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	<input checked="" type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	<u>0</u>

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DONNA SCAMBY-POWERS

ERO firm name

to enter my PIN 19103

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

23500118929

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Donna Scamby Powers

Date ▶

2/18/13

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.
123051
12-01-11

Form **8879-EO** (2011)

17400210 137749 231352000

2011.04040 THE ACADEMY OF NATURAL SCIE 23135203

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	Employer identification number (EIN) or <input checked="" type="checkbox"/> 23-1352000
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O ZELENKOFSKE AXELROD LLC - 2370 YORK ROAD SUITE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JAMISON, PA 18929	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return 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 automatic 3-month extension on a previously filed Form 8868.

DAVID RUSENKO, VP OF FINANCE AND AD - ANS - 1900

- The books are in the care of **BENJAMIN FRANKLIN PARKWAY - PHILADELPHIA, PA 19103-1101**
Telephone No. **215-299-1000** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **MAY 15, 2013**.
- For calendar year _____, or other tax year beginning **JAN 1, 2012**, and ending **JUN 30, 2012**.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension
THE PERIOD FOR THIS RETURN WILL BE JANUARY 1, 2012 THROUGH JUNE 30, 2012 WHICH IS NOT THE NORMAL YEAR FOR THIS ENTITY. THIS IS A SHORT YEAR RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
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 instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Anna Scanby-Power** Title **CPA** Date **2/6/13**