#### EXTENDED TO MAY 15, 2018

**Return of Organization Exempt From Income Tax** 

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

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

ΑI	For th	e 2016 calendar year, or tax year beginning	UL 1, 2016 and	ending U	UN 30,	ZU1/		
В	Check if applicab	C Name of organization			D Employ	er identifi	cation number	
	∏Addre	THE ACADEMY OF NATURAL	SCIENCES OF					
<u>_</u>	chang	be LUITADETLUIA				00 1	250000	
F	chang	Doing business as THE ACADEMY	OF NATURAL SCI				352000	
F	return Final			Room/suite	E Telepho			
L	return termir ated	1900 BENJAMIN FRANKLIN			0.0		299-1000 41,904,	102
	ated Amen	The contract of the contract o	55 (e)		G Gross rece			403.
H	⊒return ⊒Applid ⊒tion	PRILIADEDPRIA, PA 1910			H(a) Is this	a group re pordinates		X No
L	⊥ltion pendi	F Name and address of principal officer:LIS  SAME AS C ABOVE	A MIDDER				cluded? Yes	
	Fav. av			or 527			list. (see instructi	
-		te: NWW.ANSP.ORG	(Inscit no.) (1)	01 027	f		n number	OHS)
			ssociation Other	I Year			State of legal dom	icile PA
	art I		outer p	Lita	or rormanon,	I O I Z IV	Clate or logar don	ione. L II
-		Briefly describe the organization's mission or most	t significant activities: FOUN	DED IN	1812,	THE	ACADEMY C	F
Activities & Governance		NATURAL SCIENCES IS A LEA						
rna	2	Check this box  if the organization disco						
ove	3	Number of voting members of the governing body	(Part VI, line 1a)	*******	************	3		30
Ğ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)	**********	*****			25
es &	5	Total number of individuals employed in calendar	year 2016 (Part V, line 2a)	***********	*************	5		284
viţi	6	Total number of volunteers (estimate if necessary)	V24444444444	*****	4444444444	6		254
Acti		Total unrelated business revenue from Part VIII, co					11/5.55	320.
_	b	Net unrelated business taxable income from Form	990-T, line 34			7b		328.
					Prior Ye		Current Ye	
e					13,621		10,349,	
en		= 101000000		5,436		6,317,		
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4			1,070		3,754,	
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8d				,954.	AND DESCRIPTION OF THE PARTY OF	423.
_		Total revenue - add lines 8 through 11 (must equal			20,864		20,998,	
		Grants and similar amounts paid (Part IX, column (			324	,064.	5∠5,	470.
		Benefits paid to or for members (Part IX, column (A			11 222	0.	10 145	0.
Ses		Salaries, other compensation, employee benefits (		Chipoliticani I	11,332	-	10,145,	
Expenses		Professional fundraising fees (Part IX, column (A),				0.		0.
Ϋ́		Total fundraising expenses (Part IX, column (D), lin			9,081	565	9,399,	303
		Other expenses (Part IX, column (A), lines 11a-11d			20,738		20,069,	
		Total expenses. Add lines 13-17 (must equal Part I Revenue less expenses. Subtract line 18 from line		********		,317.		672.
es o		Aevende less expenses. Subtract line 16 nom line	12 ,	Ro	ginning of Cur		End of Yes	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			96,183		104,323,	
Ass Ba	21			Carleston and Comment	17,406		20,162,	
E E	22	Net assets or fund balances. Subtract line 21 from			78,776		84,160,	
	ırt II	Signature Block						
Unde	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to th	e best of my	knowledge and be	lief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hlch preparer	has any know	ledge.		
		Gusa M Miller					2018	
Sigr	1	Signature of officer			Date	9		
Here	е	LISA MILLER, VP, CFO/C Type or print name and title	00					
		Print/Type preparer's name	Preparer's signature	1	Date	Check	PTIN	
Paid						self-employe	d	
Prep	arer	Firm's name			Firn	n's EIN ▶		
Use	Only	Firm's address						
					Pho	ne no.		
May	the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)			100100000000000000000000000000000000000	Yes	No



Department of the Treasury Internal Revenue Service Ogden UT 84201 
 Notice
 CP211A

 Tax period
 June 30, 2017

 Notice date
 December 4, 2017

 Employer ID number
 23-1352000

 To contact us
 Phone 1-877-829-5500

 FAX 801-620-5555

 Page 1 of 1

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



18335

Important information about your June 30, 2017 Form 990

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

We approved the Form 8868 for your June 30, 2017 Form 990.

Your new due date is May 15, 2018.

#### What you need to do

File your June 30, 2017 Form 990 by May 15, 2018. We encourage you to use electronic filing—the fastest and easiest way to file.

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

#### Additional information

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

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

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

Total program service expenses

(Expenses \$ including grants of \$

15,939,746.

) (Revenue \$

Form **990** (2016)

4e

# | Part IV | Checklist of Required Schedules

	Laboration described in section 501/s/0) - 4047/s/4) (about be a suited for a data of		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	
	If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	4		Х
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 98-197 If "Yes," complete Schedule C, Part III	5		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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	90
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
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	11c		Х
Ч	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidated imanella statements for the tax year included a restrict that acceptance of the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	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	14b	Х	
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			
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	,,,		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.5		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	"		
18		18		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		- 22
19		19		X
	complete Schedule G, Part III		990	

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### THE ACADEMY OF NATURAL SCIENCES OF

Form 990 (2016) PHILADELPHIA

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С				
	any tax-exempt bonds?	24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		Х
06	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		-21
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	-	_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
0-7	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

	Check if Schedule O contains a response or note to any line in this Part V				1222200	X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	44			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble 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,		11800			
	filed for the calendar year ending with or within the year covered by this return	2a	284			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	.B	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За				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			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					l
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	_	X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			**
	any contributions that were not tax deductible as charitable contributions?		410.00000	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-			٠.		
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		and ided to the payor?	_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
b	, , , , , , , , , , , , , , , , , , , ,		uirod	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7c		x
	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year		ASSESSMENT SERVICE STATES	76		-21
ď	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		rt?	7e		х
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•	the contract of the contract o			8		
9	Sponsoring organizations maintaining donor advised funds.		***************************************			
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	_			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		i			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	,,,,,,,,	*************************	13a		
	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	î	ř			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

Form 990 (2016) PHILADELPHIA 23-1352000 Page
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	***************************************	10120012100120		X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3	0		
	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.				
Ь	Enter the number of voting members included in line 1a, above, who are independent	1b 2	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or			
	persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	******************************	, 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
		1)		Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	. ,	i		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You	es," describe		(	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approva	ıl by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			.,	
а	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				v
	taxable entity during the year?		16a	-	_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
_	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure	7 (O DE DÓ E	T (17	TIT	TD
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, C				<u>, τυ</u>
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	) availat	не	
	for public inspection. Indicate how you made these available. Check all that apply.	in Onto dula O			
		in Schedule O)		eie!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	itilict of interest policy, a	ria tinar	cial	
	statements available to the public during the tax year.	also and reserved - : N			
20	State the name, address, and telephone number of the person who possesses the organization's both property of the person who possesses the organization's both property of the person who possesses the organization's both property of the person who possesses the organization's both property of the person who possesses the organization's both property of the person who possesses the organization's both property of the person who possesses the organization's both property of the person who possesses the organization of the person of the				
	DREXEL UNIVERSITY, COMPTROLLER'S OFFICE - 215-895-1				
	1505 RACE STREET, 9TH FLOOR, PHILADELPHIA, PA 191	02-1119	Earn	000	(2016)
00000	ALALAG SEE SCHEIDLIE O POK PULID DIST OF STATES		LOH	1 000	(LUIU)

#### Form 990 (2016) 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 (Ď), (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.

(A)	(B)			(( Pos	C)	1		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi			ss person is both an d a director/trustee)			from	from related	other
	(list any hours for	directo						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	tee or	istee			ensate		(W-2/1099-MISC)	(,, _, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization
	organizations	SI trus	nal tru		ioyee	O III				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	la GE			organizations
7	line) 40.00	Ĕ	Ë	5	- S	물등	요			
(1) GEORGE W. GEPHART JR.	40.00	Х		x				296,973.	0.	42,074
PRESIDENT AND CEO	2.00	^	-	Δ		-		250,515.	0.	42,074
(2) MICHAEL H. REED, ESQ.	2.00	х		х				0.	0.	0 .
VICE CHAIR	2.00	1		Λ		1		· ·		
(3) PETER AUSTEN	2.00	х		х				0.	0.	0 .
CHAIR (4) ABBIE DEAN	2.00	21				Т				
VICE CHAIR	2.00	x		х				0.	0.	0.
(5) JOHN A. FRY	2.00									
BOARD TRUSTEE	40.00	х						0.	1,343,353.	328,079.
(6) SANDRA L. MCLEAN	2.00									
SECRETARY		x		X				0.	0.	0.
(7) ALLEN MODEL	2.00									
BOARD TRUSTEE		Х						0.	0.	0.
(8) I. WISTAR MORRIS III	2.00									
BOARD TRUSTEE - EMERITUS		X						0.	0.	0.
(9) SEYMOUR S. PRESTON III	2.00									
BOARD TRUSTEE - EMERITUS		Х						0.	0 -	0.
(10) TARA ACHARYA, PH.D., MPH	2.00	5								
BOARD TRUSTEE		X			_			0.	0.	0.
(11) GERALD B. RORER	2.00							_	_	1.2
BOARD TRUSTEE		X						0.	0.	0,
(12) JOHN J. SOROKO	2.00									
BOARD TRUSTEE		Х		_	_	-	_	0.	0.	0.
(13) KENNETH J. WARREN	2.00									_
BOARD TRUSTEE	0.00	X	_			-		0.	0.	0.
(14) DAVID P. LAZAR, SR.	2.00	٠,-		37				0.0	0	0
TREASURER/VICE CHAIR	2 00	X		X		-		0.	0.	0.
(15) JUDITH E. SOLTZ, ESQ.	2.00	v						0.	0.	_
BOARD TRUSTEE	2.00	X		-				U .	0.	0.
(16) AMY COES	2.00	x						0.	0.	0.
BOARD TRUSTEE	2.00	Λ			_		-	0.	U.S. 6	# - F St 80
(17) CATHERINE T. HUNT, PH.D.	2.00	х						0.	0 .	0.
BOARD TRUSTEE		77		_		1	-	0.	0.	Form <b>990</b> (2016

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Form 990 (2016) PRILIADE				_	_		_		25 1552	ooo rage o
Part VII Section A. Officers, Directors, To	rustees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	er an	uau	recit	T	iee,	from	from related	other
	(list any hours for	irecto						the organization	organizations (W·2/1099·MISC)	compensation from the
	related	0 to a	ee			sated		(W-2/1099-MISC)	(***2/1099****160)	organization
	organizations	ruste	nstitutional trustee		99	mpen		(***271033***********************************		and related
	below	dualt	Попа	L	nploy	st co	h			organizations
	line)	Individual trustee or director	Institu	Officer	Key emplayee	Highest compensated employee	Former			
(18) JOHN F. BALES, III	2.00								_	
BOARD TRUSTEE		X						0.	0.	0 •
(19) EDWARD A. MONTGOMERY, JR.	2.00								_	
BOARD TRUSTEE - EMERITUS		X			_			0.	0.	0 •
(20) MINTURN T. WRIGHT, III	2.00									
BOARD TRUSTEE - EMERITUS		X						0.	0.	0 •
(21) AMY BRANCH	2.00						ľ			•
BOARD TRUSTEE		X			_	ļ		0.	0.	0.
(22) ROBERT DRURY	2.00									^
BOARD TRUSTEE		X				_		0.	0.	0 .
(23) ELLEN HARVEY	2.00									
BOARD TRUSTEE		Х				_	-	0.	0.	0.
(24) JUN HUANGPU, PH.D.	2.00	ļ								
BOARD TRUSTEE		X		_		_		0.	0.	0.
(25) VAN R. REINER	2.00									
BOARD TRUSTEE		X	_			_		0.	0.	0.
(26) IVY SILVER	2.00								_	
BOARD TRUSTEE		X					<u> </u>	0.	0.	0.
1b Sub-total								296,973.	1,343,353.	3/0,153.
c Total from continuation sheets to Part	t VII, Section A $_{\scriptscriptstyle >\!\!\scriptscriptstyle >}$							664,987.	2,613,332.	333,668.
d Total (add lines 1b and 1c)							▶		3,956,685.	703,821.
2 Total number of individuals (including bu		ose	liste	d al	oove	e) wl	no re	eceived more than \$100	0,000 of reportable	_
compensation from the organization	2									6

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

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLEAN TECH SERVICES INC., 114 CHESTNUT STREET, 5TH FL, PHILADELPHIA, PA 19106	CLEANING SERVICES	332,567.
CAPACITY INTERACTIVE CONSULTING, LLC, 1239 BROADWAY SUITE 1103, NEW YORK, NY 10001	CONSULTANT MEDIA	253,632.
PRICEWATERHOUSECOOPERS, LLP, 2001 MARKET STREET, SUITE 1800, PHILADELPHIA, PA 19103	AUDIT AND ASSURANCE	150,250.
STROUD WATER RESEARCH CENTER 970 SPENCER ROAD, AVONDALE, PA 19311-9514	SUBCONTRACT SERVICES	136,641.
ACADEMY EVENT SERVICE INC., 3312 SPRING	CATERING SERVICES	108,882.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ► 7	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2016)

Form 990 PHILADEL									23-135	2000
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	mple	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average				C) sition	1		<b>(D)</b> Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	C all Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) JEFFREY A. BEACHELL BOARD TRUSTEE	2.00	х						0.	0.	0
(28) M. BRIAN BLAKE, PH.D.	2.00	X						0.	695,688.	40,391
BOARD TRUSTEE (29) ROBERT J. DELANY	2.00									
BOARD TRUSTEE (30) JEFFREY EBERLY (7/1/16-11/9/16)	2.00	X						0.	0.	0
BOARD TRUSTEE	40.00	Х						0 :	430,576.	37,490
(31) DAVID GRIFFITH BOARD TRUSTEE		х						0.	0.	0
(32) PAGE LEIDY BOARD TRUSTEE	2.00	х						0.	0.	0
(33) ROBERT VICTOR BOARD TRUSTEE	2.00	Х						0.	0.	0
(34) HELEN BOWMAN (11/10/16-6/30/17)	1.00									
BOARD TRUSTEE (35) LATASHA HARLING	2.00							0.	746,151.	90,391
BOARD TRUSTEE (36) LISA M MILLER	40.00	Х						0.	0.	0
/P, CFO/COO	2.00			Х				170,711.	0.	18,778
(37) DAVID VELINSKY VP CENTER FOR ACADEMY SCIE	40.00				х			0.	179,569.	32,886
(38) JACQUELINE GENOVESI  /P EDUCATION	40.00					х		122,573.	0.	11,212
(39) JANE TAYLOR //P MARKETING, SALES & COMMUNICATION	40.00					x		133,372.	0.	14,683
(40) WILLIAM DEFEO	40.00					х		102,598.	0.	24,047
CONTROLLER - ACCOUNTING/FI (41) CAROL COLLIER	40.00									
OIRECTOR OF ENVIRONMENTAL  (42) JAMES HERBERT	0.00					Х		135,733.	4,200.	0
FORMER BOARD TRUSTEE	40.00						X	0.	396,082.	45,691
(43) DAVID RUSENKO FORMER VP FINANCE & ASSIST	40.00						X	0 .	161,066.	18,099
	×11 ×									
otal to Part VII, Section A, line 1c								664,987.	2,613,332.	333,668

23-1352000 Page 9 PHILADELPHIA Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under (A) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 499,018 c Fundraising events ..... 1c 650 d Related organizations ..... 4,517,242 e Government grants (contributions) 1e 50,000 All other contributions, gifts, grants, and similar amounts not included above 5,282,957 g Noncash contributions included in lines 1a-1f; \$ 329 443 h Total. Add lines 1a-1f 10,349,867 **Business Code** 541700 2,992,822 2,992,822 Program Service Revenue 2 a ENVIRONMENTAL RESEARCH 900099 1,408,820 1,408,820 b MUSEUM ADMISSIONS c EDUCATION & MUSEUM PRO 611600 1,081,043 1,081,043 d SYSTEMATIC BIOLOGY RE 541700 823,294 823,294 519100 11,431 11,431 f All other program service revenue g Total. Add lines 2a-2f 6 317 410 Investment income (including dividends, interest, and other similar amounts) 1,502,384. 1,502,384 Income from investment of tax-exempt bond proceeds 55,524. Royalties 5 55,524 (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 23,158,319 b Less: cost or other basis and sales expenses ...... 20,899,723 6,122 6,122 d Net gain or (loss) 2,252,474 2,252,474. 8 a Gross income from fundraising events (not Revenue including \$ ... contributions reported on line 1c). See Part IV, line 18 Other **b** Less: direct expenses 0 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a HEALTH INSURANCE ADJUSTMENT 900009 331,039 331,039. 900099 134,540 134,540 b FACILITY SALES c INCOME (LOSS) FROM PARTNERSHIP IN 900099 55,320 55,320 d All other revenue

12 632009 11-11-16

4 141 421 Form 990 (2016)

520,899

20 998 558

e Total. Add lines 11a-11d

Total revenue. See instructions.

6 451 950

PHILADELPHIA 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 (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 506,270. 506,270. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 19,200 19,200. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 532,582. 431,257. 101,325. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 343,697. 6,744,333. 5,541,636. 859,000. Other salaries and wages Pension plan accruals and contributions (include 1,062,537. 198,400. 74,184. 1,335,121 section 401(k) and 403(b) employer contributions) 1,001,169. 778,717. 165,435. 57,017. Other employee benefits 9 91,507. 531,818. 408,433. 31,878. Payroll taxes ..... 10 Fees for services (non-employees): Management 11,580. 11,580. Legal 115,250. 115,250. Accounting Lobbying ..... Professional fundraising services. See Part IV, line 17 184,064. 184,064. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 295,626. 624,161. 303,290. 25,245. column (A) amount, list line 11g expenses on Sch O.) 377,080. 326,969. 50,111. 12 Advertising and promotion ..... 75,302. 852,719. 329,454. 1,257,475 Office expenses 13 129,531. 29,021. 10,110. 168,662. Information technology 14 7,535. 7,535. Royalties 15 1,447,251. 1,376,772. 54,108. 16,371. 16 Occupancy 208,775. 5,727. 215,510. 1,008. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 38,917. 44,529. 154,801. 71,355. Conferences, conventions, and meetings 19 4,956. 4,956. 20 2,575,389. 116,351. 170,488. Payments to affiliates 2,862,228. 21 1,104,488. 43,407. 13,134. 1,161,029. 22 Depreciation, depletion, and amortization Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 547,973. 547,973. a EXHIBITION EXPENSE 89,986. 851. **b** MISCELLANEOUS 133,018. 42,181. 36,000. 11,257. 23,243. 1,500. PROFESSIONAL MEMBERSHIP 24,190. 24,190. d PARTICIPANT EXPENSE 9,942. 40,529. 16,159. 66,630. e All other expenses 3,147,342. 15,939,746. 982,798. Total functional expenses. Add lines 1 through 24e 20,069,886. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
	11.0				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		***************************************	4,700		4,550.
	2	Savings and temporary cash investments			5,199,089		9,511,781.
	3	Pledges and grants receivable, net			6,175,097		5,560,296.
	4	Accounts receivable, net			388,089	. 4	186,498.
	5	Loans and other receivables from current and fo	rmer o	fficers, directors,			
		trustees, key employees, and highest compensa	ted en	nployees. Complete			
		Part II of Schedule L	*******			5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of secti					
ţ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net			7		
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	aaneering		129,951	. 9	204,763.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		27,140,345.			
	b	Less: accumulated depreciation	10b	7,815,935.	19,960,535		
	11	Investments - publicly traded securities		53,033,022		44,700,522.	
	12	Investments - other securities. See Part IV, line 1		11,292,950	. 12	24,830,463.	
	13	Investments · program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	96,183,433		104,323,283.		
	17	Accounts payable and accrued expenses			1,358,837	. 17	1,733,086.
	18	Grants payable		18	2112		
	19	Deferred revenue		28,485	• 19	14,154.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F			21		
es	22	Loans and other payables to current and former					
#		key employees, highest compensated employees					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		2012-00		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			16 010 050		10 415 462
		Schedule D			16,019,258		18,415,463.
	26	Total liabilities. Add lines 17 through 25			17,406,580	. 26	20,162,703.
		Organizations that follow SFAS 117 (ASC 958)		k here 🚩 🔼 and			
Ses		complete lines 27 through 29, and lines 33 and			7,290,874	0.7	6,522,270.
ar	27	Unrestricted net assets					13,245,928.
Ba	28	Temporarily restricted net assets			10,566,174 60,919,805		64,392,382.
pu	29				00,919,003	. 29	04,392,302.
교		Organizations that do not follow SFAS 117 (AS	SC 958	3), check here			
s or		and complete lines 30 through 34.			00		
set	30	Capital stock or trust principal, or current funds	The state of the s		30		
As	31	Paid-in or capital surplus, or land, building, or equ		The same of the sa		31	
Net Assets or Fund Balarces	32	Retained earnings, endowment, accumulated inc		70 776 053	32	84,160,580.	
-	33	Total net assets or fund balances			78,776,853 96,183,433		104,323,283.
	34	Total liabilities and net assets/fund balances			30,103,433	• 34	Form <b>990</b> (2016)

Forn	n 990 (2016) PHILADELPHIA	43-13	52000	Page 12
Pa	rt 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	20,998	,558.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,069	
3	Revenue less expenses. Subtract line 2 from line 1	3		,672.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,776	
5	Net unrealized gains (losses) on investments	5	4,455	,055.
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	84,160	,580.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis X Both consolidated and separate basis			
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ıgle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X
			Form 9	90 (2016)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number THE ACADEMY OF NATURAL SCIENCES OF 23-1352000 PHILADELPHIA Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document (vi) Amount of other (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

#### 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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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				İ		
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization's	first, second, thi	rd, fourth, or fifth to	ax year as a secti	on 501(c)(3)	-
	organization, check this box and stop	here					<b>&gt;</b>
		ic Support Per	centage				
Sec	organization, check this box and stop tion C. Computation of Publi					14	
14	Public support percentage for 2016 (I	ine 6, column (f) di					
14 15	Public support percentage for 2016 (l Public support percentage from 2015	ine 6, column (f) di Schedule A, Part	l, line 14		,	15	(
14 15 16a	Public support percentage for 2016 (I Public support percentage from 2015 <b>33 1/3% support test - 2016.</b> If the c	ine 6, column (f) di Schedule A, Part l organization did not	l, line 14 check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
14 15 16a	Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies	ine 6, column (f) di Schedule A, Part l organization did not as a publicly suppo	I, line 14 check the box or orted organization	n line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
14 15 16a b	Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies 33 1/3% support test - 2015. If the o	ine 6, column (f) di Schedule A, Part l organization did not as a publicly suppo organization did not	I, line 14 check the box conted organization check a box on	n line 13, and line line 13 or 16a, and	14 is 33 1/3% or 14 line 15 is 33 1/3	more, check this bo	ox and  is box
14 15 16a b	Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies a 33 1/3% support test - 2015. If the o and stop here. The organization quali	ine 6, column (f) divine 6, column (f) divine 5 control 6 column (f) divine 6 column (	I, line 14 check the box conted organization check a box on upported organiz	on line 13, and line  in line 13 and line line 13 or 16a, and	14 is 33 1/3% or I line 15 is 33 1/3	more, check this bo	ox and  is box
14 15 16a b	Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies a 33 1/3% support test - 2015. If the o and stop here. The organization quali 10% -facts-and-circumstances test	ine 6, column (f) divented in Schedule A, Part les organization did not as a publicly supporganization did not files as a publicly supporganization.	I, line 14 check the box on orted organization check a box on upported organization did not	on line 13, and line  in  line 13 or 16a, and  cation  check a box on line	14 is 33 1/3% or I line 15 is 33 1/3'	more, check this bo % or more, check th and line 14 is 10%	ox and is box or more,
14 15 16a b	Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies 33 1/3% support test - 2015. If the o and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the "fac	ine 6, column (f) divention of the column of	I, line 14 check the box of the dorganization check a box on upported organization did not test test, check t	on line 13, and line  in  line 13 or 16a, and  cation  check a box on line  his box and stop h	14 is 33 1/3% or I line 15 is 33 1/3 e 13, 16a, or 16b, nere. Explain in P	more, check this bo % or more, check th and line 14 is 10% art VI how the organ	ox and is box or more, iization
14 15 16a b	Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the costop here. The organization qualifies: 33 1/3% support test - 2015. If the coand stop here. The organization qualifies and if the organization meets the "facts-and-circumstances"	ine 6, column (f) divided in Schedule A, Part leading and a publicly support of the same and a publicly support of the same a publicly support of the same and a publicly subject of the organization did not be same and a publicly subject of the organization and a publicly subject of the same and a publicly subject of the organization and a publicly subject of the organization and a publicly subject of the organization and a publicly subject of the subje	I, line 14 check the box of orded organization check a box on upported organization did not ees" test, check to ion qualifies as a	on line 13, and line in line 13 or 16a, and cation check a box on line his box and stop h publicly supporter	14 is 33 1/3% or I line 15 is 33 1/3 e 13, 16a, or 16b, here. Explain in P d organization	more, check this bo % or more, check th and line 14 is 10% art VI how the organ	ox and his box or more, hization
14 15 16a b 17a	Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the c stop here. The organization qualifies: 33 1/3% support test - 2015. If the c and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the "fact meets the "facts-and-circumstances" 10% -facts-and-circumstances test	ine 6, column (f) divided in Schedule A, Part land a second as a publicly support of the second as a publicly support of the second as a publicly second as a publicly second as and circumstance test. The organization of the second as and circumstance and companization of the second as and circumstance and circu	I, line 14 check the box or orted organization check a box on upported organization did not ses" test, check to ion qualifies as a unization did not	on line 13, and line Iline 13 or 16a, and Eation Check a box on line his box and stop h publicly supported	14 is 33 1/3% or If line 15 is 33 1/3% e 13, 16a, or 16b, nere. Explain in Pd d organization e 13, 16a, 16b, or	more, check this bo % or more, check th and line 14 is 10% art VI how the organ	ox and inis box or more, nization 10% or
14 15 16a b 17a	Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the ostop here. The organization qualifies: 33 1/3% support test - 2015. If the oand stop here. The organization qualifies and if the organization meets the "fact meets the "facts-and-circumstances" 10% -facts-and-circumstances test more, and if the organization meets the	ine 6, column (f) divided in Schedule A, Part	I, line 14 check the box or orted organization check a box on upported organization did not ses" test, check to ion qualifies as a unization did not nestances" test, constances test, c	on line 13, and line  line 13 or 16a, and  cation  check a box on line his box and stop h  publicly supported  check a box on line heck this box and	14 is 33 1/3% or Il line 15 is 33 1/3' e 13, 16a, or 16b, nere. Explain in P d organization e 13, 16a, 16b, or stop here. Expla	more, check this bows or more, check the and line 14 is 10% art VI how the organization 17a, and line 15 is in in Part VI how the	ox and his box or more, hization 10% or
14 15 16a b 17a	Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the c stop here. The organization qualifies: 33 1/3% support test - 2015. If the c and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the "fact meets the "facts-and-circumstances" 10% -facts-and-circumstances test	ine 6, column (f) divided in Schedule A, Part leading as a publicly support of the same as a publicly support of the same as a publicly subject of the organization did not the same of the organization of th	I, line 14 check the box or orted organization check a box on upported organization did not ses" test, check the ion qualifies as a unization did not instances" test, content organization.	on line 13, and line line 13 or 16a, and cation check a box on line his box and stop h publicly supported check a box on line heck this box and qualifies as a publi	14 is 33 1/3% or I line 15 is 33 1/3' e 13, 16a, or 16b, nere. Explain in P d organization e 13, 16a, 16b, or stop here. Expla	more, check this bows or more, check the and line 14 is 10% art VI how the organization	ox and inis box or more, nization 10% or

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed t	elow, please com	olete Part II.)				
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	, , , , , , , , , , , , , , , , , , ,					
	membership fees received. (Do not						
	include any "unusual grants.")	11343064.	11059883.	14581748.	13621452.	10349866	.60956013.
	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	3803301.	3656828.	5043253.	5596780.	6451950	.24552112.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						-
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	15146365.	14716711.	19625001.	19218232.	16801816	85508125.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	6275924.	750,954.	8299682.	1958711.	1840017	.19125288.
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				1284382.	1344004	. 5684662.
C	Add lines 7a and 7b	7254794.	1164757.	9963285.	3243093.	3184021	.24809950.
	Public support. (Subtract line 7c from line 6.)						60698175.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3006202.					.85508125. .15509949.
b	Unrelated business taxable income (less section 511 taxes) from businesses	3000202.	0402137.	1400034.	1023040.	1337900	. 133033431
	acquired after June 30, 1975		0.150150	1150001	1000515	1555000	15500040
	Add lines 10a and 10b	3006202.	8462159.	1460034.	1023646.	155/908	.15509949.
	regularly carried on		57,597.		106,381.	55,320	. 219,298.
	Other income. Do not include gain or loss from the sale of capital	970,111.	237,839.	1354662.	435,571.	331,039	. 3329222.
13	Total support. (Add lines 9, 10c, 11, and 12.)	19122678.	23474306.	22439697.	20783830.	18746083	.104566594
	First five years. If the Form 990 is for						
	check this box and stop here			(*************************************			
Sec	tion C. Computation of Publ						
15	Public support percentage for 2016 (	line 8, column (f) di	ivided by line 13, o	column (f))		15	58.05 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	54.48 %
Sec	tion D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))	41	17	14.83 %
	Investment income percentage from					18	16.50 %
19a	33 1/3% support tests - 2016. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box a						
	<b>33 1/3% support tests - 2015.</b> If the line 18 is not more than 33 1/3%, che	eck this box and st	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organization	on
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
					0 - 1-	adula A (Causa O	00 or 000 E7) 2016

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A

The state of the s								
Section A. All Supporting Organizations								
Sections A, D, and E. If yo	u checked 12d of Part I, complete Sections A and D, and complete Part V.)							
and B. If you checked 12b	of Part I, complete Sections A and C. If you checked 12c of Part I, complete							

			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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
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	ŀ		
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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.	9a		
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.	9b		
С	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.	9c		
0a	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.	10a		
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.)	10b		

Sch	edule A (Form 990 or 990-EZ) 2016 PHILADELPHIA 23-13	5200	0 Pa	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
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.	11c		
Sec	ction B. Type I Supporting Organizations			
		r	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.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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).	1	1	
Sec	tion 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?	1	1	
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).	2	1	
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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions).			
а	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.	S) UM	10	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the same of the containing of of the conta	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
Sect	tion A - Adjusted Net Income	impiete Se	(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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
	ion 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	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	janization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

23-1352000 Page 7

_	t V T T T T T T T T T T T T T T T T T T	(a)(a) Composition Orac		5 1552000 Fage /
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions	Current Year		
1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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	ne organization is responsive	•	
_	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(2)	/:::\
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
	Excess from 2013			
_	Excess from 2014			
	Excess from 2015			
_	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

#### THE ACADEMY OF NATURAL SCIENCES OF

Schedule A	Form 990 or 990-EZ) 2016 PHILADELPHIA	23-1352000 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V. Section B. line 1e: Part V.
v		
		_

#### 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.

► Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

THE ACADEMY OF NATURAL SCIENCES OF

Employer identification number 23-1352000

Schedule D (Form 990) 2016

PHILADELPHIA Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

## 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. (b) Cost or other (c) Accumulated (d) Book value Description of property (a) Cost or other depreciation basis (investment) basis (other) 1a Land \_\_\_\_\_\_\_ 21,782,677. 3,768,515. 18,014,162. **b** Buildings c Leasehold improvements 4,029,614. 1,242,303. 5,271,917. d Equipment ..... 85,751. 67.945. 19,324,410. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 PHILADELPHIA	A		23-1352000 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENT AT NAV			
(B) (PRIVATE EQUITY, REAL			
(C) ESTATE, HEDGE FUNDS AND			
(D) OTHER)	24,830,463	END-OF-YEAR	MARKET VALUE
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	24,830,463		
Part VIII Investments - Program Related.	11/000/100		
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	n: Cost or end-of-year market value
	(10)	(0)	
(1)			
(2)			
(3)			
(4)			
(5)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		4410 5 800 B 1V	Provide:
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X,	(b) Book value
<del></del>	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	e 11e or 11f. See Form 990,	Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEPOSITS		7,368,542.	
(3) POST RETIREMENT AND PENSION	ON	X	
(4) BENEFIT		9,333,310.	
(5) DUE TO DREXEL UNIVERSITY		1,713,611.	
(6)			

18,415,463. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

(7) (8)(9)

	THE ACADEMY OF NATURAL SCIE	INCES	5 OF		
Sch	edule D (Form 990) 2016 PHILADELPHIA				1352000 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per R	eturr	1.
-	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	24,590,491.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	9 9			
а	Net unrealized gains (losses) on investments	2a	4,455,055.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,455,055.
3	Subtract line 2e from line 1			3	20,135,436.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	532,083.		
h	Other (Describe in Part XIII.)		331,039.		
c c	Add lines 4a and 4b			4c	863,122.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	20,998,558.
	t XII Reconciliation of Expenses per Audited Financial Stateme			Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
_	Total expenses and losses per audited financial statements			1	18,302,558.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	**********			10/302/330.
2		2a			
a	Donated services and use of facilities			1	
b	Prior year adjustments	2b		1	
С	Other losses	2c			
d	Other (Describe in Part XIII.)			1	٥
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1	******		3	18,302,558.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i e i	F20 002		
а	Investment expenses not included on Form 990, Part VIII, line 7b		532,083.		
b	Other (Describe in Part XIII.)	4b	1,235,245.	-	4 565 000
С	Add lines 4a and 4b			4c	1,767,328.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	*******		5	20,069,886.
	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, 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 additi	ional inf	ormation.		
PAI	RT X, LINE 2:				
THE	ACADEMY IS A NOT-FOR-PROFIT CORPORATION T	TAH	HAS BEEN GR	TNA	ED TAX
EXE	MPT STATUS UNDER SECTION 501 (C) (3) OF TH	E I	TERNAL REVE	NUE	CODE, AND,
ACC	ORDINGLY FILES FEDERAL TAX FORM 990 (RETUR	N OF	ORGANIZATI	ON	EXEMPT FROM
TNO	OME TAX), ANNUALLY. THE ACADEMY HAS FROM	TIME	E TO TIME RE	POR	TED
	(CILL 11A1) 14(10111111 11 11 11 11 11 11 11 11 11 11 1				
TINE	ELATED BUSINESS INCOME FROM INVESTMENTS HE	ו מיז:	N THE ENDOW	MEN	T FUND.
OIVI	EDMID DODINDDD INCOMD INOM INVESTMENTS NA				
TATE T	N UNRELATED BUSINESS INCOME HAS BEEN REPOR	ጣዝጥ	BY THE TNUE	STM	ENT MANAGER
AAUL	M OMVETWIED DOSTMEDS INCOME MAS DEEM WELOW	لائدد	~ IIII IIV		
ONT.	SCHEDULE K-1. THE STATUE OF LIMITATIONS ON	ा क्या	י אראחדאיים	ב דו	TEDERAL.
OM	SCHEDOLE K-I. THE STATUE OF HIMITATIONS ON	- TIII	- HOUDBEL D	0.0	· I LUTINAL
TNF	ORMATIONAL RETURNS REMAINS OPEN FOR THREE	YEAF	RS FOLLOWING	; TH	E THE YEAR

THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED ACCOUNTING

STANDARDS CODIFICATION ("ASC") 740-10, ACCOUNTING FOR UNCERTAINTY IN

632054 08-29-16

Schedule D (Form 990) 2016

THEY ARE FILED.

Part XIII Supplemental Information (continued)

INCOME TAXES, WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR

DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THE ACADEMY DOES

NOT BELIEVE THERE ARE ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE

RECOGNITION IN THE FINANCIAL STATEMENTS AS OF JUNE 30, 2017 AND 2016.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS HEALTH INSURANCE RECOVERY TO REVENUE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FROZEN DEFINED BENEFIT PENSION PLAN EXPENSES

RECLASS HEALTH INSURANCE RECOVERY TO REVENUE

PART III, LINE 1A:

COLLECTIONS ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE

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

FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS

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

ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE

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

COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS.

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

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

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

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

THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY.

PART III, LINE 4:

THE ACADEMY'S COLLECTIONS OF MORE THAN 18 MILLION CATALOGED NATURAL

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)
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

#### 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 Open to Public Inspection

Internal Revenue Service Name of the organization

THE ACADEMY OF NATURAL SCIENCES OF

Employer identification number

23-1352000

PHI	LADELPHIA				23-135200	
Par	=-1-7		ctivities Ou	tside the United States. Comple	ete if the organization answered "	Yes" on
	Form 990, Part I					
1				ds to substantiate the amount of its gra		
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2	For grantmakers Dose	oriba in Part V the	organization's	procedures for monitoring the use of it	e grants and other assistance out	side the
	United States.	Albe III I alt V tile	e organization s	procedures for morntoning the use of it	grants and other assistance out	Side the
		he following Part	L line 3 table ca	an be duplicated if additional space is	needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		(f) Total
	(4)	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	independent	gram services, investments, grants to		for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
NORT:	H AMERICA -					
CANA	DA AND MEXICO,					
BUT 1	NOT THE UNITED					
STAT	ES	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	381.
EAST	ASIA AND THE					
PACI	FIC - AUSTRALIA,					
BRUN	EI, BURMA,					
CAMB	ODIA,	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	683.
						600-500
SOUT	H AMERICA	0	0	PROGRAM SERVICES	RESEARCH/COLLECTING	3,169.
	PE - INCLUDING					
	AND AND			L		
GREEI	NLAND	0	0	PROGRAM SERVICES	RESEASCH/COLLECTING	3,111.
	Sub-total	0	0			7,344.
	Total from continuation					
	sheets to Part I	0	0			0.
	Totals (add lines 3a					13
	and 3b)	0	0			7,344.

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

Schedule F (Form 990) 2016

23-1352000

Schedule F (Form 990) 2016

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

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization Q က

Schedule F (Form 990) 2016

23-1352000

PHILADELPHIA

Schedule F (Form 990) 2016

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

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV,	raisal, ourer)					
	<u>.</u>					
(g) Description of noncash assistance						
(f) Amount of noncash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients						
e of grant or assistance (b) Region						
assistance						
(a) Type of grant or assistance						
(a) Type (					<	

Schedule F (Form 990) 2016

#### Schedule F (Form 990) 2016 PHILADELPHIA

rn by a U.S. Transferor of Property to a Foreign	X Yes	☐ No
ust during the tax year? If "Yes," the organization		
al Return To Report Transactions With Foreign		
Form 3520-A, Annual Information Return of Foreign		
3520 and 3520-A; do not file with Form 990)	Yes	X No
a foreign corporation during the tax year? If "Yes,"		
Information Return of U.S. Persons With Respect To		
Form 5471)	Yes	X No
er of a passive foreign investment company or a		
the organization may be required to file Form 8621,		
	Yes	X No
33.03000		140
a foreign partnership during the tax year? If "Yes,"		
(5)	X Yes	∟ No
ed to any boycotting countries during the tax year? If		
ly file Form 5713, International Boycott Report (see		
00)	Yes	X No
	to a foreign corporation during the tax year? If "Yes," the arm by a U.S. Transferor of Property to a Foreign  ust during the tax year? If "Yes," the organization all Return To Report Transactions With Foreign  Form 3520-A, Annual Information Return of Foreign as 3520 and 3520-A; do not file with Form 990)  a foreign corporation during the tax year? If "Yes,"  Information Return of U.S. Persons With Respect To Form 5471)  er of a passive foreign investment company or a "the organization may be required to file Form 8621, oreign Investment Company or Qualified Electing Fund  a foreign partnership during the tax year? If "Yes,"  Return of U.S. Persons With Respect to Certain (55)  seed to any boycotting countries during the tax year? If ely file Form 5713, International Boycott Report (see (50))	ust during the tax year? If "Yes," the organization all Return To Report Transactions With Foreign Form 3520-A, Annual Information Return of Foreign a 53520 and 3520-A; do not file with Form 990)  Yes a foreign corporation during the tax year? If "Yes," Information Return of U.S. Persons With Respect To Form 5471)  Yes er of a passive foreign investment company or a " the organization may be required to file Form 8621, oreign Investment Company or Qualified Electing Fund  Yes a foreign partnership during the tax year? If "Yes," Return of U.S. Persons With Respect to Certain (S5)  X Yes

632074 09-21-16

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE EXPENDITURES INCURRED IN ACTIVITIES OUTSIDE THE UNITED STATES ARE
TRACKED ON EXPENSE REPORTS SUBMITTED BY THE SCIENTISTS AND EMPLOYEES.
THE EXPENSE REPORTS DOCUMENT THE ACTUAL EXPENDITURES AND DISBURSEMENTS
MADE WITHIN THE FOREIGN LOCATION.

# SCHEDÜLE I (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

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

Open to Public OMB No. 1545-0047

Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. THE ACADEMY OF NATURAL SCIENCES OF

**2** Employer identification number 23-1352000 X Yes 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 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed General Information on Grants and Assistance criteria used to award the grants or assistance? PHILADELPHIA Part I Part II

					(f) Mothod of		
(a) Name and address of organization     or government	( <b>p</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(I) Metingon valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STROUD WATER RESEARCH CENTER 970 SPENCER ROAD AVONDALE, PA 193119514	52-2081073	501(C)(3)	167,123.	0			RESEARCH
CHESEPEAKE BIOGIOCHEMICAL ASSOCIATE - 601 CHURCH STREET - SHARPTOWN, MD 21861	52-2234000	FOR PROFIT	17,725.	0.			RESEARH
SHIPPENSBURG UNIVERSITY 1871 OLD MAIN DR SHIPPENSBURG, PA 17257-2298	23-2500361	GOVERNMENT ENTITY	63,454.	.0			RESEARCH
UNITED STATES GEOLOGICAL SURVEY 12201 SUNRISE VALLEY DR RESTON, VA 20192	53-0019695	GOVERNMENT ENTITY	190,325.	0			RESEARCH
PARTNERSHIP FOR THE DELAWARE ESTUAR - 110 S POPLAR STREET NO 202 = WILMINGTON, DE 19801	51-0375307	501(c)(3)	7,500.	0,0			RESEARCH
DREXEL UNIVERSITY 3201 ARCH STREET PHILADELPHIA PA 19104	23-1352630	501(0)(3)	55 159	C			являрянся
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	and government or	ions	isted in the line 1 table		***************************************		

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

Schedule I (Form 990) (2016)

Page 2

23-1352000

PHILADELPHIA

Schedule I (Form 990) (2016)

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
20					
AWARD	9	9,200.	0		
SCHOLARSHIP		10,000	O		
T T					
Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	luired in Part I, line	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					

THE PRINCIPAL INVESTIGATOR HAVING RESPONSIBILITY FOR THE GRANT MONITORS

THE TASKS AND GOALS. SUBCONTRACTOR PERFORMANCE BASED ON THE PROGRAM'S

PRINCIPAL INVESTIGATOR REVIEWS THE PERFORMANCE BEFORE AUTHORIZING THE

SUBCONTRACTOR'S INVOICE FOR PAYMENT

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

**Compensation Information** 

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

Compensated Employees

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

PHILADELPHIA

Employer identification number

Schedule J (Form 990) 2016

23-1352000

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	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	
С	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	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 nonfixed 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
a	If "Ves" on line 8, did the organization also follow the rebuttable presumption procedure described in			

Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 23-1352000

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benetits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) GEORGE W. GEPHART JR.	Ξ	296,973.	0	0	29,150.	12,924.	339,047.	0
PRESIDENT AND CEO	(ii)	0.	0	0	0	0	0	0
(2) JOHN A. FRY	ε	0.	0	0	0	0	0	0
BOARD TRUSTEE	€	782,273.	220,000.	341,080.	312,008.	16,071.	1,671,432.	
(3) M. BRIAN BLAKE, PH.D.	Ξ		V 1	0	0	0	0	
BOARD TRUSTEE (G	<b>E</b>	568,688.	115,000.	12,000.	23,850.	16,541.	736,079.	
(4) JEFFREY EBERLY (7/1/16-11/9/16) (i)	Ξ	0	0	0	0	0	0	
BOARD TRUSTEE	(E)	306,956.	0	123,620.	29,150.	8,340.	468,066.	
(5) HELEN BOWMAN (11/10/16-6/30/17) (i)	Ξ	0	0	0	0	0.	0.	
BOARD TRUSTEE (6	(ii)	-	125,000.	* 0	73,850.	16,541.	836,542.	
(6) LISA M MILLER	(1)	170,711.	0.	0	18,700.	78.	89,489	
VP, CF0/C00	(1)	0.	0.	0	0	0	0	0
(7) DAVID VELINSKY	Ξ	0.	. 0	0	0	• 0	0	
VP CENTER FOR ACADEMY SCIE	⊞	167,612.	0.	11,957.	16,763.	16,123.	212,455.	
(8) JAMES HERBERT	Θ	0	0	0.	0	0	0	
FORMER BOARD TRUSTEE	⊞	396,082.	0	.0	29,150.	16,541.	441,773.	
	Ξ	0.	0.	0		0		0.
FORMER VP FINANCE & ASSIST	<b>E</b>	161,066.	0	0.	17,600.	499.	179,165.	0.
	€ €							
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	<b>(II)</b>							

Schedule J (Form 990) 2016

Page 3

Schedule J (Form 990) 2016

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.

# LINE 4B: Н PART

AND WILL CONTINUE TO PROVIDE, TO DREXEL UNIVERSITY DURING IN RECOGNITION OF AND CONSIDERATION FOR THE GOODS AND VALUABLE SERVICES MR. FRY HAS PROVIDED,

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

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,

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

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

THE SUM OF MR. FRY'S PAID COMPENSATION (BASE SALARY AND OF FORMULA IS 118

THE ANNUAL PERFORMANCE BONUS (IF ANY)) FOR THE FISCAL YEAR ENDING ON 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.

Page 3

Schedule J (Form 990) 2016

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.

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
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.

23-1352000

n.

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.

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

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Schedule J (Form 990) 2016

### **SCHEDULE L**

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

2016

Open To Public

Internal Revenu	le Service	· IIIIUIIIIaliuli al	iout schedule r (Lo	1111 990 0	11 990-	בבן מווע ווא ווואנועכנוטוו	s is at www.iis.gov/ic	ninaa	v.	In	spect	ion		
Name of the	e organization ŋ	THE ACAI	DEMY OF N	ATUR	AL	SCIENCES O	F	Em	ploye	ident	ificati	on nu	ımber	
		PHILADEI								520	00			
Part I	Excess Bene	efit Transa	ctions (section 5	501(c)(3)	, sect	ion 501(c)(4), and 50	11(c)(29) organization	s only	/).					
	Complete if the	organization a	nswered "Yes" on	Form 9	90, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, P	art V,	line 40	Db.				
1 (a) Nan	ne of disqualified p	nerson (k	) Relationship be			lified	) Description of tran	sactio	n		(d)	Corre	cted?	
(a) (a)	no or dioqualinou p	3010011	person and o	organiza	tion		,, 2000, p. 101, 01, 114, 114				Υ.	es	No	
											-	-		
					_						-	-		
											-		_	
											_	_		
2 Enter t	he amount of tax i	incurred by the	e organization ma	nagers o	or disc	qualified persons du	ring the year under							
section	n 4958							*****	<b>&gt;</b> \$					
3 Enter t						ganization			<b>&gt;</b> \$					
Part II			nterested Pe											
		TO DEC 18				, Part V, line 38a or F	Form 990, Part IV, lin	e 26;	or if th	ne orga	anizati	on		
		-	90, Part X, line 5,	6, or 22 (d) Loa		110111				(h) An	proved	en 14		
		(b) Relationsh with organizati		from	the	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	by bo	ard or nittee?	יי ניו	(i) Written greement?	
	ранови.	Trial or gamean	5 5	organiza	ation? From	<b>P</b>	1	Yes	No	Yes	No	Yes		
					rioiii			165	140	162	INO	162	INO	
											_			
				-				-						
r. a. i						<b>&gt;</b> \$		_						
Part III	Grants or As	sistance B	enefiting Inte	restec	l Per			-						
			nswered "Yes" on											
(a) Na	me of interested p		(b) Relationship			(c) Amount of	(d) Type	of		(е	) Purp	ose o	f	
.,	·		interested per	son and		assistance	assistan				assista			
			the organiz	ation										
								-						
													-	

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

Schedule L (Form 990 or 990-EZ) 2016

THE ACADEMY OF NATURAL SCIENCES OF 23-1352000 Page 2 Schedule L (Form 990 or 990-EZ) 2016 PHILADELPHIA Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's (d) Description of (c) Amount of (a) Name of interested person (b) Relationship between interested person and the organization transaction transaction revenues? Yes No 11,495.COMPENSATIO IAN T GRIFFITH FAMILY MEMBER OF TR X Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: IAN T GRIFFITH (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF TRUSTEE (C) AMOUNT OF TRANSACTION \$ 11,495. (D) DESCRIPTION OF TRANSACTION: COMPENSATION SHARING OF ORGANIZATION REVENUES? = NO (E)

## SCHEDULE M (Form 990)

Noncash Contributions

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

2016

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Employer identification number 23-1352000

Schedule M (Form 990) (2016)

Types of Property (d) (a) (b) (c) Noncash contribution Check if Number of Method of determining contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 6.PART II EXPLANATION Books and publications X Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 329,443. SELLING PRICE 23 Securities - Publicly traded ..... Х 9 Securities - Closely held stock\_\_\_\_\_ 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 PART II EXPLANATION Scientific specimens X 23 Archeological artifacts 24 ( MISCELLANEOUS ) Х 6 O.PART II EXPLANATION Other 25 Other 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 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 isn't required to be used for X exempt purposes for the entire holding period? 30a h If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA

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

### THE ACADEMY OF NATURAL SCIENCES OF

Schedule M (Form 990) (2016) PHILADELPHIA	23-1352000 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a	and whether the organization
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combi	nation 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
THE OROMATEMITOR IS REPORTED THE NORDER OF CONTRIBOTIONS	211 0020121
(B), NOT THE NUMBER OF ITEMS.	
COMPANIE W LINE 22	
SCHEDULE M, LINE 33:	
THE ORGANIZATION DOES NOT RECOGNIZE REVENUE FOR CONTRIBUTI	ONS OF
COLLECTION ITEMS BECAUSE COLLECTIONS ARE NOT CAPITALIZED A	AS ALLOWED
UNDER SFAS 116. THE ORGANIZATION ALSO DOES NOT RECOGNIZE	REVENUE FOR
	SS THAN \$5,000
NONCASH CONTRIBUTIONS (OTHER THAN SECURITIES) THAT ARE DES	55 IIIAN \$5,000
IN VALUE.	

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Employer identification number

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service THE ACADEMY OF NATURAL SCIENCES OF Name of the organization 23-1352000 PHILADELPHIA FORM 990, PART I, DOING BUSINESS AS: THE ACADEMY OF NATURAL SCIENCES OF DREXEL UNIVERSITY FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADVANCING RESEARCH, EDUCATION AND PUBLIC ENGAGEMENT IN BIODIVERSITY AND ENVIRONMENTAL SCIENCE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLIC INTEREST AND ENGAGEMENT IN NATURAL SCIENCES AND ENVIRONMENTAL ISSUES, AND PRESERVING THE HERITAGE OF NATURAL SCIENCE IN SPECIMENS, IMAGES, WORDS AND NUMBERS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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 CONTINUE TO PRESENT 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 2017, ACADEMY EDUCATORS REACHED MORE

THAN 44,000 STUDENTS DURING OUTREACHES AND FIELD TRIP

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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

TO THE FULLEST EXTENT PERMITTED UNDER THE PENNSYLVANIA NON-PROFIT

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

APPROVAL OF THE MEMBER.

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

THE DRAFT 990 IS PREPARED INTERNALLY AND REVIEWED BY THE ACADEMY'S AUDIT

COMMITTEE. ACTING ON BEHALF OF THE BOARD, THE AUDIT COMMITTEE WILL APPROVE

THE FINAL VERSION AND DIRECT THE RETURN TO BE FILED. A COPY OF THE FINAL

VERSION IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO

FILING AND POSTED ON THE WEBSITE.

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

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA ("ACADEMY") IMPLEMENTS THE CONFLICT OF INTEREST POLICY OF ITS PARENT, DREXEL UNIVERSITY. THE POLICY APPLIES TO ALL EMPLOYEES (WHETHER A KEY EMPLOYEE OR NOT), OFFICERS, AND TRUSTEES OF THE ACADEMY/UNIVERSITY. THE CONFLICT OF INTEREST POLICY IS INTENDED TO SATISFY COMPLIANCE REQUIREMENTS AND GUIDE ACADEMY/UNIVERSITY 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 OUESTIONNAIRE 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 OUESTIONNAIRES FOR OFFICERS AND TRUSTEES ARE SUBMITTED TO THE OFFICE OF THE GENERAL COUNSEL FOR REVIEW. AFTER REVIEW A DETERMINATION IS Schedule O (Form 990 or 990-EZ) (2016) 632212 08-25-16

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.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Open to Public Inspection 2016

OMB No. 1545-0047

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

Employer identification number 23-1352000

THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA Name of the organization

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

Part

Direct controlling entity End-of-year assets <u>e</u> Total income 9 Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded en:ity Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled /?
				501(c)(3))		Yes	°N
DREXEL UNIVERSITY - 23-1352630							
3141 CHESTNUT STREET							
PHILADELPHIA, PA 19104	EDUCATIONAL INSTITUTION	PENNSYLVANIA	501(C)3	LINE 2	N/A		×
							er.

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

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Schedule R (Form 990) 2016

THE ACADEMY OF NATURAL SCIENCES OF

Scheduie R (Form 990) 2016 PHILADELPHIA

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

Page 2

23-1352000

General of Percentage managing ownership		
(j) General or managing partner?		
(i) Code V:UBI amount in box 20 of Schedule K-1 (Form 1065)		
trionate ons?		
(h Dispropo allocati		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

1 1		ľ		Ï	
(h) Section Section (i) Section (ii) Section (iii) Controlled entity?					
y d					
(h) centag nershi					
(g) Share of end-of-year assets					
Sha end-c ass					
la la					
(f) e of tot come					
(f) Share of total income					
(e) Type of entity (C corp, S corp, or trust)					
(e) e of en rp, S o r trust)					
Type (C co			10		
olling				i A	
(d) contrr entity					
(d)  Direct controlling (C entity					
(c) Legal domicile (state or foreign country)					
Legal d (stat fore cour		_			
ctivity					
(b) Primary activity					
Prin					
Z c					
anc E					
(a) Idress, d orga					
(a) Name, address, anc EIN of related organization					
Na					
l)	l; l2 -	C # # #	1 J. F.	t I I s	1 1 1

Schedule R (Form 990) 2016

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# THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedula R (Form 990) 2016

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

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Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				ĺ	200	2
1 During the tax year, did the organization engage in any of the following transaction:	is with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			1a		×
b Gift, grant, or capital contribution to related organization(s)				9		×
c Gift, grant, or capital contribution from related organization(s)				5		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				<u>1</u>		×
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)				10		×
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				;=		×
j Lease of facilities, equipment, or cther assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)			100000000000000000000000000000000000000	¥		×
I Performance of services or membarship or fundraising solicitations for related organization(s)	anization(s)			F	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			<b>1</b>	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)	***************************************		두		×
o Sharing of paid employees with related organization(s)				9		×
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		qt	×	
<ul> <li>q Reimbursement paid by related crganization(s) for expenses</li> </ul>		***************************************		19		×
r Other transfer of cash or property to related organization(s)				÷		×
				<u> </u>		×
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.	who must complete the	nis line, including covered	relationships and transaction thresholds.			
<b>(a)</b> Name o <sup>≤</sup> r∋lated organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	ivolved		
(1)						
(2)						8
(6)						
(4)						
(5)						
(9)						

Schedule R (Form 990) 2016

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# THE ACADEMY OF NATURAL SCIENCES OF

PHILADELPHIA Schedule R (Form 990) 2016 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37,

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

(k) Percentage ownership					Schedule R (Form 990) 2016
(j) General or managing partner?					R (For
(h) (i) (j) (k) Dispropor- Code V-UBI General or Percentage lipidale amount in box 20 managing ownership of Schedule K-I pariner? Ves No (Form 1065) Yes No					Schedule
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income	E)				
Are all partners sec. 501(c)(3) orgs.?					
micile Predominant income reforeign (celated, unrelated, excluded from tax under-sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary act vity					
(a) Name, address, and EIN of entity				567.	

## THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA

Schedule R	(Form 990) 2016 PHILADELPHIA	23-1352000	Page 5
Part VII	(Form 990) 2016 PHILADELPHIA Supplemental Information.		
F(2) (2) (2)	Describe additional information for recognized to questions on Cohodula D. Con instructions		
	Provide additional information for responses to questions on Schedule R. See instructions.		
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			12