

Return of Organization Exempt From Income Tax

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

2015

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA Doing business as THE ACADEMY OF NATURAL SCIENCES Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1900 BENJAMIN FRANKLIN PARKWAY City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19103-1101 F Name and address of principal officer: LISA MILLER SAME AS C ABOVE	D Employer identification number 23-1352000 E Telephone number 215-299-1000 G Gross receipts \$ 30,151,772. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation: 1812 M State of legal domicile: PA
J Website: ▶ WWW.ANSP.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: FOUNDED IN 1812, THE ACADEMY OF NATURAL SCIENCES IS A LEADING NATURAL HISTORY MUSEUM DEDICATED TO			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		24
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5		273
6	Total number of volunteers (estimate if necessary)	6		20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		106,381.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		14,581,748.	13,621,452.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,813,370.	5,436,276.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,157,486.	1,070,696.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,415,518.	735,954.
			23,968,122.	20,864,378.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		168,139.	324,064.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,118,282.	11,332,432.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,538,831.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,966,713.	9,081,565.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,253,134.	20,738,061.	
19 Revenue less expenses. Subtract line 18 from line 12		4,714,988.	126,317.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		93,600,646.	96,183,433.
	22 Net assets or fund balances. Subtract line 21 from line 20		12,578,204.	17,406,580.
		81,022,442.	78,776,853.	

Part II Signature Block

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

Sign Here	▶ <i>Lisa M Miller</i> Signature of officer	▶ 5-15-2017 Date	
Preparer Use Only	▶ LISA MILLER, VP OF FINANCE & CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶		Check if self-employed <input type="checkbox"/> PTIN
	Firm's address ▶		Firm's EIN ▶
			Phone no.

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).
Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	Employer identification number (EIN) or 23-1352000
	Number, street, and room or suite no. If a P.O. box, see instructions. 1900 BENJAMIN FRANKLIN PARKWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19103-1101	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DREXEL UNIVERSITY, COMPTROLLER'S OFFICE

• The books are in the care of **3201 ARCH STREET, SUITE 340 - PHILADELPHIA, PA 19104**
Telephone No. **215-895-2225** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2017.

5 For calendar year , or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature Donna Lma Title CERTIFIED PUBLIC ACCOUNTANT Date 2.10.2017

Part 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 ENGAGEMENT IN BIODIVERSITY AND ENVIRONMENTAL SCIENCE." THE ACADEMY IMPLEMENTS ITS MISSION THROUGH IMPROVING UNDERSTANDING OF THE DIVERSITY OF LIFE, DEVELOPING AND APPLYING SCIENCE TO PROTECT THE ENVIRONMENT, ADVANCING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,966,560. including grants of \$ 323,574.) (Revenue \$ 3,388,424.) RESEARCH-ACADEMY SCIENTISTS CONDUCT RESEARCH AROUND THE WORLD, COLLECTING SPECIMENS THAT HELP THEM DOCUMENT BIODIVERSITY, TRACE EVOLUTION, AND TRACK ENVIRONMENTAL CHANGES OVER TIME. THROUGH FESTIVALS, MEMBERS' NIGHT, BEHIND THE SCENES TOUR, AND POPULAR PUBLICATIONS, THESE SCIENTISTS SHARE THEIR DISCOVERIES, ENABLING THEIR COLLEAGUES, VISITORS, AND MEMBERS TO GAIN FURTHER INSIGHT INTO LIFE ON EARTH AND HOW TO SUSTAIN IT IN THE FUTURE. ACADEMY SCIENTISTS CONTINUE TO PRODUCE SCIENTIFIC PUBLICATIONS WHILE CULTIVATING OUR COLLECTIONS AND TRAVELING OUTSIDE THE MUSEUM FOR RESEARCH ON DOZEN OF FIELD TRIPS AND EXPEDITIONS. THE ACADEMY & DREXEL UNIVERSITY'S BIODIVERSITY, EARTH & ENVIRONMENTAL SCIENCE (BEES) PROGRAM HAS GROWN WITH MANY NEW PROJECTS ON THE HORIZON AS WE CONTINUE TO BE THE EPICENTER OF DISCOVERY. THE

4b (Code:) (Expenses \$ 7,102,638. including grants of \$ 490.) (Revenue \$ 2,039,464.) EDUCATION - THE ACADEMY BRINGS NATURAL SCIENCE TO LIFE THROUGH THREE FLOORS OF ENGAGING EXHIBITS, INCLUDING DINOSAURS AND OTHER ANCIENT CREATURES. AT OUR MUSEUM IN FISCAL YEAR 2016, WE WELCOMED MORE THAN 172,000 VISITORS TO EXPLORE OUR DIORAMAS, DINOSAURS, BUTTERFLIES, LIVE ANIMALS, AND THE RENOVATED CHILDREN'S NATURE DISCOVERY CENTER, OUTSIDE IN. THE ACADEMY'S PUBLIC PROGRAMS INTEGRATE LIVE ANIMALS, REAL SPECIMENS, AND EXPERIENCED EDUCATORS WHO BRING NATURAL SCIENCE TO LIFE FOR LEARNERS OF ALL AGES. THE ACADEMY'S NATIONALLY RECOGNIZED WOMEN IN NATURAL SCIENCES PROGRAM KNOWN AS WINS IS A FREE AFTER SCHOOL AND SUMMER ENRICHMENT PROGRAM FOR YOUNG WOMEN. THIS PROGRAM INTRODUCES HUNDREDS OF HIGH SCHOOL WOMEN TO FUTURE CAREERS IN SCIENCE. THE ACADEMY CONTINUES TO LAUNCH A NUMBER OF EXCITING NEW INITIATIVES AIMED AT

4c (Code:) (Expenses \$ 1,122,363. including grants of \$) (Revenue \$ 8,388.) LIBRARY AND ARCHIVES - THE ACADEMY'S LIBRARY AND ARCHIVES IS INTERNATIONALLY RECOGNIZED FOR ITS RARE AND HISTORIC BOOKS, JOURNALS, ART, ARTIFACTS, MANUSCRIPTS, PHOTOGRAPHS, AND THE UNIQUE PAPERS AND RESEARCH OF ACADEMY MEMBERS AND STAFF. THE LIBRARY HOLDS MORE THAN 250,000 TITLES THAT SPAN FIVE CENTURIES. OUR ARCHIVES COLLECTIONS CONTAIN OVER A MILLION ITEMS, INCLUDING MANUSCRIPTS, CORRESPONDENCE, FIELD NOTEBOOKS, FILMS, JOURNALS AND PHOTOGRAPHS. IN 2016, OUR ARCHIVIST CONTINUED SIGNIFICANT ACTIVITY IN THE ARCHIVES INCLUDING EVALUATING AND MOVING MATERIALS FROM THE OFFICE SPACE OF THE LATE DR. RUTH PATRICK. THE LIBRARY PROVIDED SERVICES TO ACADEMICS AND THE GENERAL PUBLIC WITH MORNING RESEARCH HOURS AND AFTERNOON HOURS WHEN THE PUBLIC WAS INVITED TO THE LIBRARY READING ROOM TO VIEW PORTRAITS,

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,191,561.

THE ACADEMY OF NATURAL SCIENCES OF
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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 78		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 273		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? 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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, DE, DC, FL, GA, HI, ID**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **DREXEL UNIVERSITY, COMPROLLER'S OFFICE - 215-895-1442
3201 ARCH STREET, SUITE 340, PHILADELPHIA, PA 19104**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE W. GEPHART JR. PRESIDENT AND CEO	40.00	X		X				745,648.	0.	17,624.
(2) CYNTHIA P HECKSCHER CHAIR	2.00	X		X				0.	0.	0.
(3) MICHAEL H. REED, ESQ. VICE CHAIR	2.00	X		X				0.	0.	0.
(4) PETER AUSTEN BOARD TRUSTEE	2.00	X						0.	0.	0.
(5) ABBIE DEAN BOARD TRUSTEE	2.00	X						0.	0.	0.
(6) JOHN A. FRY BOARD TRUSTEE	2.00 40.00	X						0.	1,899,337.	327,501.
(7) SANDRA L. MCLEAN SECRETARY	2.00	X		X				0.	0.	0.
(8) ALLEN MODEL BOARD TRUSTEE	2.00	X						0.	0.	0.
(9) I. WISTAR MORRIS III BOARD TRUSTEE - EMERITUS	2.00	X						0.	0.	0.
(10) SEYMOUR S. PRESTON III BOARD TRUSTEE - EMERITUS	2.00	X						0.	0.	0.
(11) ANN L. REED BOARD TRUSTEE	2.00	X						0.	0.	0.
(12) GERALD B. RORER BOARD TRUSTEE	2.00	X						0.	0.	0.
(13) JOHN J. SOROKO BOARD TRUSTEE	2.00	X						0.	0.	0.
(14) KENNETH J. WARREN BOARD TRUSTEE	2.00	X						0.	0.	0.
(15) DAVID P. LAZAR, SR. TREASURER/VICE CHAIR	2.00	X		X				0.	0.	0.
(16) JUDITH E. SOLTZ, ESQ. BOARD TRUSTEE	2.00	X						0.	0.	0.
(17) CATHERINE T. HUNT, PH.D. BOARD TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN F. BALES, III BOARD TRUSTEE	2.00	X					0.	0.	0.	
(19) EDWARD A. MONTGOMERY, JR. BOARD TRUSTEE - EMERITUS	2.00	X					0.	0.	0.	
(20) MINTURN T. WRIGHT, III BOARD TRUSTEE - EMERITUS	2.00	X					0.	0.	0.	
(21) ELIZABETH DOLAN BOARD TRUSTEE - HONORARY	2.00	X					0.	0.	0.	
(22) ROBERT DRURY BOARD TRUSTEE	2.00	X					0.	0.	0.	
(23) ELLEN HARVEY BOARD TRUSTEE	2.00	X					0.	0.	0.	
(24) JUN HUANGPU, PH.D. BOARD TRUSTEE	2.00	X					0.	0.	0.	
(25) VAN R. REINER BOARD TRUSTEE	2.00	X					0.	0.	0.	
(26) IVY SILVER BOARD TRUSTEE	2.00	X					0.	0.	0.	
1b Sub-total							745,648.	1,899,337.	345,125.	
c Total from continuation sheets to Part VII, Section A							814,868.	2,121,367.	224,393.	
d Total (add lines 1b and 1c)							1,560,516.	4,020,704.	569,518.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLEAN TECH SERVICES INC., 114 CHESTNUT STREET, 5TH FL, PHILADELPHIA, PA 19106	CLEANING SERVICES	288,241.
ACADEMY EVENT SERVICE INC., 3312 SPRING GARDEN ST, PHILADELPHIA, PA 19104	CATERING SERVICES	183,026.
MAYO SEITZ MEDIA INC. 751 ARBOR WAY, #130, BLUE BELL, PA 19422	ADVERTISING	168,601.
STROUD WATER RESEARCH CENTER 970 SPENCER ROAD, AVONDALE, PA 19311-9514	SUBCONTRACT SERVICES	149,778.
ASSETS PROTECTION INC 140 E RICHARDSON AVE, LANGHORNE, PA 19047	SECURITY SERVICES	107,887.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	500,210.				
	c Fundraising events	1c	45,670.				
	d Related organizations	1d	4,380,696.				
	e Government grants (contributions)	1e	65,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,629,876.				
	g Noncash contributions included in lines 1a-1f: \$		251,962.				
	h Total. Add lines 1a-1f		13,621,452.				
	Program Service Revenue			Business Code			
2 a ENVIRONMENTAL RESEARCH			541700	2,623,590.	2,623,590.		
b MUSEUM ADMISSIONS			900099	1,168,483.	1,168,483.		
c EDUCATION & MUSEUM PRO			611600	870,981.	870,981.		
d SYSTEMATIC BIOLOGY RE			541700	764,834.	764,834.		
e LIBRARY			519100	8,388.	8,388.		
f All other program service revenue							
g Total. Add lines 2a-2f				5,436,276.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			963,252.		963,252.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			60,394.		60,394.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)			107,444.		107,444.	
	8 a Gross income from fundraising events (not including \$ 45,670. of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events				-26,896.		-26,896.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a HEALTH INSURANCE ADJUSTMENT		900009	435,571.			435,571.	
b FACILITY SALES		900099	160,504.	160,504.			
c INCOME (LOSS) FROM PARTNERSHIP IN		900099	106,381.		106,381.		
d All other revenue							
e Total. Add lines 11a-11d			702,456.				
12 Total revenue. See instructions.			20,864,378.	5,596,780.	106,381.	1,539,765.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	314,357.	314,357.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,707.	9,707.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,072,284.	28,178.	732,938.	311,168.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,830,012.	5,126,558.	504,885.	198,569.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,055,331.	2,305,848.	529,041.	220,442.
9 Other employee benefits	856,725.	629,384.	169,983.	57,358.
10 Payroll taxes	518,080.	386,910.	92,910.	38,260.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	46,330.		46,330.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	645,661.	321,605.	279,783.	44,273.
12 Advertising and promotion	173,813.	173,813.		
13 Office expenses	1,277,642.	932,591.	250,997.	94,054.
14 Information technology	137,197.	102,461.	24,604.	10,132.
15 Royalties	5,010.	5,010.		
16 Occupancy	1,215,437.	1,156,247.	45,441.	13,749.
17 Travel	277,744.	273,021.	4,135.	588.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	149,085.	80,082.	26,270.	42,733.
20 Interest	17,180.		17,180.	
21 Payments to affiliates	3,062,086.	2,664,586.	168,886.	228,614.
22 Depreciation, depletion, and amortization	1,108,365.	1,054,389.	41,438.	12,538.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBITION EXPENSE	429,014.	429,014.		
b MISCELLANEOUS	381,567.	95,734.	40,379.	245,454.
c PROFESSIONAL MEMBERSHIP	43,497.	18,879.	24,268.	350.
d PARTICIPANT EXPENSE	40,946.	40,946.		
e All other expenses	70,991.	42,241.	8,201.	20,549.
25 Total functional expenses. Add lines 1 through 24e	20,738,061.	16,191,561.	3,007,669.	1,538,831.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	4,700.	1	4,700.
	2	Savings and temporary cash investments	3,707,332.	2	5,199,089.
	3	Pledges and grants receivable, net	7,394,916.	3	6,175,097.
	4	Accounts receivable, net	130,265.	4	388,089.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	212,143.	9	129,951.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,766,725.		
	b	Less: accumulated depreciation	10b 6,806,190.	10c	19,960,535.
	11	Investments - publicly traded securities	45,028,241.	11	53,033,022.
	12	Investments - other securities. See Part IV, line 11	16,530,000.	12	11,292,950.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	93,600,646.	16	96,183,433.	
Liabilities	17	Accounts payable and accrued expenses	1,984,747.	17	1,358,837.
	18	Grants payable		18	
	19	Deferred revenue	89,940.	19	28,485.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,503,517.	25	16,019,258.
	26	Total liabilities. Add lines 17 through 25	12,578,204.	26	17,406,580.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27		Unrestricted net assets	11,581,382.	27	7,290,874.
28		Temporarily restricted net assets	8,623,852.	28	10,566,174.
29		Permanently restricted net assets	60,817,208.	29	60,919,805.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
30		Capital stock or trust principal, or current funds		30	
31		Paid-in or capital surplus, or land, building, or equipment fund		31	
32		Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	81,022,442.	33	78,776,853.	
34	Total liabilities and net assets/fund balances	93,600,646.	34	96,183,433.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,864,378.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,738,061.
3	Revenue less expenses. Subtract line 2 from line 1	3	126,317.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,022,442.
5	Net unrealized gains (losses) on investments	5	-2,371,906.
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	78,776,853.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
16b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7384123.	11343064.	11059883.	14581748.	13621452.	57990270.
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	3757189.	3803301.	3656828.	5043253.	5596780.	21857351.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	11141312.	15146365.	14716711.	19625001.	19218232.	79847621.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1192630.	6275924.	750,954.	8299682.	1958711.	18477901.
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	850,111.	978,870.	413,803.	1663603.	1284382.	5190769.
c Add lines 7a and 7b	2042741.	7254794.	1164757.	9963285.	3243093.	23668670.
8 Public support. (Subtract line 7c from line 6.)						56178951.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	11141312.	15146365.	14716711.	19625001.	19218232.	79847621.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3061810.	3006202.	8462159.	1460034.	1023646.	17013851.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3061810.	3006202.	8462159.	1460034.	1023646.	17013851.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			57,597.		106,381.	163,978.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3094821.	970,111.	237,839.	1354662.	435,571.	6093004.
13 Total support. (Add lines 9, 10c, 11, and 12.)	17297943.	19122678.	23474306.	22439697.	20783830.	103118454
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	54.48 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	51.28 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	16.50 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	20.36 %

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

	Yes	No
1 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.		
2 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?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 or 990-EZ).		
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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2015 Open to Public Inspection

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic area, historic structure) and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	56,380,000.	53,611,000.	48,638,612.	45,680,688.	45,794,134.
b Contributions	3,065,000.	5,659,000.	707,000.	821,546.	152,200.
c Net investment earnings, gains, and losses	-1,426,000.	-133,000.	7,905,000.	5,086,554.	2,486,317.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,987,000.	2,757,000.	3,639,612.	2,950,176.	2,751,963.
f Administrative expenses					
g End of year balance	55,032,000.	56,380,000.	53,611,000.	48,638,612.	45,680,688.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 1.80 %
 - b Permanent endowment 91.91 %
 - c Temporarily restricted endowment 6.29 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		21,617,569.	2,978,330.	18,639,239.
c Leasehold improvements				
d Equipment		5,125,903.	3,820,607.	1,305,296.
e Other		23,253.	7,253.	16,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,960,535.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	8,665,688.	END-OF-YEAR MARKET VALUE
(B) REAL ESTATE & REAL ASSETS	2,627,262.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	11,292,950.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS	5,128,383.
(3) POST RETIREMENT AND PENSION	
(4) BENEFIT	9,261,057.
(5) LINE OF CREDIT	1,442,681.
(6) DUE TO DREXEL UNIVERSITY	187,137.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,019,258.

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

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	17,813,598.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-2,371,906.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	64,708.	
	e Add lines 2a through 2d	2e	-2,307,198.	
3	Subtract line 2e from line 1		3	20,120,796.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	312,011.	
	b Other (Describe in Part XIII.)	4b	431,571.	
	c Add lines 4a and 4b	4c	743,582.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	20,864,378.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,206,500.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	64,708.	
	e Add lines 2a through 2d	2e	64,708.	
3	Subtract line 2e from line 1		3	17,141,792.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	312,011.	
	b Other (Describe in Part XIII.)	4b	3,284,258.	
	c Add lines 4a and 4b	4c	3,596,269.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	20,738,061.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ACADEMY IS A NOT-FOR-PROFIT CORPORATION THAT HAS BEEN GRANTED TAX EXEMPT STATUS UNDER SECTION 501 (C) 3 OF THE INTERNAL REVENUE CODE, AND, ACCORDINGLY FILES FEDERAL TAX FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX), ANNUALLY. THE ACADEMY HAS FROM TIME TO TIME REPORTED UNRELATED BUSINESS INCOME FROM INVESTMENTS HELD IN THE ENDOWMENT FUND, WHEN UNRELATED BUSINESS INCOME HAS BEEN REPORTED BY THE INVESTMENT MANAGER ON SCHEDULE K-1.

THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED ACCOUNTING STANDARDS CODIFICATION ("ASC") 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THE ACADEMY DOES

Part XIII Supplemental Information (continued)

NOT BELIEVE THERE ARE ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE
RECOGNITION IN THE FINANCIAL STATEMENTS AS OF JUNE 30, 2016 AND 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSE

MISCELLANEOUS EXPENSE

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS HEALTH INSURANCE RECOVERY TO REVENUE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSE

MISCELLANEOUS 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 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, GEMS, EXHIBITS, AND ART OBJECTS THAT ARE HELD FOR

Part XIII Supplemental Information *(continued)*

EDUCATIONAL RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. EACH OF THE
ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING
THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY.

PART III, LINE 4:

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

PART V, LINE 4:

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

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

**THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA**

Employer identification number

23-1352000

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	1,248.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	32.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	1,879.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	11,748.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	537.
3 a Sub-total	0	0			15,444.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			15,444.

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

Schedule F (Form 990) 2015

THE ACADEMY OF NATURAL SCIENCES OF

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2015

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

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

THE ACADEMY OF NATURAL SCIENCES OF

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CUISINE FROM THE COLLECT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	83,278.		83,278.
	2	Less: Contributions	45,670.		45,670.
	3	Gross income (line 1 minus line 2)	37,608.		37,608.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	35,914.		35,914.
	8	Entertainment	11,757.		11,757.
	9	Other direct expenses	16,833.		16,833.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			64,504.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-26,896.

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public
Inspection

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

Attach to Form 990.

Name of the organization
THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Employer identification number
23-1352000

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STROUD WATER RESEARCH CENTER 970 SPENCER ROAD AVONDALE, PA 193119514	52-2081073	501(C)(3)	99,236.	0.			RESEARCH
PINELANDS PRESERVATION ALLIANCE 17 PEMBERTON ROAD SOUTHAMPTON, PA 08088	52-1641512	501(C)(3)	31,095.	0.			RESEARCH
PINCHOT INSTITUTE FOR CONSERVATION 1616 P ST NW NO 100 WASHINGTON, DC 20036	52-1935342	501(C)(3)	10,000.	0.			RESEARCH
LOWER MERION CONSERVANCY 1301 ROSE GLEN ROAD GLADWYNE, PA 19035	23-2658208	501(C)(3)	15,205.	0.			RESEARCH
TOOKANY/TACONY FRANKFORD WATERSHED PARTNERSHIP - 4500 WORTH STREET - 3RD FLOOR - PHILADELPHIA, PA 19124	75-3203091	501(C)(3)	7,411.	0.			RESEARCH
THE WILDLANDS CONSERVANCY 39611 OAK GLEN RD. UNIT 12 OAK GLEN, CA 92399	33-0676450	501(C)(3)	35,000.	0.			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **13.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2015)

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedule I (Form 990)

23-1352000

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF NEW JERSEY ENVIRONMENTAL COMMISSIONS - PO BOX 157 300 MENDHAM ROAD - MENDHAM, PA 07945	23-7123285	501(C)(3)	25,745.	0.			RESEARCH
MUSCONETCONG WATERSHED ASSOCIATION PO BOX 113 ASBURY, NJ 08802	22-3199292	501(C)(3)	10,900.	0.			RESEARCH
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE VILLANOVA, PA 190851676	23-1352688	501(C)(3)	27,079.	0.			RESEARCH
WISSAHICKON VALLEY WATERSHED ASSOCIATION INC - 12 MORRIS ROAD - AMBLER, PA 190025499	23-1568107	501(C)(3)	12,153.	0.			RESEARCH
NEW JERSEY AUDUBON SOCIETY 9 HARDCRABBLE ROAD BERNARDSVILLE, PA 07924	22-1539642	501(C)(3)	8,090.	0.			RESEARCH
DARBY CREEK VALLEY ASSOCIATION P.O. BOX 732 DREXEL HILL, PA 19026	23-2291489	501(C)(3)	25,559.	0.			RESEARCH
BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY AND AGRICULTURAL AND MEC - OFFICE OF SPONSORED PROGRAMS - 202 HINES HALL - BATON	72-6000848	501(C)(3)	6,453.	0.			RESEARCH

Schedule I (Form 990)

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AWARD	3	4,707.	0.		
SCHOLARSHIP	1	5,000.	0.		

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2015

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part 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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2015

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedule J (Form 990) 2015

23-1352000

Page 2

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GEORGE W. GEPHART JR. PRESIDENT AND CEO	(i) 295,648.	0.	450,000.	5,300.	12,324.	763,272.	180,000.
(2) JOHN A. FRY BOARD TRUSTEE	(i) 758,207.	240,000.	901,130.	312,924.	14,577.	2,226,838.	425,150.
(3) M. BRIAN BLAKE, PH.D. BOARD TRUSTEE	(i) 236,835.	57,500.	73,319.	17,250.	6,512.	391,416.	0.
(4) JEFFREY A. EBERLY BOARD TRUSTEE	(i) 327,503.	0.	0.	28,200.	8,684.	364,387.	0.
(5) LISA MILLER VP OF FINANCE/CFO & ASST SEC/TREAS	(i) 163,643.	0.	0.	3,000.	126.	166,769.	0.
(6) DAVID VELINSKY VP CENTER FOR ACADEMY SCIENCES	(i) 151,649.	0.	13,977.	13,875.	15,389.	194,890.	0.
(7) SARA HERTZ VP OF MUSEUM OPERATIONS	(i) 153,877.	0.	0.	3,100.	9,694.	166,671.	0.
(8) AMY MARVIN VP INSTITUTIONAL ADVANCEMENT	(i) 147,487.	0.	0.	3,033.	396.	150,916.	0.
(9) HELEN Y. BOWMAN FORMER BOARD TRUSTEE	(i) 571,102.	125,000.	0.	23,850.	15,768.	735,720.	0.
(10) JAMES HERBERT FORMER BOARD TRUSTEE	(i) 338,151.	80,000.	0.	29,150.	15,768.	463,069.	0.
(11) DAVID RUSENKO FORMER VP FINANCE & ASSISTANT TREASURER	(i) 146,331.	0.	0.	16,012.	377.	162,720.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Schedule J (Form 990) 2015
Part III Supplemental Information

23-1352000

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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:

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA PAID GEORGE GEPHART, JR.

DEFERRED COMPENSATION OF \$450,000 ON AUGUST 31, 2015, PER A DEFERRED

COMPENSATION AGREEMENT THAT BEGAN ON SEPTEMBER 30, 2011. MR. GEPHART

BECAME FULLY VESTED IN THE DEFERRED COMPENSATION ON AUGUST 31, 2015 AND

PAYMENT WAS MADE PER THE AGREEMENT.

IN RECOGNITION OF AND CONSIDERATION FOR THE GOODS AND VALUABLE SERVICES MR.

FRY HAS PROVIDED, AND WILL CONTINUE TO PROVIDE, TO DREXEL UNIVERSITY DURING

HIS EMPLOYMENT, DREXEL UNIVERSITY AGREES TO PROVIDE MR. FRY WITH

CERTAIN SUPPLEMENTAL RETIREMENT AND DEATH BENEFITS, EFFECTIVE AS OF JULY 1,

2012. MR. FRY'S ACCOUNT SHALL BE CREDITED WITH AN ALLOCATION BY DREXEL

UNIVERSITY IN THE FALL OF EACH YEAR (AND NOT LATER THAN DECEMBER 15),

BEGINNING IN THE FALL OF 2013, AND ENDING IN THE FALL OF 2020, IN

ACCORDANCE WITH THE FOLLOWING FORMULA. THE ALLOCATION FOR EACH YEAR SHALL

BE CONDITIONED ON MR. FRY'S CONTINUED EMPLOYMENT THROUGH THE END OF THE

FISCAL YEAR ENDING ON THE IMMEDIATELY PRECEDING JUNE 30 (OR UPON THE DATE

OF DEATH, TOTAL DISABILITY, OR INVOLUNTARY TERMINATION, IF EARLIER). THE

FORMULA IS 11% OF THE SUM OF MR. FRY'S PAID COMPENSATION (BASE SALARY AND

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Schedule J (Form 990) 2015

23-1352000

Page 3

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.

ANNUAL PERFORMANCE BONUS (IF ANY)) FOR THE FISCAL YEAR ENDING ON THE IMMEDIATELY PRECEDING JUNE 30 THAT IS IN EXCESS OF THE COMPENSATION LIMIT UNDER SECTION 401(A)(17) OF THE INTERNAL REVENUE CODE AS IN EFFECT DURING SUCH PERIOD IN DETERMINING THE MAXIMUM COMPENSATION UNDER DREXEL UNIVERSITY'S PENSION PLAN.

SCHEDULE J, PART II

DREXEL UNIVERSITY (RELATED ORGANIZATION) WILL PROVIDE JOHN FRY WITH DEFERRED COMPENSATION. DREXEL UNIVERSITY SHALL CREDIT MR. FRY WITH \$200,000 ON JUNE 30, 2016, AND ON EACH FOLLOWING JUNE 30 THROUGH 2020 WHILE HE REMAINS EMPLOYED BY DREXEL UNIVERSITY AS PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE AMOUNT SO CREDITED SHALL ALSO BE CREDITED WITH EARNINGS, GAINS, AND LOSSES BASED ON DEEMED INVESTMENT OPTIONS SELECTED IN ADVANCE BY MR. FRY, SHALL OCCUR ON JUNE 30, 2020, PROVIDED MR. FRY IS EMPLOYED BY DREXEL UNIVERSITY ON THAT DATE. IN THE EVENT MR. FRY'S EMPLOYMENT WITH DREXEL UNIVERSITY IS TERMINATED PRIOR TO JUNE 30, 2020 ON ACCOUNT OF DEATH, DISABILITY, NON-RENEWAL OF THIS AGREEMENT BY THE UNIVERSITY, OR TERMINATION OF HIS EMPLOYMENT BY THE UNIVERSITY OTHER THAN FOR CAUSE, OR HIS RESIGNATION FOR GOOD REASON, THE DEFERRED

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

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.

COMPENSATION, AS ADJUSTED FOR EARNINGS, GAINS AND LOSSES, SHALL BECOME VESTED AND PAYABLE UPON HIS TERMINATION OF EMPLOYMENT. IN THE EVENT MR. FRY VOLUNTARILY TERMINATES HIS EMPLOYMENT WITHOUT GOOD REASON WITH THE UNIVERSITY PRIOR TO JUNE 30, 2020, OR THE UNIVERSITY TERMINATES MR. FRY'S EMPLOYMENT FOR CAUSE, THE DEFERRED COMPENSATION SHALL BE FORFEITED.

DREXEL UNIVERSITY PAID JOHN FRY DEFERRED COMPENSATION OF \$542,454 ON AUGUST 1, 2015, PER A DEFERRED COMPENSATION AGREEMENT THAT BEGAN ON JULY 31, 2011. MR. FRY HAD BEEN CREDITED \$100,000 ON JULY 31, 2011 AND ON EACH FOLLOWING JULY 31 THROUGH 2015. IN ADDITION, THE DEFERRED COMPENSATION WAS CREDITED WITH EARNINGS BASED ON INVESTMENT OPTIONS SELECTED BY MR. FRY. MR. FRY BECAME FULLY VESTED IN THE DEFERRED COMPENSATION ON JULY 31, 2015 AND PAYMENT WAS MADE PER THE AGREEMENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I		Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	<input checked="" type="checkbox"/>	4	0	PART II EXPLANATION	
2					
3					
4	<input checked="" type="checkbox"/>			PART II EXPLANATION	
5	<input checked="" type="checkbox"/>			PART II EXPLANATION	
6					
7					
8					
9	<input checked="" type="checkbox"/>	18	251,962	SELLING PRICE	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19	<input checked="" type="checkbox"/>	1	0	PART II EXPLANATION	
20					
21					
22					
23	<input checked="" type="checkbox"/>	3	0	PART II EXPLANATION	
24					
25	<input checked="" type="checkbox"/>	7	0	PART II EXPLANATION	
26					
27					
28					

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

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

Schedule M (Form 990) (2015)

Part II

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, LINE 33:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Employer identification number

23-1352000

FORM 990, PART I, DOING BUSINESS AS:

THE ACADEMY OF NATURAL SCIENCES OF DREXEL UNIVERSITY

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

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:

ACADEMY WAS GRANTED 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 2016, ACADEMY EDUCATORS REACHED MORE
THAN 75,000 STUDENTS DURING OUTREACHES AND FIELD TRIPS.

Name of the organization THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Employer identification number 23-1352000

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

LIBRARY RESOURCES, AND SPECIFIC EXHIBITS.

FORM 990, PART V, LINE 7G:

NOT APPLICABLE.

FORM 990, PART V, LINE 7H:

NOT APPLICABLE.

FORM 990, PART VI, SECTION A, LINE 1:

EMERTIUS TRUSTEES AND HONORARY TRUSTEES SHALL HAVE SUCH OTHER PRIVILEGES AS THE BOARD SHALL DETERMINE BUT SHALL NOT BE ELIGIBLE TO VOTE.

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

BUSINESS RELATIONSHIP

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

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

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

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

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

Name of the organization THE ACADEMY OF NATURAL SCIENCES OF
PHILADELPHIA

Employer identification number
23-1352000

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
TO THE OFFICE OF THE GENERAL COUNSEL FOR REVIEW. AFTER REVIEW A

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

Name of the organization THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	Employer identification number 23-1352000
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AK, AZ, AR, CA, CO, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT
 NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

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

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

23-1352000

Schedule R (Form 990) 2015 Page 3
 Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
g	Sale of assets to related organization(s)	1g	X
h	Purchase of assets from related organization(s)	1h	X
i	Exchange of assets with related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o	Sharing of paid employees with related organization(s)	1o	X
p	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
s	Other transfer of cash or property from related organization(s)	1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

