# EXTENDED TO MAY 16, 2016

Form **990** 

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

2014 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending JUN 30, 2015 A For the 2014 calendar year, or tax year beginning JUL 1, 2014 C Name of organization D Employer identification number THE ACADEMY OF NATURAL SCIENCES OF Address change PHILADELPHIA Name change THE ACADEMY OF NATURAL SCIENCES 23-1352000 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1900 BENJAMIN FRANKLIN PARKWAY 215-299-1000 46,570,326. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return PHILADELPHIA, PA 19103-1101 H(a) Is this a group return Applica-F Name and address of principal officer:LISA MILLER Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No 4947(a)(1) or Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) If "No," attach a list. (see instructions) J Website: WWW.ANSP.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1812 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: FOUNDED IN 1812, THE ACADEMY OF Activities & Governance NATURAL SCIENCES IS A LEADING NATURAL HISTORY MUSEUM DEDICATED TO 2 Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 28 24 Number of independent voting members of the governing body (Part VI, line 1b) 267 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 20 6 Total number of volunteers (estimate if necessary) 6 -32,988. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -32,988.b Net unrelated business taxable income from Form 990-T, line 34 .... **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) 11,059,883. 14,581,748. Revenue 4,813,370. 3,418,988. 9 Program service revenue (Part VIII, line 2g) 9,101,909. 3,157,486. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 417,519. 1,415,518. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23,998,299. 23,968,122. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 122,435. 168,139. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 8,445,429. 10,118,282. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 
1,012,199. 9,703,994. 8,966,713. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18,271,858. 19,253,134. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,726,441. 4,714,988. 19 Revenue less expenses. Subtract line 18 from line 12 10 Beginning of Current Year End of Year 92,042,498. 93,600,646. 20 Total assets (Part X, line 16) 12,788,063. 12,578,204. 21 Total liabilities (Part X, line 26) 79,254,435. 81,022,442. Net assets or fund balances. Subtract line 21 from line 20 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. was m Wholer Signature of officer Sign LISA MILLER, VP OF FINANCE & CFO Here Type or print name and title Date Check Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's EIN Firm's name Use Only Firm's address Phone no. Yes May the IRS discuss this return with the preparer shown above? (see instructions) Nο



Department of Treasury Internal Revenue Service Ogden UT 84201

034191.639488.251601.30435 1 AT 0.416 370

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

Notice	CP211A			
Tax period	June 30, 2015			
Notice date	February 29, 2016			
Employer ID number	23-1352000			
To contact us	Phone 1-877-829-5500			
	FAX 801-620-5555			

Page 1 of 1



034191

Important information about your June 30, 2015 Form 990

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

We approved the Form 8868 for your June 30, 2015 Form 990. Your new due date is May 15, 2016.

# What you need to do

File your June 30, 2015 Form 990 by May 15, 2016. We encourage you to use electronic filing—the fastest and easiest way to file.

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

# Additional information

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

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

	Rev. 1-2014)					Page 2
-	filing for an Additional (Not Automatic) 3-Month Ex					
•	complete Part II if you have already been granted an a			iea Form	8868.	
*YESOOOOOOOOOOOO	filing for an Automatic 3-Month Extension, comple Additional (Not Automatic) 3-Month E					1 = =1)
Part II	Additional (Not Automatic) 5-Month E	XIGHSIO				
			Entermers		ng number, see ir	
· .	Name of exempt organization or other filer, see instru		<b>↑</b> ₽'	Employer	ridentification nur	nder (EIIV) or
p	HE ACADEMY OF NATURAL SCIEN	NCES (	JF		23-13520	100
The by the	HILADELPHIA			0   -		
files your	Number, street, and room or suite no. If a P.O. box, s 900 BENJAMIN FRANKLIN PARKV		tions.	Social se	curity number (SS	;N)
	City, town or post office, state, and ZIP code. For a for the LILADELPHIA, PA 19103-1103		lress, see instructions.			
Enter the Re	turn code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or	Form 990-EZ	01				
Form 990-BL		02	Form 1041-A	101001100001100011		08
Form 4720 (i	Tays: a will	03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
	sec. 401(a) or 408(a) trust)	05	Form 6069			11
	trust other than above)	06	Form 8870			12
STOP! Do no	ot complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously file	ed Form 8868.	
● If the orga ● If this is for box ▶ □  4		Group Exe and atta MAY JUL 1, heck reaso	emption Number (GEN) In the names and ElNs of the names an	f this is fo f <u>all memb</u> gJUN Final r	r the whole group ers the extension 30, 2015 return	is for.
-						
	pplication is for Forms 990·BL, 990·PF, 990·T, 4720, undable credits. See instructions.	or 6069, e	enter the tentative tax, less any	8a	\$	0.
	pplication is for Forms 990-PF, 990-T, 4720, or 6069	-				
tax pay	ments made. Include any prior year overpayment alle	owed as a	credit and any amount paid			_
previou	usly with Form 8868.			8b	\$	0.
	e due. Subtract line 8b from line 8a. Include your pag (Electronic Federal Tax Payment System). See instru	-	h this form, if required, by using	8c	\$	0.
(			st be completed for Part II o	only.		
Inder penalties t is true, correc	of perjury, I declare that I have examined this form, including the complete, and that I am authorized to prepare this for	пд ассотр rm.		the best o	▶ 2.3.1	belief, 
	/					

Form	1990 (2014)	0-1327000	Page 2
Pai	rt III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION IS "WE ADVANCE RESEARCH, EDUCATION, AND PUBLIC		
	IN BIODIVERSITY AND ENVIRONMENTAL SCIENCE." THE ACADEMY I		
	ITS MISSION THROUGH IMPROVING UNDERSTANDING OF THE DIVERSI	TY OF LIF	Ε,
	DEVELOPING AND APPLYING SCIENCE TO PROTECT THE ENVIRONMENT	, ADVANCI	NG
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X 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	X 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 mea	sured by expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		
	revenue, if any, for each program service reported.	· ·	
4a	(Code: ) (Expenses \$ 7,038,724 • including grants of \$ 163,539 • ) (Revenue \$	2,988,	918.)
	RESEARCH-ACADEMY SCIENTISTS CONDUCT RESEARCH AROUND THE WO	)RLD,	
	COLLECTING SPECIMENS THAT HELP THEM DOCUMENT BIODIVERSITY,	TRACE	
	EVOLUTION, AND TRACK ENVIRONMENTAL CHANGES OVER TIME. THRO	UGH	
	FESTIVALS, MEMBERS' NIGHT, BEHIND THE SCENES TOUR, AND POP	PULAR	
	PUBLICATIONS, THESE SCIENTISTS SHARE THEIR DISCOVERIES, EN	ABLING TH	EIR
	COLLEGUES, VISITORS, AND MEMBERS TO GAIN FURTHER INSIGHT I	NTO LIFE	ON
	EARTH AND HOW TO SUSTAIN IT IN THE FUTURE. ACADEMY SCIENT		
	TO PRODUCE SCIENTIFIC PUBLICATIONS WHILE CULTIVATING OUR C	COLLECTION	S
	AND TRAVELING OUTSIDE THE MUSEUM FOR RESEARCH ON DOZEN OF	FIELD TRI	PS
	AND EXPEDITIONS. THE ACADEMY & DREXEL UNIVERSITY'S BIODIVE	ERSITY, EA	RTH
	& ENVIRONMENTAL SCIENCE (BEES) PROGRAM HAS GROWN WITH MANY	NEW PROJ	ECTS
	ON THE HORIZON AS WE CONTINUE TO BE THE EPICENTER OF DISCO	OVERY.	
4b	(Code: ) (Expenses \$ 6,710,521. including grants of \$ 600.) (Revenue \$	2,052,	016.)
40	EDUCATION - THE ACADEMY BRINGS NATURAL SCIENCE TO LIFE THE		
	FLOORS OF ENGAGING EXHIBITS, INCLUDING DINOSAURS AND OTHER		
	CREATURES. AT OUR MUSEUM IN FISCAL YEAR 2015, WE WELCOMED	MORE THA	N
	175,000 VISITORS TO EXPLORE OUR DIORAMAS, DINOSAURS, BUTTE	ERFLIES, L	IVE
	ANIMALS, AND THE RENOVATED CHILDREN'S NATURE DISCOVERY CEN	TER, OUTS	IDE
	IN. THE ACADEMY'S PUBLIC PROGRAMS INTEGRATE LIVE ANIMALS,		
	SPECIMENS, AND EXPERIENCED EDUCATORS WHO BRING NATURAL SCI	ENCE TO L	IFE
	FOR LEARNERS OF ALL AGES. THE ACADEMY'S NATIONALLY RECOGN	VIZED WOME	Che have been a company
	NATURAL SCIENCES PROGRAM KNOWN AS WINS IS A FREE AFTER SCH		
	SUMMER ENRICHMENT PROGRAM FOR YOUNG WOMEN. THIS PROGRAM IN		
	HUNDREDS OF HIGH SCHOOL WOMEN TO FUTURE CAREERS IN SCIENCE	THE ACA	DEMY
	CONTINUES TO LAUNCH A NUMBER OF EXCITING NEW INITIATIVES A	AIMED AT	
4-	1 000 710		319.
4c	(Code: ) (Expenses \$ 1,069,719 including grants of \$ 4,000 ) (Revenue \$ LIBRARY AND ARCHIVES - THE ACADEMY'S LIBRARY AND ARCHIVES		-
	INTERNATIONALLY RECOGNIZED FOR ITS RARE AND HISTORIC BOOKS	JOURNAL	S.
	ART, ARTIFACTS, MANUSCRIPTS, PHOTOGRAPHS, AND THE UNIQUE E	PAPERS AND	)
	RESEARCH OF ACADEMY MEMBERS AND STAFF. THE LIBRARY HOLDS	MORE THAN	
	250,000 TITLES THAT SPAN FIVE CENTURIES. OUR ARCHIVES COI	LECTIONS	
	CONTAIN OVER A MILLION ITEMS, INCLUDING MANUSCRIPTS, CORRE	SPONDENCE	
	FIELD NOTEBOOKS, FILMS, JOURNALS AND PHOTOGRAPHS. IN 2015,	OUR	r
	ARCHIVIST CONTINUED SIGNIFICANT ACTIVITY IN THE ARCHIVES	INCLIDING	
	EVALUATING AND MOVING MATERIALS FROM THE OFFICE SPACE OF	THE LATE D	IR
	RUTH PATRICK. THE LIBRARY PROVIDED SERVICES TO ACADEMICS A	VID WAR D	11.0
	RUTH PATRICK. THE DIBRARI PROVIDED SERVICES TO ACADEMICS F	TOLIDG MUDIN	क्रम
	GENERAL PUBLIC WITH MORNING RESEARCH HOURS AND AFTERNOON I	TOOVS MUTIN	1115
	PUBLIC WAS INVITED TO THE LIBRARY READING ROOM TO VIEW POR	TIMALIS,	
4d	Other program services (Describe in Schedule O.)	V	
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ► 14,838,964.	C	90 (2014

# Form 990 (2014) PHILADELPHIA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4	-	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
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?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		S.	
	as applicable.	The state of		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			₩.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X	11e	Х	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		Ţ.	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	Ī		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2014)

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# THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA Part IV Checklist of Required Schedules (continued)

23-1352000

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	587	E1_5	19.18
	instructions for applicable filing thresholds, conditions, and exceptions):		o	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			3.5
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
04	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	35b	X	
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	36		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	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014)

Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				X
_	Oncok ii donedale o contains a response of note to any line in this fact v		*******	Voc	1
4.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 60	11.4	Yes	140
1a	Enter the number reported in Box 3 of Porm 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	-5 10000	100	X.
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
C	(gambling) winnings to prize winners?		1c	х	100000
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		3 10		2112
Zu	filed for the calendar year ending with or within the year covered by this return	2a 267			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		112	5.00	
За			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a	,	X
b	If "Yes," enter the name of the foreign country:		4,15	والناج	188
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).		-0.0	
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х
c	, , , , , , , , , , , , , , , , , , , ,		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		7,18	77	Ti v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				x
	to file Form 8282?		7c		
			7e	100	x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit could be organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
f g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		-
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		1800		
Ū	sponsoring organization have excess business holdings at any time during the year?		8	14	
9	Sponsoring organizations maintaining donor advised funds.		1 88	£ W	W I
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		11 7.65		That I
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			572
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1	6.49	30
11	Section 501(c)(12) organizations. Enter:	4	1		2,76
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				100
	amounts due or received from them.)	11b	0.30	IC B	I R. I.
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	Name and A. C.	12a		
b		12b		1150	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		45	10,8	TOI.
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		3		Fg
b	Enter the amount of reserves the organization is required to maintain by the states in which the	405	115		n a
	organization is licensed to issue qualified health plans	13b	733	(\$ F	
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	• O	14a		<u> </u>
U	in ase, ride it fied a form rize to report these payments in and provide air explanation in conclusion		1.70		

⊃age **6** 

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	7 N	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		118110	
	If there are material differences in voting rights among members of the governing body, or if the governing		18	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		133	0.74
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24	E LE		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			8 6
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	748
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		= 8	THU.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	11.85	JUS.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	8 8		
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	200	need!	The Marie
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		· *	- 31
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	21 0	¥ 3	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1,111	1 17
	exempt status with respect to such arrangements?	16b		
Sect	tion 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, DE, DC, FI	, GA	,HI	, ID
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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, an	d finan	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶			
	DREXEL UNIVERSITY, COMPTROLLER'S OFFICE - 215-895-2225			
	3201 ARCH STREET, SUITE 340, PHILADELPHIA, PA 19104			
120000	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2014)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizatio (A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	itior	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	iss pe	rson	is bot	h an	compensation	compensation	amount of
	week		I	I	I	I	100,	from	from related	other
	(list any hours for	trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	nstitutional trustee		yee	шреп		(** 27 1000 111100)		and related
	below		ution	<u>.</u>	oldm	st co	er er			organizations
	line)	Individual	Instit	Officer	Кеу етріоуее	Highest compensated employee	Former			
(1) GEORGE W. GEPHART JR.	40.00									
PRESIDENT AND CEO		X		X				296,402.	0.	108,710
(2) CYNTHIA P HECKSHER	2.00	П								
CHAIR		X		Х				0.	0.	0 .
(3) MICHAEL H. REED, ESQ.	2.00									
VICE CHAIR		X		X				0.	0.	0 .
(4) PETER AUSTEN	2.00									
BOARD TRUSTEE		X						0.	0.	0
(5) HELEN Y. BOWMAN	2.00					П				
BOARD TRUSTEE	40.00	X						0.	571,692.	40,740
(6) CARL S. CUTLER	2.00					П				
BOARD TRUSTEE		X						0.	0.	0
(7) ABBIE DEAN	2.00									
BOARD TRUSTEE		X						0.	0.	0
(8) HARVEY I. FORMAN, ESQUIRE	2.00									
BOARD TRUSTEE		X						0.	0.	0
(9) JOHN A. FRY	2.00									
BOARD TRUSTEE	40.00	X						0.	1,267,218.	241,688
(10) R. JAMES MACALEER	2.00									
BOARD TRUSTEE - EMERITUS		X						0.	0 .	0
(11) SANDRA L. MCLEAN	2.00									
SECRETARY		X		Х				0.	0.	0
(12) ALLEN MODEL	2.00									
BOARD TRUSTEE		X						0.	0.	0 .
(13) ANTHONY K. MOORE	2.00									
BOARD TRUSTEE		Х						0.	0 •	0 .
(14) I. WISTAR MORRIS III	2.00									
BOARD TRUSTEE - EMERITUS		Х						0.	0.	0 .
(15) JOHN NYHEIM	2.00									
BOARD TRUSTEE		Х						0.	0.	0.
(16) PATRICK M. OATES, PH.D	2.00									
BOARD TRUSTEE		Х			L			0.	0.	0 .
(17) SEYMOUR S. PRESTON III	2.00									
BOARD TRUSTEE - EMERITUS		Х						0.	0.	0 .

432007 11-07-14

23-1352000 Form 990 (2014) PHILADELPHIA Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (F) Position Average Name and title Reportable Reportable Estimated (do not check more than one box, unless person is both an hours per compensation compensation amount of officer and a director/trustee) week from from related other (list any organizations the compensation idividual trustee or directo hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization organizations and related below organizations line) (18) ANN L. REED 2.00 BOARD TRUSTEE X 0 0. 0. 2.00 (19) GERALD B. RORER X 0 0 0. BOARD TRUSTEE 2.00 (20) JOHN J. SOROKO 0 0. 0. BOARD TRUSTEE 2.00 (21) KENNETH J. WARREN 0 0 X 0. BOARD TRUSTEE 2.00 (22) DAVID P. LAZAR, SR. 0. X X 0 0 TREASURER/VICE CHAIR (23) JUDITH E. SOLTZ, ESQ. 2.00 BOARD TRUSTEE Х 0 0. 0. 2.00 (24) CATHERINE T. HUNT, PH.D. Х 0 0 0. BOARD TRUSTEE 2.00 (25) JOHN F. BALES, III 0 0 0. BOARD TRUSTEE 2.00 (26) EDWARD A, MONTGOMERY, JR. 0. n 0 BOARD TRUSTEE - EMERITUS 1,838,910. 391,138. 296,402. 1b Sub-total 113,403. 564,083. 560,068. c Total from continuation sheets to Part VII, Section A 860,485. 2,398,978. 504,541. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 5 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 Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

the organization: Report compensation for the calculate year entiring with or wi	anii alo organization o tax your.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
CLEAN TECH SERVICES INC., 114 CHESTNUT		
STREET, 5TH FL, PHILADELPHIA, PA 19106	CLEANING SERVICES	312,989.
MAYO SEITZ MEDIA INC.		
751 ARBOR WAY, #130, BLUE BELL, PA 19422	ADVERTISING	287,883.
DINOSAURS UNEARTHED CORP, 110-11188		
FEATHERSTONE WAY, RICHMOND, BRITISH	BUILDS/SHOW EXHIBITS	265,654.
ACADEMY EVENT SERVICE INC., 3312 SPRING		
GARDEN ST, PHILADELPHIA, PA 19104	CATERING SERVICES	144,359.
JOHNSON CONTROLS		
P.O. BOX 730068, DALLAS, TX 75373	REPAIR & MAINTENANCE	124,438.
2 Total number of independent contractors (including but not limited to those list	ted above) who received more than	

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)

Form 990 PHILADELI	. 1117								23-135	2000
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nple	oyee	s, ai	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl		all t			ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	rector				ldша		organization	(W-2/1099-MISC)	from the
	hours for	or dir	ಐ			ated		(W-2/1099-MISC)		organization
	related organizations	trustee or director	hust		용	Suadı				and related organizations
	below	ual tr	ional		yoldı	st con	_			Organizations
	line)	Individual 1	Institutional trustee	Officer	Кеу етріоуєе	Highest compensated employee	Former			
(27) MINTURN T. WRIGHT, III	2.00									
BOARD TRUSTEE - EMERITUS		X						0.	0.	0
(28) ELIZABETH DOLAN	2.00									
BOARD TRUSTEE - HONORARY		X						0.	0.	0 .
(29) ROBERT DRURY	2.00									
BOARD TRUSTEE		Х						0,.	0	0 .
(30) ELLEN HARVEY	2.00									
BOARD TRUSTEE		X						0.	0	0
(31) JUN HUANGPU	2.00								0	0
BOARD TRUSTEE	2 00	X	_	_	_		_	0.	0.	0
(32) JAMES HERBERT BOARD TRUSTEE	2.00	х						0.	268,675.	45,739
(33) VAN R. REINER	2.00	A	-			-		0.	200,075.	45,755
BOARD TRUSTEE	2.00	х						0.	0.	0
(34) IVY SILVER	2.00				-	-				
BOARD TRUSTEE		х						0.	0.	0
(35) LISA MILLER	40.00									
VP OF FINANCE/CFO				x				145,880.	0.	115
(36) DAVID VELINSKY	0.00									
VP CENTER FOR ACADEMY SCIENCE	40.00				х			0.	157,232.	34,885
(37) SARA HERTZ	40.00		П							
VP OF MUSEUM OPERATIONS					X			164,672.	0.	14,081
(38) JACQUELINE GENOVESI	40.00									
VP EDUCATION						Х		118,445.	0.	320
(39) AMY MARVIN	40.00					7.		125 006	_	2 161
VP INSTITUTIONAL ADVANCEMENT (40) DAVID RUSENKO	0.00		_			Х	_	135,086.	0.	3,161
FORMER VP FINANCE & ASSISTANT TREASU	40.00						Х	0.	134,161.	15,102
					Ħ					
		_	H			=	-			
9										
<del></del>						H				
								564,083.	I .	113,403

## 23-1352000

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# THE ACADEMY OF NATURAL SCIENCES OF

Form 990 (2014) Part VIII

PHILADELPHIA

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 454,228 1b 77,765 c Fundraising events ...... 10 3,376,456. d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 10,673,299 1,511,082 g Noncash contributions included in lines 1a-1f: \$ 14,581,748 h Total. Add lines 1a-1f **Business Code** 2 a ENVIRONMENTAL RESEARCH 541700 2,324,461 2,324,461 Program Service Revenue MUSEUM ADMISSIONS 900099 1,110,588 1,110,588 EDUCATION & MUSEUM PRO 611600 711,545 711,545 SYSTEMATIC BIOLOGY RE 541700 664,457 664,457 2,319 LIBRARY 519100 2,319 All other program service revenue 4,813,370 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,345,989 1,345,989. Income from investment of tax-exempt bond proceeds 114,045 114,045. 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 24,354,054 assets other than inventory b Less: cost or other basis and sales expenses ...... 22,542,557. 1,811,497 c Gain or (loss) 1,811,497. 1,811,497 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 77,765. of including \$ contributions reported on line 1c). See 39,446 Part IV, line 18 \_\_\_\_\_a 59,647 b Less: direct expenses \_\_\_\_\_ b -20,201 -20,201. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ...... b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a HEALTH INSURANCE ADJUSTMENT 900009 1,124,779 1,124,779. b FACILITY SALES 900099 109,033 109,033 453220 71,699 71,699 GIFT SHOP 900099 16,163 49,151 -32,988 d All other revenue 1,321,674 e Total. Add lines 11a-11d 23,968,122, 5,043,253, -32,988. 4,376,109. Total revenue. See instructions. Form 990 (2014)

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 respon		this Part IX	(A)	
	not Include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	160,733.	160,733.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	6,003.	6,003.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 402	1 402		
	individuals. See Part IV, lines 15 and 16	1,403.	1,403.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	630,072.	41,127.	496,290.	92,655
6	trustees, and key employees  Compensation not included above, to disqualified	030,072.	41,127,	450,2501	JZ, 033
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,148,932.	4,786,417.	1,049,450.	313,065.
8	Pension plan accruals and contributions (include	0,210,502.	2770072270	2702572001	010,000
Ü	section 401(k) and 403(b) employer contributions)	1,977,518.	1,408,254.	450,911.	118,353
9	Other employee benefits	882,238.	642,287.	189,632.	50,319
10	Payroll taxes	479,522.	341,483.	109,340.	28,699
11	Fees for services (non-employees):				1391 SECURE CENTEROLES
	Management				
	Legal				
	Accounting	38,000.		38,000.	
	Lobbying	,			
e	Professional fundraising services. See Part IV, line 17			Contract Contract	
f	Investment management fees	48,403.		48,403.	
g	the district and the	-			
0	column (A) amount, list line 11g expenses on Sch O.)	671,899.	352,313.	306,499.	13,087
12	Advertising and promotion	196,008.	195,508.	500.	
13	Office expenses	1,207,858.	800,963.	314,954.	91,941.
14	Information technology	137,216.	97,716.	31,288.	8,212.
15	Royalties	26,350.	26,350.		
16	Occupancy	1,504,967.	1,431,678.	56,265.	17,024.
17	Travel	257,806.	255,133.	1,894.	779.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			2-	
19	Conferences, conventions, and meetings	180,312.	127,474.	23,064.	29,774.
20	Interest	14,427.		14,427.	
21	Payments to affiliates	2,943,756.	2,525,774.	198,225.	219,757.
22	Depreciation, depletion, and amortization	1,156,533.	1,100,211.	43,239.	13,083.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EXHIBITION EXPENSE	392,559.	392,559.		
þ	MISCELLANEOUS	96,704.	94,668.		2,036.
С	PROFESSIONAL MEMBERSHIP	34,213.	15,107.	18,511.	595.
d	STAFF DEVELOPMENT	14,801.	3,913.	7,684.	3,204.
е	All other expenses	44,901.	31,890.	3,395.	9,616.
25	Total functional expenses. Add lines 1 through 24e	19,253,134.	14,838,964.	3,401,971.	1,012,199.
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)				Form <b>990</b> (2014)

Form 990 (2014)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		т	
			(A) Beginning of year		<b>(B)</b> End of year
	4	Cook, non interest heaving	6,800.	1	4,700.
	1	Cash - non-interest-bearing	3,687,158.	2	3,707,332.
	2	Savings and temporary cash investments	3,512,232.	3	7,394,916
	3	Pledges and grants receivable, net	20,446.	4	130,265
	4	Accounts receivable, net	20,440.	4	130,203
	5	Loans and other receivables from current and former officers, directors,	The state of the s	X-11	
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	ELIVER THE RESERVE	5	
	6	Loans and other receivables from other disqualified persons (as defined under		Selle	comband
	l °	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		5 5	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ın.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8			8	
	9	Inventories for sale or use	169,061.	9	212,143
		Land, buildings, and equipment: cost or other	MILITARE DE SERVICIO DE SERVICIO	1032	
	104	basis. Complete Part VI of Schedule D 10a 26, 466, 647.		21/7	
	Ь	Less: accumulated depreciation 10b 5,873,598.	21,399,384.	10c	20,593,049
	11	Investments - publicly traded securities	46,125,417.	11	45,028,241
	12	Investments - other securities. See Part IV, line 11	17,122,000.	12	16,530,000
	13	Investments - program-related. See Part IV, line 11		13	20/000/000
	14			14	
	15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	92,042,498.	16	93,600,646
_	17	Accounts payable and accrued expenses	1,685,116.	17	1,984,747
	18	Grants payable		18	
	19	Deferred revenue	9,718.	19	89,940
	20	Tax-exempt bond liabilities	3,7,20	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
0	22	Loans and other payables to current and former officers, directors, trustees,		0	SALULIAN NAMED IN THE
		key employees, highest compensated employees, and disqualified persons.	The Interest of Ages	2	
riabilities		Complete Part II of Schedule L		22	
Ĭ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	11,093,229.	25	10,503,517
	26	Total liabilities. Add lines 17 through 25	12,788,063.	26	12,578,204.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	NAME OF STREET		
e l		complete lines 27 through 29, and lines 33 and 34.		ika 1	
2	27	Unrestricted net assets	14,189,267.	27	11,581,382
	28	Temporarily restricted net assets	8,479,314.	28	8,623,852
3	29	Permanently restricted net assets	56,585,854.	29	60,817,208.
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶□			
-		and complete lines 30 through 34.		11.51	
	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
:	32	Retained earnings, endowment, accumulated income, or other funds		32	
<del>,,</del> ,			70 254 425		81,022,442.
Net Assets or Fund Balances	33	Total net assets or fund balances	79,254,435.	33	01,044,444.

Pa	rt XI Reconciliation of Net Assets			11.00.00		
	Check if Schedule O contains a response or note to any line in this Part XI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,96			
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,25 4,71			
3						
4						
5	Net unrealized gains (losses) on investments	5	-2,94	6,9	81.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
_	column (B))	10	81,02	2,4	<u>42.</u>	
Pa	rt XIII Financial Statements and Reporting				·	
	Check if Schedule O contains a response or note to any line in this Part XII				X	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.	- 1	Yes	No	
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b	х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			- 1/4	3100	
	consolidated basis, or both:  Separate basis  Consolidated basis  X Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	х	- 11	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	22	11	
20	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		51	i v		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	_	20	х	Minne.	
l.	Act and OMB Circular A-133?	المراجعة	3a	-21		
a	Many Contract to the Contract of the Contract		3b	х		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L (2014)	
			1 01111	200	رد∪ ۱4)	

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE ACADEMY OF NATURAL SCIENCES OF Employer identification number 23-1352000 PHILADELPHIA Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). iv) Is the organization (vi) Amount of (i) Name of supported (iii) Type of organization (v) Amount of monetary listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

# 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.)

Se	ction A. Public Support						
_	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		T				
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions	100	2 2 10 2 2 1		September 1998	Without well (Co.)	
	by each person (other than a					1000000	
	governmental unit or publicly				- FF 4, AU	The same of	
	supported organization) included		Jan 126 12-14	frint	STILL THE LA	100 m	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4.	No.	u iliyetiya i		F	SAMA TE	
	ction B. Total Support			Miles	***		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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				.4		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		100 or 100 or		- 9,000	267	
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop	here		***************************************			▶□
	ction C. Computation of Publi						
14	Public support percentage for 2014 (li	ne 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the o	rganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- <b>2014.</b> If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstar	ices" test, check t	his box and <b>stop t</b>	nere. Explain in Pa	art VI how the organ	nization
	meets the "facts-and-circumstances"	test. The org <mark>ani</mark> za	ation qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances test	- 2013. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publi	icly supported org	ganization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s
					Sch	edule A (Form 990	or 990-F7) 2014

# Schedule A (Form 990 or 990-EZ) 2014 PHILADELPHIA 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.)

	qualify under the tests listed b	elow, please comp	olete Part II.)				
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5430352.	7384123.	11343064.	11059883.	14581748.	49799170.
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	3975761.	3757189.	3803301.	3656828.	5043253.	20236332.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	9406113.	11141312.	15146365.	14716711.	19625001.	70035502.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	406,589.	1192630.	6275924.	750,954.	8299682.	16925779.
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	636,948.	850,111.	978,870.	413.803.	1663603.	4543335.
_	Add lines 7a and 7b	1043537.	2042741.	7254794.	1164757.		21469114.
	Public support (Subfract line 7c from line 6.)	= Man (Man = 10 M		o michael Car	- N. S.	TEN SELEVIT ES	48566388.
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	9406113.	11141312.	15146365.	14716711.	19625001.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3289252.	3061810.	3006202.	8462159.	1460034.	19279457.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	3289252.	3061810.	3006202.	8462159.	1460034.	19279457.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				57,597.		57,597.
	Other income. Do not include gain or loss from the sale of capital				237,839.		5338426.
13	Total support. (Add lines 9, 10c, 11, and 12.)	12376358.	17297943.	19122678.	23474306.	22439697.	94710982.
14	First five years. If the Form 990 is for check this box and stop here						
Sec	tion C. Computation of Publi						
15	Public support percentage for 2014 (li	ine 8, column (f) di	vided by line 13. o	olumn (f))		15	51.28 %
	Public support percentage from 2013		-			16	61.51 %
	tion D. Computation of Inves						
17	Investment income percentage for 20	14 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))	020000001 400 1000	17	20.36 %
	Investment income percentage from 2					18	27.95 %
	33 1/3% support tests - 2014. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2013. If the	-	-				
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organization	<b>&gt;</b>
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶□
43202	3 09-17-14				Sch	edule A (Form 99	0 or 990-EZ) 2014

#### Part IV

#### **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
   Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
8,1563		
2	(AMI)	No.
3a		
		181
3b	8 /4	Y-1,
3c	p in	Taxx.
4a	SOM E	1, 1
4b	o win	A 170
4c		- "
N. P.		Š.
5a	100	ilv <sup>e</sup> i
5b 5c		
	XI.	
		ye 18.
6	-	Q.
7	H N	
8	14 A A A	Λ.
	*****	
9a	7 20	ıγ
9b	100	X III
9c		124
10a	1 50	TIV)
10b		W 18

-	rt IV   Supporting Organizations (continued)		1.4	igo o
	Cupporting Organizations (continued)		Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?	100	162	NO
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1 8 1	V/(	200
а	below, the governing body of a supported organization?	11a	, LLX	1001
la.		11b		
	A family member of a person described in (a) above?	11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	TIC		
Sec	ction B. Type I Supporting Organizations		V.	M-
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	~= = 1	33.11	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	100		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Section 1	1000	
	controlled the organization's activities. If the organization had more than one supported organization,	- 1		.9111
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	SW.		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1 111	1880	3
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		20	1 35
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	17.325		1 11
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	The T	1811	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	11 , 1		
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		0	, "
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	- 107		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	MIL VAL	13 11 1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			W.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 N		. 50
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	100	los.	ń wir
_	significant voice in the organization's investment policies and in directing the use of the organization's	187	38.1	0
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	100		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions):			
а	The organization satisfied the Activities Test. Complete Ilne 2 below.			
b	The organization is the parent of each of its supported organizations. Complete Ilne 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	.)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in part VI Identify		7.70	1.
	I II I I I I I I I I I I I I I I I I I		iT,ovi	3 -
	those supported organizations and explain  now these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		100	1010
	that these activities constituted substantially all of its activities.	2a	C SAME	
	·	Zd		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	0 41 4	0.00	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part y the		14	1400
	reasons for the organization's position that its supported organization(s) would have engaged in these	Δ.		HV. V
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	3 1		7,4
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	17 0	W // 3	77'=
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

432025 09-17-14

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23-1352000 Page 6 Schedule A (Form 990 or 990-EZ) 2014 PHILADELPHIA Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1

Lheck here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule		/Earm	000	ar	oon.	E7\	201
Schedule	: A	(FOffi	990	OF	99U-		20 I

3 4

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6

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2014 PHILADELPHIA

Pa	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	inizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		IN - O LENGTH, STANISH	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				COLUMN TO SERVICE TO THE TANK
b			Chicken Burkey, His	XXIII FILE VILLENDO
С			Now All All Sections	
d		STATE OF THE PARTY OF THE PARTY.		
е	From 2013			
f	Total of lines 3a through e			Town Window W
g	Applied to underdistributions of prior years	The second REMain August		
h	Applied to 2014 distributable amount		Marin Walner W. W.	
i	Carryover from 2009 not applied (see instructions)			N
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			A Tresultania
4	Distributions for 2014 from Section D,			
	line 7: \$		Marie Carrier	wiffer and the second
а	Applied to underdistributions of prior years	iz uzs šisvijilijim uššini		ten formal (1902 faces from
b	Applied to 2014 distributable amount	BV 5-12 H-27 -8 160044		
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014, Subtract lines 3h		Alleria (1 - Standard 1) Pri	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.		a likiji serij o a Tirij	
8	Breakdown of line 7:	THE REPORT OF THE PARTY OF THE		
а				
b		n ve = nimb s = 12 n 18	ALL ROOM IN LOW	
C		Managarat Section Include		
	Excess from 2013			
е	Excess from 2014	MW 25 THE PER ST		

Schedule A (Form 990 or 990-EZ) 2014

# THE ACADEMY OF NATURAL SCIENCES OF

Schedule A	(Form 990 or 990-EZ) 2014 PHILADELPHIA	23-1352000 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	r 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
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# SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

-	,, (000 00)	04/1/41/01/10/10/10/10/10/10/10/10/10/10/10/10				
	ne of orga	01(c)(4), (5), or (6) organiza	DEMY OF NATURAL S	CTENCES OF	Emple	oyer identification number
INGI	ne or orga	PHILADE		OCIENCED OF		23-1352000
P	art I-A	Complete if the ord	ganization is exempt unde	er section 501(c)	or is a section 527 o	
1 2	Provide Political	a description of the organiz	zation's direct and indirect politica	ıl campaign activities ir	Part IV.	
Pa	art I-B	Complete if the ord	ganization is exempt unde	er section 501(c)(3	3).	
			incurred by the organization und			
2	Enter the	e amount of any excise tax	incurred by organization manage	rs under section 4955	▶\$	
3	If the ord	anization incurred a section	on 4955 tax, did it file Form 4720 f	or this year?		Yes No
			000000000000000000000000000000000000000			2002
ь	If "Yes "	describe in Part IV.				
Pa	art I-C	Complete if the org	ganization is exempt unde	er section 501(c),	except section 501(	c)(3).
1	Enter the	e amount directly expende	d by the filing organization for sec	tion 527 exempt functi	on activities > \$	
			nization's funds contributed to oth			
	exempt t	function activities			<b>▶</b> \$	
3	Total exe	empt function expenditures	s. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		
	line 17b				▶\$	
	Did the f	iling organization file <b>Form</b>	1120-POL for this year?		See-13	Yes No
5	Enter the	e names, addresses and er	mployer identification number (EIN	l) of all section 527 pol	itical organizations to whic	h the filing organization
		•	ition listed, enter the amount paid			
		· ·	omptly and directly delivered to a			te segregated fund or a
	political	action committee (PAC). If	additional space is needed, provi	de information in Part l	V,	
		(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) 2014

432041 10-21-14

### THE ACADEMY OF NATURAL SCIENCES OF

Schedule C (Form 990 or 990-EZ) 2014 Part II-A   Complete if the organization	PHILADELPI	ILA vemnt under sectio	n 501(c)(3) and fil	43 ed Form 5768 (	election under
section 501(h)).	Janization is ex	compt under scotte	ii oo i(o)(o) ana iii	ca i cilli ci co (	cicotion ander
A Check if the filing organiza expenses, and sha	re of excess lobbyi	affiliated group (and list ing expenditures).  A and "limited control" pr		group member's nar	me, address, EIN,
Limi	ts on Lobbying Ex			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe to total lobbying expenditures to influe total lobbying expenditures (add lobbying expenditures (add lobbying expenditure).  a Total exempt purpose expenditure.	uence a legislative ines 1a and 1b) eses 1 and 1c and 1c and	oody (direct lobbying)			
f Lobbying nontaxable amount. Enter		obbying nontaxable am			in Etycylvisia
Not over \$500,000	20%	of the amount on line 1e			
Over \$500,000 but not over \$1,000		,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5	500,000 \$175	,000 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17.	,000,000 \$225	,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	00,000.			
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this  (Some organizations the	o or less, enter -0- ro on either line 1h year? 4-Year A hat made a section	or line 1i, did the organiz Averaging Period Under n 501(h) election do not	ation file Form 4720 section 501(h) have to complete all		Yes No
		arate instructions for li			
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	907,120	).			907,120.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))		1 1 1 1 1 1 1			1,360,680.
c Total lobbying expenditures	25,440	).			25,440.
d Grassroots nontaxable amount	226,780	).			226,780.
e Grassroots ceiling amount (150% of line 2d, column (e))					340,170.

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b	)
of the lebbying activity	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or	36 to 11	1080	اللتوييلة	i ely i
local legislation, including any attempt to influence public opinion on a legislative matter	F. (20)	$X \ge 0$		
or referendum, through the use of:	HELL X	15		
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				and he
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	10 mg	X 11.10		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			, 12 J	1 0
b If "Yes," enter the amount of any tax incurred under section 4912	1. 55.00	, ME - 2001		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	3 = 1			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			4 1141	F 500
Part III-A   Complete if the organization is exempt under section 501(c)(4), section	501(c)(	5), or se	ction	
501(c)(6).				
		7	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	********	2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N		50.500		ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."	lo," OF	R (b) Part		ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  1 Dues, assessments and similar amounts from members	lo," OF	R (b) Part		ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	lo," OF	R (b) Part		ne 3, i
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  1 Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	No," OF	2a 2b 2c		ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  1 Dues, assessments and similar amounts from members  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  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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 expensions.	No," OF	2a 2b 2c 3		ne 3, i
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 polit expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)  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)	s stical	2a 2b 2c 3 4 5	t III-A, lir	ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 polit expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)  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)	s stical	2a 2b 2c 3 4 5	t III-A, lir	ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 polit expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)  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)	s stical	2a 2b 2c 3 4 5	t III-A, lir	ne 3, i

### **SCHEDULE D**

(Form 990)

**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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/fprm990.

2014 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ACADEMY OF NATURAL SCIENCES OF

Employer identification number 23-1352000

PHILADELPHIA Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year ..... Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? .... 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 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

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Schedule D (Form 990) 2014

a Revenue included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X
\$ \$

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

relating to these items:

PHILADELPHIA

	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Ot	her Sim	ilar Asso	ets(contir	nued)			
3	Using the organization's acquisition, accessi								ıs		
	(check all that apply):										
а	X Public exhibition	d	X Loan or exc	hange programs							
b	b X Scholarly research e Other										
С	V - " · · · · · · · · · · · · · · · · · ·										
4	The state of the s										
5											
	to be sold to raise funds rather than to be ma						Yes	X	No		
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes"	to Form 9	90, Part IV,	line 9, or				
	reported an amount on Form 990, Par	rt X, line 21									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contribution	ns or other assets n	ot include	ed	_	9	-		
	on Form 990, Part X?	***********************				L	Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:								
							Amoun	t			
С	Beginning balance		******	<	1c						
d	Additions during the year										
е	Distributions during the year										
f	Ending balance				1f						
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	ustodial account lia	ability?		Yes	_	No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	provided in Part X	III	*******			]		
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part IV, ling	e 10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four	years	back		
1a	Beginning of year balance	53,611,000.	48,638,612.	45,680,688	45	,794,134	. 50	024	054.		
b	Contributions	5,659,000.	707,000.	821,546	· .	152,200	. 1	,623	397.		
С	Net investment earnings, gains, and losses	-133,000.	7,905,000.	5,086,554	. 2	,486,317		-776	448.		
	Grants or scholarships										
	Other expenditures for facilities										
-	and programs	2,757,000.	3,639,612	2,950,176	5. 2	,751,963	. 5	,076	,869.		
f	Administrative expenses										
g	End of year balance	56,380,000.	53,611,000.	48,638,612	2. 45	,680,688	45	,794	,134.		
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column (	a)) held as:							
a	Board designated or quasi-endowment	2.52	%								
	Permanent endowment > 90.06	%	_								
		7.42 %									
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.									
За	Are there endowment funds not in the posse		ation that are held a	and administered fo	r the orga	nization					
	by:	-						Yes	No		
		e Inches		132050520-21			3a(i)	X			
		0.000					0 (""		X		
h	If "Yes" to 3a(ii), are the related organizations										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10						
*	Description of property	(a) Cost or o basis (investr	1 ' '		) Accumul depreciati		(d) Boo	k valu	ie		
1a	Land					TI UV W					
	Buildings		21,28	32,037. 2	,211,	265.	19,07	0,7	72.		
	Leasehold improvements										
	Equipment	ACCES			,660,		1,50				
	Other	2000		20,417.		043.			74.		
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)			20,59	3,0	49.		
1500	The state of the s	Canada Ca	No. Francisco			Cabada	lo D (Eorr	- 000	10044		

P	Η	т	Τ.	Δ	ח	E	Τ.	Р	н	
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Schedule D (Form 990) 2014 PHILADELPHI	A	4.	5-1352000 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) ALTERNATIVE INVESTMENTS	13,183,000.	END-OF-YEAR MARKET	T VALUE
(B) REAL ESTATE & REAL ASSETS			
	5/31//000		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	16 520 000		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	16,530,000.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		We find the second of the second	18.71 8 5 5 6 6 6
Part IX Other Assets.	·	<del></del>	
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			*
Total. (Column (b) must equal Form 990, Part X, col. (B) line	0.151		
Part X Other Liabilities.	5 (O.)		
Complete if the organization answered "Yes"	to Form 000 Part IV: line	11e or 11f See Form 990 Part V line 2	5
	to rolling 350, rail rv, line	(b) Book value	
		(b) Book value	
(1) Federal income taxes		798,300.	
(2) DEPOSITS	ON	130,300.	
(3) POST RETIREMENT AND PENSI	OIN	7 163 100	
(4) BENEFIT		7,163,188.	
(5) LINE OF CREDIT		1,442,681.	
(6) DUE TO DREXEL UNIVERSITY		1,099,348.	
(7)			
(8)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Schedule D (Form 990) 2014

10,503,517.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

4	LUTHWORDLIITH	ZJ I
4:	of Davisons was Audited Financia	Ctatamenta With Davanua nor Daturn

	Theodicination of Nevertice per Addition of Marine Per Addition of M		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		10 501 000
1	Total revenue, gains, and other support per audited financial statements	1	19,581,893.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b	Donated services and use of facilities	10.13	
С			
ď	Other (Describe in Part XIII.) 2d 59,647.		
е	Add lines 2a through 2d	2e	-2,887,333.
3	Subtract line 2e from line 1	3	22,469,226.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а		12	
b			
С	Add lines 4a and 4b	4c	1,498,896.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,968,122.
Da			
ra	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	Retu	
1		Retu	ırn. 15,771,737.
113153	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:		
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  2a		
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  2a  2b  Other losses	1	
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  2a  Processes  2b  Consider the organization answered "Yes" to Form 990, Part IV, line 12a.	1	15,771,737.
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  2 b 59,647	1	15,771,737. 59,647.
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d		15,771,737.
1 2 a b c d	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2e 3	15,771,737. 59,647.
1 2 a b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Amounts included on Form 990, Part IVIII, line 7b	2e 3	15,771,737. 59,647.
1 2 a b c d e 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4a 374, 117.	2e 3	59,647. 15,712,090.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  4a 374,117.  Other (Describe in Part XIII.)	2e 3	59,647. 15,712,090. 3,541,044.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  4a 374, 117.  Other (Describe in Part XIII.)	2e 3	59,647. 15,712,090.

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

#### PART X, LINE 2:

THE ACADEMY IS A NONPROFIT ORGANIZATION THAT HAS BEEN GRANTED TAX EXEMPT STATUS UNDER SECTION 501 (C) 3 OF THE INTERNAL REVENUE CODE. THE ACADEMY HAS, FROM TIME TO TIME, REPORTED UNRELATED BUSINESS INCOME FROM INVESTMENTS HELD IN THE ENDOWMENT FUND, WHEN UNRELATED BUSINESS INCOME HAS BEEN REPORTED BY THE INVESTMENT MANAGER ON SCHEDULE K-1. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ACADEMY AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF IT HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT BELIEVES THE ACADEMY HAS NOT TAKEN AN UNCERTAIN POSITION AS DEFINED IN THE ACCOUNTING LITERATURE.

432054 10-01-14

Schedule D (Form 990) 2014

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSE

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS HEALTH INSURANCE RECOVERY TO REVENUE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FROZEN DEFINED BENEFIT PENSION PLAN EXPENSES

RECLASS HEALTH INSURANCE RECOVERY TO REVENUE

PART III, LINE 1A:

COLLECTIONS ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE

ACADEMY'S INCEPTION ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF

FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS

DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE

ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE

ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED

COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS.

THE ACADEMY'S COLLECTIONS ARE MADE UP OF LIBRARY HOLDINGS, SCIENTIFIC

SPECIMENS, MINERALS, EXHIBITS, AND ART OBJECTS THAT ARE HELD FOR

EDUCATIONAL, RESEARCH, SCIENTIFIC AND CURATORIAL PURPOSES. EACH OF THESE

ITEMS ARE CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING

THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY.

Schedule D (Form 990) 2014

Part XIII   Supplemental Information (continued)
PART III, LINE 4:
THE ACADEMY'S COLLECTIONS OF MORE THAN 18 MILLION CATALOGED NATURAL
HISTORY SPECIMENS AND ARTIFACTS ARE COLLECTIVELY AMONG THE 10 LARGEST IN
THE UNITED STATES. THROUGH ITS THREE MAIN COMPONENTS - RESEARCH,
EDUCATION AND MUSEUM, THE ACADEMY WORKS TO SHARE ITS SCIENTIFIC KNOWLEDGE
GAINED FROM THE COLLECTIONS AND OTHER ORGANIZATIONS, GOVERNMENTS,
BUSINESSES, AND INDIVIDUALS TO INSPIRE STEWARDSHIP IN THE ENVIRONMENT AND
TO PROMOTE AND ENCOURAGE CONTINUED INVESTMENT IN THE NATURAL SCIENCES.
PART V, LINE 4:
THE ENDOWMENT FUNDS WERE ESTABLISHED TO SUPPORT SCIENTIFIC COLLECTIONS AND
RESEARCH, EDUCATION, PUBLICATIONS, THE LIBRARY, DEPARTMENTAL CHAIRS AND
POSITIONS, AND THE OVERALL OPERATION OF THE ACADEMY OF NATURAL SCIENCES.

### SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

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

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ACADEMY OF NATURAL SCIENCES OF

PHILADELPHIA

Employer identification number

23-1352000

Pa			ctivities Out	iside the United States. Comple	ete if the organization answered "Y	es" on
_	Form 990, Part IV		- maintain vaa - · · ·	do to authoroption the amount of its an	onte and other assistance	
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other assistance,	Yes No
	the grantees' eligibility fo	or the grants or a	issistance, and	the selection criteria used to award the	grants or assistance?	162   140
2	For grantmakers Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the
2	United States.	inde iii i ait v the	organization 3	procedures for monitoring the doc or it	o granto ana otnor acciotance cast	
3		ne following Part	Line 3 table ca	an be duplicated if additional space is	needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	(-/3	offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program	is a program service,	expenditures
		in the region	independent	services, investments, grants to	describe specific type	for and investments
			contractors in region	recipients located in the region)	of service(s) in region	in region
EURO	OPE	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	3,817.
						1
SOUT	TH AMERICA	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	12,574.
CENT	TRAL AMERICA AND					
THE	CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	1,471.
				THE COLUMN STATE OF THE CO	control of the first value of the first to t	
NOR?	TH AMERICA	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	1,844.
_						
_						
3 2	Sub-total	0	0		The saw of the Store William	19,706.
	Total from continuation					
IJ	sheets to Part I	o	0			0.
_	Totals (add lines 3a			S SIST WATER WELL WE	( ) w washing the large	
C	and 3b)	0	0			19,706.

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

Schedule F (Form 990) 2014

Page 2

23-1352000

PHILADELPHIA

Schedule F (Form 990) 2014

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2014
(h) Description of non-cash assistance						Schedu
(g) Amount of non-cash assistance					xempt by	
(f) Manner of cash disbursement					recognized as tax-e	
(e) Amount of cash grant					e foreign country.	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entities	
(c) Region					bove that are vided a sectio	
(b) IRS code section and EIN (if applicable)					recipient organizatior he grantee or counse other organizations o	
1 (a) Name of organization					<ul> <li>2 Enter total number of recipient organizations listed at the IRS, or for which the grantee or counsel has prompted at the IRS, or for which the grantee or counsel has prompted at the IRS or the I</li></ul>	

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THE ACADEMY OF NATURAL SCIENCES OF

PHILADELPHIA

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2014

Page 3

23-1352000

	(h) Method of valuation (book, FMV, appraisal, other)				,	Schedule F (Form 990) 2014
	(g) Description of non-cash assistance					Schedu
	(f) Amount of non-cash assistance					
Part III can be duplicated if additional space is needed.	(e) Manner of cash disbursement					
	(d) Amount of cash grant					
ij	(c) Number of recipients					
ditional space is neede	(b) Region					
Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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

ched	ule F (Form 990) 2014 PHILADELPHIA	23-1	352000	Page 4
Part				
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)	натиони	X 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; do not file with Form 990)		Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	***********	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	\$14515143314	X Yes	□ No

for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2014

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990. THE ACADEMY OF NATURAL SCIENCES OF

Employer identification number

23-1352000 PHILADELPHIA Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply, Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ... No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid (iii) Did fundraiser (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? from activity fundraiser or entity (fundraiser) organization listed in col. (i) Yes No 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,

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

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 PHILADELPHIA 23-1352000 Page 2

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

-	т —	or randration by orders define a second design		(b) Event #2	(c) Other events	pts greater than \$5,000.
	1		(a) Event #1 CUISINE FROM	1 ' '	NONE	(d) Total events
			THE COLLECT		NOME	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne			(event type)	(event type)	(total ridiniber)	
Revenue	1	Gross receipts	117,211.			117,211.
	2	Less: Contributions	77,765.			77,765.
	3	Gross income (line 1 minus line 2)	39,446.			39,446.
	4	Cash prizes				
"	5	Noncash prizes				
ense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	37,047.			37,047.
ä		Fatavlainment	4,518.			4,518.
	8	Entertainment	10 000			18,082.
	10	Other direct expenses			<b>&gt;</b>	59,647.
	11	- 600 - 500			***************************************	-20,201.
P	art		answered "Yes" to Form	990, Part IV, line 19, o	or reported more than	
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
	Г	• · · · · · · · · · · · · · · · · · · ·	1 4 5 5 1	(b) Pull tabs/instant	(-) Oth ou manning	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bing	(c) Other gaming	col. (a) through col. (c))
e ve						
æ	1	Gross revenue				
	Ė					
S	2	Cash prizes				
JSe						
xpe	3					
Direct Expenses		Noncash prizes				
	4	Rent/facility costs				
Direct		Rent/facility costs				
Direct			1000 300	Vos	// Vas 9/	4
Direct		Rent/facility costs  Other direct expenses	Yes %	Yes	% Yes%	<b>5</b>
Direct		Rent/facility costs	Yes% No	□ No	No No	<b>5</b>
Direct	5	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No  gh 5 in column (d)	No No	No No	5
Direct	5 6 7	Rent/facility costs  Other direct expenses  Volunteer labor	Yes% No  gh 5 in column (d)	No No	No No	<b>5</b>
	5 6 7 8	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	yes%  No  gh 5 in column (d)  7 from line 1, column (d)	□ No	No b	5
9	5 6 7 8	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the summary. Subtract line	yes%  No  gh 5 in column (d)  7 from line 1, column (d)  Jucts gaming activities:	□ No		
9	5 6 7 8 En ls 1	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization conditions.	Yes%  No  9h 5 in column (d)  7 from line 1, column (d)  Jucts gaming activities:activities in each of these	No States?	No P	
9	5 6 7 8 En ls 1	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization conditions to conduct gaming a summary.	Yes%  No  9h 5 in column (d)  7 from line 1, column (d)  Jucts gaming activities:activities in each of these	No States?	No P	
9 a	5 6 7 8 En 1 1s 1	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization conduct gaming a No," explain:	Yes%  No  9h 5 in column (d)  7 from line 1, column (d)  lucts gaming activities:activities in each of these	No States?	No No	Yes No
9 a b	5 6 7 8 Ent I Is 1 If " We	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization condition to the organization licensed to conduct gaming a No," explain:  ere any of the organization's gaming licenses	Yes%  No  gh 5 in column (d)  7 from line 1, column (d)  Jucts gaming activities: activities in each of these	states?	No No	Yes No
9 a b	5 6 7 8 Ent I Is 1 If " We	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization conduct gaming a No," explain:	Yes%  No  gh 5 in column (d)  7 from line 1, column (d)  Jucts gaming activities: activities in each of these	states?	No No	Yes No
9 a b	5 6 7 8 Ent I Is 1 If " We	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization condition to the organization licensed to conduct gaming a No," explain:  ere any of the organization's gaming licenses	Yes%  No  gh 5 in column (d)  7 from line 1, column (d)  Jucts gaming activities: activities in each of these	states?	No No	Yes No
9 a b	5 6 7 8 Ent I Is 1 If " We	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization condition to the organization licensed to conduct gaming a No," explain:  ere any of the organization's gaming licenses	Yes%  No  gh 5 in column (d)  7 from line 1, column (d)  Jucts gaming activities: activities in each of these	states?	No No	Yes No

Sch	edule G (Form 990 or 990-EZ) 2014 PHILADELPHIA	23-1352000 Page 3
11	Does the organization conduct gaming activities with nonmembers?	
	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
12	Indicate the percentage of gaming activity conducted in:	
	The organization's facility	13a   %
	An outside facility	
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	
14	Effet the flame and address of the person who propares the organization a gamming, openial events become and reserve	-
	Name	
	Address	
<b>15</b> a	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	int
	of gaming revenue retained by the third party > \$	
С	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:	
	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	n the
	organization's own exempt activities during the tax year ▶ \$	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	art III, lines 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
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-		
-		

## THE ACADEMY OF NATURAL SCIENCES OF 23-1352000 Page 4 PHILADELPHIA Schedule G (Form 990 or 990-EZ) Part IV | Supplemental Information (continued)

Schedule G (Form 990 or 990-EZ)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public OMB No. 1545-0047

Inspection

Schedule I (Form 990) (2014) Employer identification number 23-1352000 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any RESEARCH RESEARCH RESEARCH 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 THE ACADEMY OF NATURAL SCIENCES OF (f) Method of valuation (book, FMV, appraisal, other) 0 0 ó (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 655 (d) Amount of 10,000, 119,429 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 26, (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 52-2081073 52-234000 74-6000531 Part I | General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? PHILADELPHIA 1 (a) Name and address of organization BOX TX 77842-3017 2 STROUD WATER RESEARCH CENTER ASSOCIATE - 601 CHURCH ST, 167 - SHARPTOWN, MD 21861 CHESAPEAKE BIOGEOCHEMICAL or government AVONDALE, PA 193119514 TEXAS A&M UNIVERSITY Name of the organization COLLEGE STATION, 970 SPENCER ROAD PO BOX 30017

PHILADELPHIA

Schedule I (Form 990) (2014)

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

Part III can be duplicated if additional space is needed.

Page 2

23-1352000

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			c		
AWARD	7)	4,600.	0		
SCHOLARSHIP	1	1,403.	.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	  uired in Part I, lin	e 2, Part III, column	(b), and any other ac	ditional information.	
PART I, LINE 2:					
THE PRINCIPAL INVESTIGATOR HAVING	RESPONSIBILITY	BILITY FOR	THE	GRANT MONITORS	
SUBCONTRACTOR PERFORMANCE BASED ON	THE	PROGRAM'S TASKS	KS AND GOALS.	LS. THE	
PRINCIPAL INVESTIGATOR REVIEWS THE	PERFORMANCE	ANCE BEFORE	E AUTHORIZING	ING THE	
SUBCONTRACTOR'S INVOICE FOR PAYMENT.	T.				

Schedule I (Form 990) (2014)

### **SCHEDULE J** (Form 990)

### **Compensation Information**

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

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

► Complete if the organization answered 100 Mattach to Form 990.

Attach to Form 990.

Inspection

In

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PHILADELPHIA

23-1352000

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	100		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	14/11	EN A	
	First-class or charter travel Housing allowance or residence for personal use	100		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1.33	52	
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	ULCO		
~	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trustees, and officers, including the OLO/Executive Director, regarding the ficing officered in line 12:	0.11,	N., .,	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	No.		
J	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		Cont.	100
	establish compensation of the CEO/Executive Director, but explain in Part III.	8.00		
	Compensation committee  Written employment contract	18	100	
	Independent compensation consultant  X Compensation survey or study	20.00	700	14
	X Form 990 of other organizations  X Approval by the board or compensation committee		, Y	
	Toming and of other organizations	S	A :- 1	W. P.
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		11:1	
7	organization or a related organization:	100		
9	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The state of the s	199		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1-13		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	50.5	1,13	-3
	contingent on the revenues of:	, T13		1/5
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	44.5	- " - 1	12 V
	contingent on the net earnings of:	1.36	F,   F	577
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.	1 4		181
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	11.00	528	
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		220	(GAV
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		EHY.	11 3
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

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PHILADELPHIA

Schedule J (Form 990) 2014

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.

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denefits	(a)(b)	in column (B) reported as deferred in prior Form 990
(1) GEORGE W. GEPHART JR.	Ξ	296,402.	0	* 0	95,200.	13,510.	405,112.	0
SIDENT AND CEO	€	0.	.0	0	0	0	0	0
BOWMAN	Ξ				0	0	0	0
RD TRUSTEE	(1)	471,692.	100,000.		23,400.	17,340.	612,432.	
FRY	Ξ	1			3			.0
RD TRUSTEE	€	802,218.	225,000.	240,000.	224,276.	17,412.	1,508,906.	
RBERT	Ξ		0	• 0	* 0		0	
RD TRUSTEE	≘	268,675.	0	• 0	28,600.	17,139.	314,41	
(5) DAVID VELINSKY	<u>(i)</u>		0	0	0	0		0
CADEMY SCIENCE	(ii)	-	0	0	17,866.	17,019.	192,117.	0
(6) SARA HERTZ	(1)	164,672.	0	0	3,311.	10,770.	178,753.	0
VP OF MUSEUM OPERATIONS	€	0	0	0	0	0	0	0
(7) DAVID RUSENKO	Ξ	0	0	0	0	• 0	0	0
FORMER UP FINANCE & ASSISTANT TREASU (ii)	1	134,161.	0	0	14,732.	370.	149,263.	0
	(E)							
	Œ							
	Ξ							
	(II)							
	(i)							
	(II)							
	Θ							
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432112				L V			Sched	Schedule J (Form 990) 2014

432112 10-13-14

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Schedule J (Form 990) 2014
Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

PART I, LINE 4B AND PART II, COLUMN C;

COMPENSATION THE ORGANIZATION PROVIDES GEORGE GEPHART WITH DEFERRED THE IS CONTINUOSLY EMPLOYED EXECUTIVE ЫH SECTION 457(F) DESCRIBED IN

SHOULD BE THE DEFERRED COMPENSATION AMOUNT 2015, ω THROUGH AUGUST ACADEMY

2015. 31, BEFORE AUGUST OR NO SINGLE SUM Ø ΙN EXECUTIVE THE J.O PAID ω AUGUST NO OCCUR SHALL THE DEFERRED COMPENSATION OF AND PAYMENT VESTING

OF NATURAL THE ACADEMY EMPLOYED BY EXECUTIVE IS 2015 PROVIDED THAT THE

SCIENCES ON THAT DATE.

(RELATED ORGANIZATION) WILL PROVIDE JOHN FRY WITH DREXEL UNIVERSITY

\$100,000 FRY WITH MR. CREDIT SHALL DREXEL UNIVERSITY COMPENSATION. DEFERRED

 $\overline{H}$ WHILE 2015 THROUGH 31 EACH FOLLOWING JULY NO AND 2011, 31, JULY NO

CHIEF EXECUTIVE PRESIDENT AND AS DREXEL UNIVERSITY ΒY EMPLOYED REMAINS

Ö THE DEFERRED COMPENSATION SHALL OCCUR OFFICER. VESTING AND PAYMENT OF

BY DREXEL UNIVERSITY ON THAT EMPLOYED IS FRY2015, PROVIDED MR. 31, JULY

DATE.

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Schedule J (Form 990) 2014
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE AND VALUABLE END OF. DURING COMPENSATION LIMIT (BASE SALARY FRY'S ACCOUNT SHALL BE CREDITED WITH AN P D IN THE FALL THE EARLIER) FRY WITH CERTAIN SUPPLEMENTAL RETIREMENT AND DEATH BENEFITS EMPLOYMENT THROUGH THE UPON EACH LATER TO DREXEL AGREES NO (OR THE ALLOCATION FOR EFFECT (AND NOT ENDING THE MAXIMUM COMPENSATION UNDER DREXEL ΙF 30 GOODS UNIVERSITY AND ENDING OR INVOLUNTARY TERMINATION, FRY'S PAID COMPENSATION TO PROVIDE, NI THE IMMEDIATELY PRECEDING JUNE FISCAL YEAR AS THE EACH YEAR OF THE INTERNAL REVENUE CODE CONSIDERATION FOR DREXEL UNIVERSITY 2013, CONTINUED AND WILL CONTINUE EXCESS FOLLOWING FORMULA. OF (IF ANY)) FOR THE THE FALL THE FALL OF Z FRY'S ΙS THE SUM OF MR. AND DREXEL UNIVERSITY IN THAT EFFECTIVE AS OF JULY 1, 2012. MR. DURING HIS EMPLOYMENT, ON MR. TOTAL DISABILITY, ΝI THE OF FRY HAS PROVIDED, 30 THE BEGINNING No AND ANNUAL PERFORMANCE BONUS IN RECOGNITION OF DETERMINING JUNE CONDITIONED YEAR ENDING PENSION PLAN ACCORDANCE WITH 401(A)(17) OF O PRECEDING 11% 15) Z THE FORMULA IS DATE OF DEATH,  $\mathbf{B}\mathbf{Y}$ BE SECTION THAN DECEMBER THE FISCAL UNIVERSITY'S SERVICES MR. PROVIDE MR. PERIOD ADDITION, IMMEDIATELY ALLOCATION UNIVERSITY SHALL Z UNDER 2020, SUCH YEAR NI OF

Schedule J (Form 990) 2014

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Inspection

| Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Inspection

| Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization 23-1352000 PHILADELPHIA Part I Types of Property (c) (d) (a)

		Check if applicable		Noncash contribution amounts reported on Form 990, Part VIII, line 1g			of determin ntribution a		:s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	Х	Year State of		PART I				
5	Clothing and household goods	X			PART I	II E	EXPLAN	ATI	ON
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	16	1,511,082.	SELLIN	IG E	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	Х	14	0.	PART 1	I E	EXPLAN	ITA	ON
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens	Х	13	0.	PART I	I I	EXPLAN	ATI	ON
24	Archeological artifacts								
25	Other (MISCELLANEOUS)	Х	15	0.	PART I	I E	EXPLAN	ATI	ON
26	Other ()								
27	Other ()								
28	Other (								
29	Number of Forms 8283 received by the organia	zation during	the tax year for c	ontributions					
25	for which the organization completed Form 82							0	
	To which the organization completed from oz-	00,1 41117,1	301100 7 tolki 10 Wilday	20 j				Yes	No
302	During the year, did the organization receive by	v contributio	n any property rei	oorted in Part L lines 1 throu	nh 28 that	it	THE STATE OF	100	140
Jua	must hold for at least three years from the date								4 4 4
	exempt purposes for the entire holding period'						30a		х
h	If "Yes," describe the arrangement in Part II.	***************************************		35.05.350533.0		000000000	30a		
		policy that re	auiros tha raviaw	of any non-standard contrib	utione?		31	х	record
31	Does the organization have a gift acceptance					*******	31	-1	_
s∠a	Does the organization hire or use third parties		=	·			32a		x
	contributions?	#				******	32a		77
	If "Yes," describe in Part II.	a a le concer de N. C		du fau midde e - homer (-) !1	الممادة ا			2 K	- Ai
33	If the organization did not report an amount in describe in Part II	column (c) f	or a type of prope	rty for which column (a) is cr	ieckea,			-	EXE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014)

### SCHEDULE O (Form 990 or 990-EZ)

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 74 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. THE ACADEMY OF NATURAL SCIENCES OF

Employer identification number

Name of the organization 23-1352000 PHILADELPHIA 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: ADVANCING RESEARCH, EDUCATION AND PUBLIC ENGAGEMENT IN BIODIVERSITY AND ENVIRONMENTAL SCIENCE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLIC INTEREST AND ENGAGEMENT IN NATURAL SCIENCES AND ENVIRONMENTAL ISSUES, AND PRESERVING THE HERITAGE OF NATURAL SCIENCE IN SPECIMENS, IMAGES, WORDS AND NUMBERS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: RECENTLY, THE ACADEMY WAS GRANTED THREE YEARS FUNDING FROM THE WILLIAM PENN FOUNDATION FOR ITS WORK ON THE DELAWARE RIVER WATERSHED INITIATIVE TO PROTECT AND RESTORE CRITICAL SOURCES OF DRINKING WATER IN THE DELAWARE RIVER BASIN. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: TAKING OUR VISITOR EXPERIENCE TO THE NEXT LEVEL. WE BOOSTED THE PRESENCE OF LIVE ANIMALS IN MUSEUM PROGRAMMING BY ADDING DAILY SHOWS AND HOSTING STORY TIME. WE DEVELOPED CARTS OF CURIOSITY, WHICH OFFER UP CLOSE ENCOUNTERS WITH THE ACADEMY STAFF THROUGH AN EFFECTIVE USE OF TECHNOLOGY; AND LIVE ANIMAL AMBASSADORS. THE ACADEMY ALSO PILOTED A PROGRAM FOR TEENS WITH AUTISM SPECTRUM DISORDER, BUILT AROUND THE TOPIC

OF PALEONTOLOGY. IN FISCAL YEAR 2015, ACADEMY EDUCATORS REACHED MORE

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

Schedule O (Form 990 or 990-EZ) (2014)

Employer identification number 23-1352000

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

TO THE FULLEST EXTENT PERMITTED UNDER THE PENNSYLVANIA NON-PROFIT

CORPORATION LAW OF 1988, AS AMENDED, CERTAIN CORPORATE ACTIONS REQUIRE THE

APPROVAL OF THE MEMBER.

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

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

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

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA ("ACADEMY") IMPLEMENTS THE

CONFLICT OF INTEREST POLICY OF ITS PARENT, DREXEL UNIVERSITY. THE POLICY

APPLIES TO ALL EMPLOYEES (WHETHER A KEY EMPLOYEE OR NOT), OFFICERS, AND

TRUSTEES OF THE ACADEMY/UNIVERSITY. THE CONFLICT OF INTEREST POLICY IS

INTENDED TO SATISFY COMPLIANCE REQUIREMENTS AND GUIDE ACADEMY/UNIVERSITY

PERSONNEL IN AVOIDING THOSE SITUATIONS THAT CAN RESULT IN A CONFLICT OF

INTEREST OR COMMITMENT. THE KEY TO AVOIDING THOSE SITUATIONS THAT CAN

RESULT IN A CONFLICT OF INTEREST OR COMMITMENT IS TO MAKE CONSTITUENTS

AWARE OF WHAT CONSTITUTES A CONFLICT OF INTEREST AND FOR THEM TO DISCLOSE

POTENTIAL SITUATIONS BEFORE THE ACTIVITY IS UNDERTAKEN. THE FORMAT FOR THE

DISCLOSURE IS FOR EACH EMPLOYEE, OFFICER OR TRUSTEE TO COMPLETE A

QUESTIONNAIRE ANNUALLY. THE COMPLETED QUESTIONNAIRE IS SUBMITTED TO THE

HUMAN RESOURCES DEPARTMENT IN THE CASE OF EMPLOYEES PER POLICY AND AS

REQUIRED IS REVIEWED BY THE COMPLIANCE, PRIVACY AND INTERNAL AUDIT OFFICER.

COMPLETED QUESTIONNAIRES FOR OFFICERS AND TRUSTEES ARE SUBMITTED DIRECTLY

Schedule O (Form 990 or 990-EZ) (2014)

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TO THE OFFICE OF THE GENERAL COUNSEL FOR REVIEW. AFTER REVIEW A DETERMINATION IS MADE AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND AT WHAT LEVEL. THOSE EMPLOYEES CONFLICTS THAT ARE DETERMINED TO BE DETRIMENTAL TO THE ACADEMY/UNIVERSITY ARE DISCUSSED WITH THE EMPLOYEE AND THE EMPLOYEE IS ENCOURAGED TO TERMINATE THE ACTIVITY. EMPLOYEES WHO WILLINGLY OR OTHERWISE CONTINUE TO VIOLATE THE CONFLICT OF INTEREST POLICY ARE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING SUSPENSION WITHOUT PAY, DEMOTION OR TERMINATION OF EMPLOYMENT. IN THE CASE OF TRUSTEES, A CONFLICT OF INTEREST QUESTIONNAIRE IS MAILED ANNUALLY. TRUSTEES ARE REQUIRED TO COMPLETE THE QUESTIONNAIRE AND DISCLOSE ANY INTERESTS IN ANY CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION IN WHICH THEY OWN OR CONTROL 5% OR MORE OF THE ENTITY. IT IS THE POLICY OF THE ACADEMY/UNIVERSITY NOT TO CONTRACT WITH OR ENTER INTO A COMMERCIAL RELATIONSHIP WITH ANY TRUSTEE CORPORATION, PARTNERSHIP, PROPRIETORSHIP OR OTHER ORGANIZATION IN WHICH SUCH TRUSTEE HAS AN INTEREST AS AN OFFICER, DIRECTOR, PARTNER, EMPLOYEE, OWNER, OR CONTROLLING STOCKHOLDER.

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

ACADEMY CEO COMPENSATION IS DETERMINED BY THE ACADEMY BOARD CHAIR AND

DREXEL UNIVERSITY PRESIDENT, IN CONSULTATION WITH THE UNIVERSITY'S HUMAN

RESOURCES DEPARTMENT, USING DATA ON THE COMPENSATION OF OTHER NON-PROFIT

CEOS IN THE REGION TO RECOMMEND AN APPROPRIATE SALARY RANGE.

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

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OF SERVICE.

SCHEDULE R (Form 990)

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

OMB No. 1545-0047 2014

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

PHILADELPHIA

Name of the organization Department of the Treasury Internal Revenue Service

Part

■Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

THE ACADEMY OF NATURAL SCIENCES OF ► Attach to Form 990.

Open to Public Inspection

Employer identification number 23-1352000

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets (e) Total income 9 Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part II

(a)	(q)	(0)	(p)		(J)	(g)	2(h)V13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	controlled	led bel
of related organization		foreign country)	section	status (if section	entity	entity?	3
				501(c)(3))		Yes	No
DREXEL UNIVERSITY - 23-1352630							
3141 CHESTNUT STREET							
PHILADELPHIA, PA 19104	EDUCATIONAL INSTITUTION	PENNSYLVANIA	501(C)3	LINE 2	N/A	×	
	ľ						
	1						

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

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Schedule R (Form 990) 2014

PHILADELPHIA Schedule R (Form 990) 2014

Page 2 Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

23-1352000

(j) (k) General or Percentage managing ownership partner?			more related	age 512(b)(13) Controlled entity?				Schedule R (Form 990) 2014
(i) (ii) Code V-UBI General or amount in box 20 of Schedule K-1 (Form 1065) Yes/No			use it had one or	(h) e of Percentage year ownership				Schedule R (F
(h)  Disproportionate amo alfocations?  Ves No K-1 (f)			IV, line 34 becau	total Share of end-of-year assets		ş		
Share of end-of-year assets			Form 990, Part	(f) ty Share of total income				-
(f) Share of total income			wered "Yes" on	(e) Type of entity (C corp, S corp, or trust)				
			organization ans	(d) Direct controlling entity				
ng Predominant income (related, unrelated, excluded from tax under sections 512-514)			Complete if the	(c) Legal domicile (state or foreign country)				58
(d) Direct controlling entity			oration or Trust year.	(b) Primary activity				
(c) Legal domicile (state or foreign country)			as a Corpoing the tax	Prim				
<b>(b)</b> Primary activity			janizations Taxable rporation or trust duri	Z c				
(a) Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization				432162 08-14-14
Nar			Part IV					

# Schedule R (Form 990) 2014 PHILADELPHIA

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

					-	1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	17			۶	Yes	S
a Receipt of (ii) interest. (iii) annuities. (iii) rovalties, or (iv) rent from a controlled entity		iateu organizations iisteu		6	×	
Gift. grant. or capital contribution to related organization(s)	20 1			╆	╁	×
Gift, grant, or capital contribution from related organization(s)				1 5		×
d Loans or loan guarantees to or for related organization(s)				P		×
			***************************************	1 4		×
			***************************************	2		
f Dividends from related organization(s)				#		×
100				1g	H	×
h Purchase of assets from related organization(s)				부		×
		***************************************		;=		×
J Lease of facilities, equipment, or other assets to related organization(s)			***************************************	÷	+	×
k   ease of facilities equipment or other assets from related organization(s)				¥	Ä	×
	nization(e)		***************************************	⊦	×	
m Performance of services of membership of fundraising solicitations by related organization(s)	nization(s)		***************************************	+	╁	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			Ę	1	×
		A N N N N N N N N N N N N N N N N N N N		10	H	×
n Beimhursement paid to related organization(s) for expenses				9		×
				⊢	×	Ĭ
r Other transfer of cash or property to related organization(s)	***************************************			<b>-</b>		×
s Other transfer of cash or property from related organization(s)	***************************************			15	1	4
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	is line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.			1
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved		
(1) DREXEL UNIVERSITY	Ţ	533,000.	533,000.BOOK AMOUNT			
(2) DREXEL UNIVERSITY	Ø	157,000.BOOK	BOOK AMOUNT			
(3) DREXEL UNIVERSITY	A	14,000.	,000,BOOK AMOUNT			
(4)						
(5)						
197						
432183 08-14-14	59		Schedule R (Form 990) 2014	(Form 9	90) 2	140

PHILADELPHIA Schedule R (Form 990) 2014 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(k) rcentage vnership					90) 2014
General or Pe managing partner? Ov Yes No				1	Rorm (
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					Schedule R (Form 990) 2014
Disproportionate altocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
Are all partners sec. 501(c)(3) ongs?					
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

## THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedule R	(Form 990) 2014	PHILADELPHIA	23-1352000 Page	e 5
Part VII	(Form 990) 2014 Supplemental Infor	mation		
	Provide additional inform	ation for responses to questions on Schedule R (see instructions).		
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