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Department of the Treasury

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

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

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 A For the 2009 D Employer identification number B Check if applicable UNIVERSITY CITY SCIENCE CENTER use IRS Address change 23-1645908 label or Doing Business As E Telephone number print or Name change type. See Specific (215) 966-6000 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 19,564,266 3711 MARKET STREET SUITE 800 Terminated tions. City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 19104 Amended return Application pending Name and address of principal officer Is this a group return for STEPHEN TANG affiliates? 3711 MARKET STREET SUITE 800 PHILADELPHIA, PA 19104 Γ Yes Γ No H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) Tax-exempt status Group exemption number 🕨 Website: ► WWW SCIENCECENTER ORG M State of legal domicile PA L Year of formation 1963 Part I Summary Briefly describe the organization's mission or most significant activities To accelerate technology commercialization in the Greater Philadelphia region Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . Number of independent voting members of the governing body (Part VI, line 1b)  $\,$  .  $\,$  . 49 Total number of employees (Part V. line 2a) . . . 0 Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34  $\,$  . **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,844,260 2,775,045 Program service revenue (Part VIII, line 2g) . 11,124,239 16,501,607 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 7,788,564 224,236 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 97,821 41,771 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 22,854,884 19,542,659 143,005 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 413.450 14 Benefits paid to or for members (Part IX, column (A), line 4)  $\cdot$   $\cdot$ 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 2.558.775 3.381.039 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 Ь Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 502,788$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 13,735,359 18,817,095 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 16,707,584 22,341,139 6,147,300 -2,798,480 19 Revenue less expenses Subtract line 18 from line 12 . t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 109,938,872 99,429,923 Total liabilities (Part X, line 26) . . 88,731,689 79,166,497 21,207,183 20,263,426 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign \*\*\*\*\* 2010-11-12 Here Signature of officer STEPHEN TANG PRESIDENT & CEO Type or print name and title Preparer's signature Date Check if Preparer's identifying number Paid empolyed 🕨 🛘 Preparer's Firm's name (or yours EisnerAmper LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 101 West Avenue PO Box 458 Phone no 🕨 (215) 881-8800 Jenkintown, PA 190460458

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

Cat No 11282Y

## Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To accelerate commercialization of the region's most promising science and technology innovations, thereby promoting innovator and entrepreneur based economic development, collaboration and education as well as the continuing redevelopment of University City

MUNITY NETWORK SEE DETAIL SCHEDULE O NARRATIVE  ) (Expenses \$ 14,434,466 including grants of \$ E SEE DETAIL SCHEDULE O NARRATIVE  ervices (Describe in Schedule O ) See also Additional Data for Descri	•		Total program service e	vnenses <b>k</b> ¢	18.805.07	6		
MUNITY NETWORK SEE DETAIL SCHEDULE O NARRATIVE  ) (Expenses \$ 14,434,466 including grants of \$ E SEE DETAIL SCHEDULE O NARRATIVE	) (Revenue \$ 16,426,303 )		(Expenses \$	345,095 in	cluding grants o	of\$	) (Revenue \$	31,650)
MUNITY NETWORK SEE DETAIL SCHEDULE O NARRATIVE  ) (Expenses \$ 14,434,466 including grants of \$		4d	Other program services	(Describe in Sc	hedule O ) <b>See</b> a	also Additional Data f	or Description	
MUNITY NETWORK SEE DETAIL SCHEDULE O NARRATIVE  ) (Expenses \$ 14,434,466 including grants of \$				TAIL SCHEDOLE O	INCLUINC			
MUNITY NETWORK SEE DETAIL SCHEDULE O NARRATIVE		4c	(Code	, , , ,		including grants of \$	) (Revenue \$	10,420,303 )
, , , , , , , , , , , , , , , , , , , ,	143,005 ) (Revenue \$ 0 )	4	(Codo	) (Funance &	14.424.466		) (Davanua d	16 426 202 )
) (Expenses \$ 2,679,418 including grants of \$	143,005 ) (Revenue \$ 0 )		BUSINESS AND COMMUNITY	NETWORK SEE DETA	AIL SCHEDULE O NA	ARRATIVE		
		4b	(Code	) (Expenses \$	2,679,418	including grants of \$	143,005 ) (Revenue \$	0)
TALL SCHEDOLE O WARRANTE			INCODATOR SEE DETAILS OF	TEDOLE O WARRATTE	-			
) (Expenses \$ 1,346,097 including grants of \$	) (Revenue \$ 85,425 )	4a	(Code INCLIBATOR SEE DETAIL SCH	, , , ,	, ,	moduling grants or \$	, (Revenue \$	03,123 /
T -	AIL SCHEDULE O NARRATIVE		INCUBATOR SEE DET	AIL SCH	AIL SCHEDULE O NARRATIVI	AIL SCHEDULE O NARRATIVE	AIL SCHEDULE O NARRATIVE	AIL SCHEDULE O NARRATIVE
			Section 501(c)(3) and 50	)1(c)(4) organiza	ations and section	on 4947(a)(1) trusts a	re required to report the am	•
npt purpose achievements for each of the organization's three largest p and 501(c)(4) organizations and section 4947(a)(1) trusts are requirers, the total expenses, and revenue, if any, for each program service r	quired to report the amount of grants and	ļ		_				
	quired to report the amount of grants and	3			-	-		┌ Yes ┌ No
npt purpose achievements for each of the organization's three largest p and 501(c)(4) organizations and section 4947(a)(1) trusts are requir	st program services by expenses quired to report the amount of grants and		If "Yes," describe these r	iew services on S	Schedule O			
these changes on Schedule O  npt purpose achievements for each of the organization's three largest p and 501(c)(4) organizations and section 4947(a)(1) trusts are requir	st program services by expenses quired to report the amount of grants and		the prior Form 990 or 99				which were not listed on	✓ Yes

Part TV	Check	klist o	f Reauire	d Sche	dules
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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ 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.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15		15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
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			
	<i>IV</i>	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

	n 990 (2009)				Page
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			1	
4 -	Enterthe number of the Box 2 of Francisco American Commence of Transmitted		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable				
	1a	67			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendo gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements filed for the calendar year ending with or within the year covered by this return	49			
ь	If at least one is reported on line 2a, did the organization file all required federal employmen				
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this reinstructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the ye	ar covered by this			
	return?	'	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account, o				
	account)?		4a		Νo
b	If "Yes," enter the name of the foreign country 🕒				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report o Financial Accounts	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	ax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shel	ter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000,	and did the	6a		Νo
b	organization solicit any contributions that were not tax deductible?		6b		
7	were not tax deductible?		6D		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and i	partly for goods and	7a		No
	services provided to the payor?				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w file Form 8282?		7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiu	ms on a personal			
	benefit contract?	· · · · · ⊢	7e		
f	, , , , , , , , , , , , , , , , , , , ,		7f _		
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as	· —	7g		
п	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting the supporting organization, or a donor advised fund maintained by a sponsoring organization	n, have excess			
	business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a				
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b				
	facilities				
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	L2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				

3711 MARKET STREET SUITE 800 PHILADELPHIA, PA 19104

(215) 966-6000

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

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body 1a 23							
b	Enter the number of voting members that are independent 1b 22							
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		Νo				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο				
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο				
	ection B. Policies (This Section B requests information about policies not required by the Internal							
ке	evenue Code.)		Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?	10a	-03	No				
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		110				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?							
		11	Yes					
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes					
13	Does the organization have a written whistleblower policy?	13	Yes					
14	Does the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b	Yes					
	Let the States with which a conventible Form 200 is required to be filed by DA							
17 18	List the States with which a copy of this Form 990 is required to be filed PA  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501/c).							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	ո 🕨				
	UNIVERSITY CITY SCIENCE CENTER							

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

### 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Highest compensated employee  Key employee  Officer  Institutional Trustee or director	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations						
See add'l data										

624,793

2	Total number of individuals (including but not limited to those listed above) who received more than
	\$100,000 in reportable compensation from the organization▶8

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	103	N o

### **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

(A) Name and business address	(B) Description of services	(C) Compensation
INTECH CONSTRUCTION 3001 MARKET STREET PHILADELPHIA, PA 19104	CONSTRUCTION SERVICES	2,004,097
ABM MID-ATLANTIC INC PO BOX 6626 PHILADELPHIA, PA 19178	JANITORIAL SERVICES	954,051
Cushman and wakefield 1717 arch street 30th floor PHILADELPHIA, PA 19103	brokerage	571,394
Haaspeters Construction 306 baltimore ave folcroft, PA 19032	construction SERVICES	406,196
allied barton po box 828854 PHILADELPHIA, PA 19182	security services	328,058
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►15	) who received more than	

Form 99								Page <b>9</b>
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated camp	paigns 1a					
grai	ь	Membership du	es <b>1b</b>					
ts, ç am	С	Fundraising eve						
g ∐ar	d		rations 1d	2 262 105				
ons, sim	e	Government grants	· -	2,362,105	ļ			
Contributions, gifts, grants and other similar amounts	g g	sımılar amounts no Noncash contri	ot included above butions included in	412,540				
Cor	h	lines 1a-1f \$ _ Total. Add lines	s 1a-1f	▶	2,775,045			
				Business Code				
Program Service Revenue	2a	RENTAL INCOME FI	ROM EXE	531,120	16,384,532	16,384,532		
Rev	b	Incubator Operation	ns	541,900	85,425	85,425		
931	с	Science & Technolo	ogy	541,900	31,650	31,650		
Serv	d							
E E	е							
an o	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		16,501,607			
	3		ome (including dividend	· · · · · · · · · · · · · · · · · · ·	245.042			245.042
	4		ar amounts) stment of tax-exempt bond p	-	245,843			245,843
	5		· · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
		Koyukies I	(ı) Real	(II) Personal				
	6a	Gross Rents	. ,	, ,				
	ь	Less rental expenses						
	с	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and	21,607					
	c	sales expenses Gain or (loss)	-21,607					
	d		s)		-21,607			-21,607
	8a	Gross income fi						
Other Revenue		events (not incl \$	reported on line 1c)					
ē	ь	less directevi	penses b					
₹	С		(loss) from fundraising	events 🟲				
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19					
	b c		penses b	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold <b>b</b>					
	С		loss) from sales of inve					
	4.4	Miscellaneous		Business Code	20 71	20 715		
	11a	FORFEITURE		561,499 561,499	28,715 13,056	28,715 13,056		
	Ь	tenant bill back	s	501,499	13,056	13,036		
	q C	Δ II other rever						
	d e	Total. Add lines	ue   s 11a-11d					
	12		See Instructions	•	41,771			
	I				19,542,659	16,543,378	0	224,236

	990 (2009)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	143,005	·		Скрепосо
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	110,000	210,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	810,296	254,090	406,554	149,652
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,969,695	1,533,124	412,504	24,067
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	179,672	132,053	42,531	5,088
9	Other employee benefits	231,256	162,824	59,233	9,199
10	Payroll taxes	190,120	124,054	<del>                                     </del>	11,202
11	Fees for services (non-employees)			,	
 a	Management	24,104	24,104		
b	Legal	263,597	64,482		
c	Accounting	188,279	57,933	<del>                                     </del>	
d	Lobbying	227,580	37,333	130,310	227,580
u _	Professional fundraising See Part IV, line 17	227,300			227,300
f	Investment management fees				
	Other	368,138	260,584	31,554	76,000
g 12	Advertising and promotion	76,236	52,021	<del>                                     </del>	70,000
13	Office expenses	185,949	91,652	<del>                                     </del>	
14	Information technology	146,500	94,200	52,300	
15	Royalties	140,300	94,200	32,300	
16	·	761,837	388,454	373,383	
17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,795	7,246	23,549	
19	Conferences, conventions, and meetings				_
20	Interest	3,788,034	3,788,034		_
21	Payments to affiliates	, ,	, ,		
22	Depreciation, depletion, and amortization	4,722,447	3,973,240	749,207	
23	Insurance	211,677	152,475	59,202	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	MARKET STREET REDEVELOP	2,230,502	2,127,510	102,992	
b	utilities	1,798,767	1,750,992	<del>                                     </del>	
С	condo association fees	1,389,283		<del>                                     </del>	
d	REPAIRS & MAINTENANCE	1,189,782	1,186,910	2,872	
e	real estate & other tax	470,123	469,973	150	
f	All other expenses	743,465	576,833	<del>                                     </del>	
25	Total functional expenses. Add lines 1 through 24f	22,341,139	18,805,076	·	502,788
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			-,,	
		•			

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			5,425,367	2	3,661,805
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,937,852	4	1,657,508
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			7		
8	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges			286,964	9	149,000
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	114,467,772			
	ь	Less accumulated depreciation	10b	32,087,674	86,553,114	10c	82,380,098
	11	Investments—publicly traded securities			5,844,123	11	4,516,470
	12	Investments—other securities See Part IV, line 11		676,550	12	1,195,021	
	13	Investments—program-related See Part IV, line 11		1,835,333	13	1,821,070	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			5,379,569	15	4,048,951
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			109,938,872	16	99,429,923
	17	Accounts payable and accrued expenses .			8,444,727	17	2,167,805
	18	Grants payable		18			
	19	Deferred revenue	164,236	19	8,167		
	20	Tax-exempt bond liabilities		20			
Sej	21	Escrow or custodial account liability Complete Part IV of Schedul		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ei.		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties	·	•	76,948,973	23	73,850,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			3,173,753	25	3,140,525
	26	Total liabilities. Add lines 17 through 25			88,731,689	26	79,166,497
Balances		Organizations that follow SFAS 117, check here ▶   and comp through 29, and lines 33 and 34.	olet e I	ines 27			
ank	27	Unrestricted net assets			21,157,624	27	20,170,247
8 8	28	Temporarily restricted net assets		49,559	28	93,179	
귤	29	Permanently restricted net assets			29		
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ ar lines 30 through 34.	nd com	plete			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
455	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net ,	33	Total net assets or fund balances			21,207,183		20,263,426
Ż	34	Total liabilities and net assets/fund balances			109,938,872		99,429,923
ı ——	<u> </u>	,			1 121 =		-,, -

## Part XI Financial Statements and Reporting

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

Form **990** (2009)

## OMB No 1545-0047

**Public Charity Status and Public Support** 

Department of the Treasury Internal Revenue Service

7 3

h

**SCHEDULE A** 

(Form 990 or 990EZ)

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

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

Inspection

lame	of the	e orga	anızatı	on
JNIVER	SITY (	CITY SO	CIENCE	CENTER

Employer identification number

23-1645908

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or

section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the

following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

(Complete only if you checked the box on line 9 of Part I.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,093,493	1,829,735	3,975,946	3,844,260	2,775,045	13,518,47
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,447,949	11,814,895	12,301,537	19,095,929	17,905,277	77,565,58
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified persons	17,541,442	13,644,630	16,277,483	22,940,189	20,680,322	91,084,06
b	A mounts 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	7,040,530	5,412,840	4,705,256	4,705,256 3,406,049 6		27,167,62
c	Add lines 7a and 7b	7,040,530	5,412,840	4,705,256	3,406,049	6,602,954	27,167,62
8	<b>Public Support</b> (Subtract line 7c from line 6)						63,916,43
Se	ction B. Total Support					I	
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6	17,541,442	13,644,630	16,277,483	22,940,189	20,680,322	91,084,06
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	393,088	251,546	509,658	500,697	228,171	1,883,16
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	222.000	254.544	500 550	500 607	222.474	1 000 15
C	Add lines 10a and 10b	393,088	251,546	509,658	500,697	228,171	1,883,16
11	Net income from unrelated business activities not included in line 10b, whether or not the						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)	17,934,530	13,896,176	16,787,141	23,440,886	20,908,493	92,967,22
14	First Five Years If the Form 990 is to check this box and stop here	for the organization	on's first, second	, thırd, fourth, or 1	fifth tax year as a	501(c)(3) organ	zation,
	ation C Constitution 55 in	lia Comercia					
<u>Se</u> 15	ction C. Computation of Pub Public Support Percentage for 2009			13 column (f\)		15	60 750 2
16	Public support Percentage for 2009			15 Corumn (1))		15	68 750 %
10	r ablic support percentage from 200	70 Schedule A, Pa	arciii, iiile 15			16	66 590 %
Se	ction D. Computation of Inv						
17	Investment income percentage for 3	<b>2009</b> (line 10c co	lumn (f) dıvıded l	y line 13 column	ı (f))	17	2 030 %

Investment income percentage from 2008 Schedule A, Part III, line 17 18 2 080 %

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported 

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

### **Additional Data**

Software ID:

Software Version:

**EIN:** 23-1645908

Name: UNIVERSITY CITY SCIENCE CENTER

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	n services									
(Code	) (Expenses \$	345,095	including grants of \$	) (Revenue \$	31,650 )					
Science and Techr	cience and Technology See separately detailed program achievements narrative									

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per		tion (	(che				(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
STEPHEN TANG PRESIDENT & CEO	40 00	Х		Х				466,902	0	43,982
RICHARD A BENDIS BOARD MEMBER	30	X						0	0	0
CRAIG R CARNAROLI BOARD MEMBER	1 00	X						0	0	0
ARTHUR H RUBENSTEIN BOARD MEMBER	30	X						0	0	0
MICHAEL A DIPIANO BOARD MEMBER	1 00	X						0	0	0
GLEN N GAULTON BOARD MEMBER	1 00	Χ						0	0	0
PHILIP P GERBINO BOARD MEMBER	1 00	X						0	0	0
EDUARDO D GLANDT BOARD MEMBER	30	X						0	0	0
RICHARD P JAFFE BOARD MEMBER	1 00	Χ						0	0	0
PHILIP R JOHNSON BOARD MEMBER	30	X						0	0	0
RUSSEL E KAUFMAN BOARD MEMBER	30	X						0	0	0
KENNETH L KRING BOARD MEMBER	1 00	Χ						0	0	0
LARRY F LEMANSKI BOARD MEMBER	30	X						0	0	0
NICHOLAS J MAIALE BOARD MEMBER	30	Χ						0	0	0
P SHERRILL NEFF BOARD MEMBER	30	Χ						0	0	0
MAXINE BALLEN BOARD MEMBER	1 00	X						0	0	0
ERNEST DIANASTSIS bOARD MEMBER	30	X						0	0	0
DAVID P HOLVECK bOARD MEMBER	30	Χ						0	0	0
DAVID R KING bOARD MEMBER	30	X						0	0	0
CARL KOPFINGER bOARD MEMBER	30	Χ						0	0	0
CR CHUCK PENNONI board Member	30	X						0	0	0
LISA STAIANO-COICO bOARD MEMBER	30	X						0	0	0
TARA L WEINER bOARD MEMBER	30	X						0	0	0
THOMAS GREENWOOD VP ACCOUNTING CURTIS HESS	40 00			Χ				90,846	74,329	
SENIOR VP REAL ESTATE	40 00			Χ				28,310	254,790	40,808

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		<b>(C)</b> Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Jeanne Mell vp marketing & communica	40 00			Х				100,890	0	8,765	
RICHARD MILLER former VP MARKETING & BU	40 00			Х				43,500	0	7,483	
TYRONE CHILCOTE SENIOR PROPERTY MANAGER	40 00					х		0	136,739	27,473	
CHRISTOPHER LAING DIRECTOR OF SCIENCE & TE	40 00					х		123,330	0	17,385	
MARY ROBERTSON SENIOR PROPERTY MANAGER	40 00					X		0	106,538	24,145	
RICHARD SOUTHERLAND DIRECTOR OF DEV & CONSTR	40 00					х		0	98,982	22,430	
robert marcantuono corporate controller	40 00					Х		52,397	52,397	7,695	

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MARKET STREET REDEVELOP	2,230,502	2,127,510	102,992	
utilities	1,798,767	1,750,992	47,775	
condo association fees	1,389,283	1,389,283		
REPAIRS & MAINTENANCE	1,189,782	1,186,910	2,872	
real estate & other tax	470,123	469,973	150	

DLN: 93493316019080

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

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

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

• Se	ction 527 organizations Complete	Part I-A only				
		s," to Form 990, Part IV, Line 4, or	Form 990-EZ, F	Part VI, line 47 (Lobb	ying	Activities), then
• Se	ction 501(c)(3) organizations that	: have filed Form 5768 (election under :	section 501(h))	Complete Part II-A Do	not co	omplete Part II-B
		: have NOT filed Form 5768 (election ui				
		s," to Form 990, Part IV, Line 5 (Pre	oxy Tax) or For	m 990-EZ, line 35a (	regar	ding proxy tax), then
	ction 501(c)(4), (5), or (6) organiz	zations Complete Part III		1		
	me of the organization IVERSITY CITY SCIENCE CENTER			Employe	eridei	ntification number
				23-164		
Par	t I-A Complete if the or	ganization is exempt under s	section 501(	c) or is a section	า 527	7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign ac	tivities in Part IV		
2	Political expenditures			I	-	\$
3	Volunteer hours					
Par	t I-B Complete if the or	ganization is exempt under s	section 501(	c)(3).		
1	-	tax incurred by the organization und			<b> -</b> -	 \$
2	Enter the amount of any excise	tax incurred by organization manage	ers under sectio	n 4955	<b> -</b>	\$
3	If the organization incurred a s		☐ Yes ☐ No			
4a	Was a correction made?					┌ Yes
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt under s	section 501(	c) except sectio	n 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for sec	ction 527 exem	pt function activities	<b>F</b>	\$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to oth	ner organization	s for section 527	<b>•</b>	\$
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	and on Form 112	20-POL, line 17b	•	¢
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?				↑
5	were made For each organizati contributions received that we	nd employer identification number (EI ion listed, enter the amount paid from re promptly and directly delivered to ittee (PAC) If additional space is ne	i the filing organ a separate polit	ızatıon's funds Also e ıcal organızatıon, suc	enter	the amount of political
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid filing organization funds If none, ent	n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

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

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
С	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		227,580	
j	Total lines 1c through 1:			227,580	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		

## Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying A ctivities	The University City Science Center utilized the services of consultants to assist in the procurement of public sector funding. The consultants also provided government relations services to the Science Center at the federal, state and city levels, with regard to legislative, administrative and regulatory issues.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316019080

OMB No 1545-0047

SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions. **Employer identification number** Name of the organization UNIVERSITY CITY SCIENCE CENTER 23-1645908 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate 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 □ No 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the 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) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ \_\_\_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	<b>Till</b> Organizations Maintaining Co	ollections of Art	, His	torical Tr	easu	res, or O	the	r Similar	<u>Asse</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following t	hat are	asıgnıfıca	ant u	ise of its coll	ectio	n	
а	Public exhibition		d	┌ Loan o	rexch	ange progr	ams				
b	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they furthe	r the o	rganızatıon	's ex	kempt purpos	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				nılar	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang					answere	d "Y	es" to Forn	n 990	),	
	Part IV, line 9, or reported an ar										
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				ions o	r other ass	ets	not	Γ	Yes	Г No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		г		ı			
_						F			A mou	ınt	
C C	Beginning balance					-	1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on Fe		e 21?							Yes	No
	If "Yes," explain the arrangement in Part XI\			1 1137			<u> </u>	1.714 1 4			
Ра	rt V Endowment Funds. Complete	(a)Current Year		<u>wered "Yes</u> )Prior Year				TIV, IINE I Three Years Ba		•)Four Ye	ears Back
1a	Beginning of year balance	1,474,425		1,773,141	+ • •		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·,· · · · ·	
ь	Contributions										
c	Investment earnings or losses	107,067		-298,716							
d	Grants or scholarships										
e	Other expenditures for facilities	-656,761									
_	and programs						+		+		
f	Administrative expenses	924,731		1,474,425			+		-		
g -	End of year balance	·		1,474,423	'						
2	Provide the estimated percentage of the year		as								
а	Board designated or quasi-endowment 🕨	%									
Ь	Permanent endowment - %	)									
C	Term endowment ► %										
3а	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	that are held	and a	dministere	d for	the		Yes	No No
	(i) unrelated organizations								3a(i)	1	No
	(ii) related organizations							🛚	3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	chedule R?					3b		
4	Describe in Part XIV the intended uses of th										
Pai	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Form 99 T		•					
	Description of investment			(a) Cost or basis (invest		(b)Cost or of basis (othe		(c) Accumulat depreciation		( <b>d</b> ) Boo	k value
1a	Land		•	4,8	66,215		$\perp$			4	1,866,21
b	Buildings		•	106,2	53,926			30,426,	704	7!	5,827,222
c	Leasehold improvements		•				$\dashv$				
	Equipment		•		00,641		$\perp$	1,482,	374	:	1,318,267
е	Other			5	46,990			178,	596		368,394

82,380,098

Part VII Investments—Other Securities. See  (a) Description of security or category	Torin 990, Part X, line 12	(c) Method of valuation
(including name of security)	( <b>b)</b> Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		]
Part VIII Investments—Program Related. See	e Form 990, Part X, line :	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13 )		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion  5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	ne 15. tion  5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion  5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities  MINORITY INTEREST	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities  MINORITY INTEREST	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities  MINORITY INTEREST	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities  MINORITY INTEREST	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities  MINORITY INTEREST	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities  MINORITY INTEREST	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities  MINORITY INTEREST	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities  MINORITY INTEREST	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities  MINORITY INTEREST	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities  MINORITY INTEREST	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities  MINORITY INTEREST	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  security deposits and other liabilities  MINORITY INTEREST	5.)	

Total revenue (Form 990, Part VIII, column (A), line 12)

19,542,659

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,341,139
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,798,480
4	Net unrealized gains (losses) on investments	4	139,788
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-2,682,296
8	Other (Describe in Part XIV)	8	4,397,231
9	Total adjustments (net) Add lines 4 - 8	9	1,854,723
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-943,757
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	26,774,610
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	7,231,951
3	Subtract line <b>2e</b> from line <b>1</b>	3	19,542,659
4	A mounts 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		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	19,542,659
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	27,718,368
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	5,377,229
3	Subtract line <b>2e</b> from line <b>1</b>	3	22,341,139
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	22,341,139

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	1 Development Fund Income is allocated for use in Science Center operations. The fund is available to support working capital, development and capital purposes. 2 Quasi-Endowment Fund - To support ongoing operations of the Science Center. 3 Esther M. Klein Endowment Fund - To support Klein Gallery operations in an effort to promote art and science and art education to the surrounding Philadelphia community.
Part XI, Line 8 - Other Adjustments		(A) LOSS FROM TAXABLE CORPORATE SUBSIDIARIES AND DISREGARDED ENTITIES -449406 (B) MINORITY INTEREST IN NET LOSS OF CONSOLIDATED CORPORATE SUBSIDIARIES -14659 (C) EQUITY EARNINGS FROM PASS THROUGH ENTITIES 1125672 (D) GAIN ON INTEREST RATE SWAP 931833 NET INCOME FROM DECONSOLIDATED SUBSIDIARY 2803790 ROUNDING 1
Part XII, Line 2d - Other Adjustments		REVENUE OF CONSOLIDATED SUBSIDIARIES 2245528 INCOME FROM DECONSOLIDATED SUBSIDIARY 2803790 NONCONTROLLABLE INTERESTS IN NET INCOME OF CONSOLIDATED SUBSIDIARIES -14660 UNREALIZED GAINS ON INTEREST RATE SWAPS 931833 BOOK EARNINGS IN EXCESS OF K-1 EARNINGS FOR PASS THROUGH ENTITY INTERESTS 1125672
Part XIII, Line 2d - Other Adjustments		EXPENDITURES CONSOLIDATED subsidiaries 2694933

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Schedule I (Form 990)

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

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

OMB No 1545-0047

DLN: 93493316019080

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY CITY SCIENCE CENTER

Employer identification number

23-1645908

Pairt 1 General Inform	iation on Grants	and Assistance					
<ul><li>Does the organization main the selection criteria used</li><li>Describe in Part IV the org</li></ul>	to award the grants o	or assistance?		·		,	▽ Yes
Form 990, Part IV	/, line 21 for any r	Governments and ecipient that received o) if additional space in	l more than \$5,000.	Check this box if no	one recipient rec	eived more than \$5,0	000. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SCHOOL DISTRICT OF PHILADELPHIA 440 NORTH BROAD	236004102	170b(1)(A)(III)	132,950		,		BLSCA EDUCATIONAL PROGRAM

Enter total number of section 501(c)(3) and gover	nment organizations
---	---------------------

**3** Enter total number of other organizations . . . . . . . .

Schedule I (Form 990) 2009

Part III	Grants and Other Assistance to Individuals in the United State	s. Complete if the organization answered "Yes" to Form 990	, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Suppleme	<b>ental Information.</b> Complete t	his part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Other Information	Part IV	Grant funds monitoring at UCSC is an organization wide endeavor. The grant administrator coordinates the grant process from application through close out with oversight provided by an executive staff member. The grant administrator reviews the award documentation and applicable laws to ensure compliance with the terms and conditions of the award. In instances where the Science Center grants sub-awards, sub grant recipients are required to provide proof of expenditure as well as supporting documentation to substantiate expenses. Reporting requirements are coordinated by the grant administrator in conjunction with the assigned executive. Upon grant termination of the award, it is the responsibility of the grant administrator to finalize the grant and submit all required close out materials.

DLN: 93493316019080

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

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

**Compensation Information** 

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

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.		Inspe	ectio	n
Name of the organ		Employer identif	fication nur	nber	
		23-1645908			
Part I Quest	ons Regarding Compensation				
			•	Yes	N

1a	Check the appropiate box(es) if the organization provided a 990, Part VII, Section A, line 1a Complete Part III to prov				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organizat reimbursement orprovision of all the expenses described ab		1b		
2	Did the organization require substantiation prior to reimburs officers, directors, trustees, and the CEO/Executive Directors	- · · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organization uses				
	organization's CEO/Executive Director Check all that appl Compensation committee	y Written employment contract			
	✓ Independent compensation consultant				
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII or a related organization	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control paymer	t?	4a		Νo
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
c	Participate in, or receive payment from, an equity-based compensation arrangement?				Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must comp				
5	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of	did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of	did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a payments not described in lines 5 and 6? If "Yes," described		7		Νο
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III				No
_					
9	9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?				

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

					<u> </u>					
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
1		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ		
STEPHEN TANG	(ı) (ıı)	319,402 0	147,500 0	0	· / /	14,582 0	510,884 0	0 0		
THOMAS GREENWOOD	(ı) (ıı)	77,096 63,079	13,750 11,250		1 ' 1	7,306 5,978		0		
CURTIS HESS	(ı) (ıı)	21,810 196,290	6,500 58,500			1,461 13,151		0		
TYRONE CHILCOTE	(I) (II)	0 136,739	0 0	0		0 14,268		0 0		

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

## OMB No 1545-0047

2009

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## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

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

▶ Attach to Form 990.

Name of the organization UNIVERSITY CITY SCIENCE CENTER

Employer identification number

23-1645908

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	A new proof-of-concept funding program, QED, and a streetscape improvement project contributed to the furtherance of the core mission of the Science Center in 2009. The QED Proof-of-Concept Program grew directly out of key recommendations in a 2007 study by the CEO Council for Growth titled "Accelerating Technology Transfer in Greater Philadelphia. Identifying Opportunities to Connect Universities with Industry for Regional Economic Development." The Science Center also spearheaded the Market Street Revitalization Project, which will transform both sides of Market Street between 34th and 41st Streets into a greener and more pedestrian-friendly thoroughfare. The project commenced in November 2009.
Form 990, Part VI, Section A, line 6		THE OWNERSHIP OF SHARES OF THE CORPORATION ARE RESTRICTED TO CORPORATIONS QUALIFIED FOR EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE
Form 990, Part VI, Section A, line 7a		ANNUAL STOCKHOLDER MEETINGS AFTER EACH ANNUAL ELECTION OF DIRECTORS, THE BOARD OF DIRECTORS MEETS FOR THE PURPOSE OF ORGANIZATION, ELECTION OF A CHAIRMAN OF THE BOARD AND OTHER OFFICERS, AND THE TRANSACTION OF OTHER BUSINESS AT THE OFFICE OF THE CORPORATION
Form 990, Part VI, Section A, line 7b		REGULAR AND ANNUAL MEETINGS ARE HELD IN WHICH TRANSACTIONS ARE BROUGHT BEFORE THE BOARD SPECIAL MEETINGS MAY ALSO BE HELD AT THE ELECTION OF THREE OR MORE SHAREHOLDERS
Form 990, Part VI, Section B, line 11		The completed 990 is presented for review and approval by the Audit Committee at which time it will be made available to the entire Board of Directors
Form 990, Part VI, Section B, line 12c		Board members and employees are required to annually sign a conflict of interest document, indicating that they understand the policy and will alert members should a conflict occur. This process is overseen by the Science Center's General Counsel.
Form 990, Part VI, Section B, Inne 15		The Board hired Mercer Human Resource Consulting several years ago to review CEO and executive compensation and to provide benchmark information on salary and incentive compensation. An array of 501 C3 and for-profit benchmarks were included in the study in order to compare entities and their compensation structures that represented business and service operations of a comparable nature. The findings from Mercer's study were and have been incorporated into annual review, and compensation planning for the CEO and his team. The board or executive committee annually reviews management compensation and approves all changes. An updated compensation review was conducted for the top five executives by compensation consultant, Korn/Ferry Executive Compensation, and presented to the board of the Science Center. These studies collected base salary and total cash compensation data from nationally published compensation surveys and Form 990s of a universe of comparable 501(c)(3) institutions that appropriately reflected the scale, operating nature and tax status of the Science Center.
Form 990, Part VI, Section C, line 19		A PERSON WHO HAS A REQUEST FOR A COPY OF THE GOVERNING DOCUMENTS PLACES HIS/HER REQUEST WITH THE SECRETARY AND GENERAL COUNSEL OF THE UNIVERSITY CITY SCIENCE CENTER UPON THE RECEIPT OF A REQUEST, THE REQUESTED INFORMATION IS MADE AVAILABLE TO THE INTERESTED PARTY

ldentifier	Return Reference	Explanation
		There were no changes in the Organization's oversight or selection process during the 2009 year

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SCHEDULE R

**Related Organizations and Unrelated Partnerships** 

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

► Attach to Form 990. ► See separate instructions.

**DLN: 93493316019080**OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization UNIVERSITY CITY SCIENCE CENTER

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

23-1645908

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
3701 UNIVERSITY CITY SCIENCE CENTER ASSOCIATES LP 3711 MARKET STREET SUITE 800 PHILADELPHIA, PA 19104 23-3040122	COMMERCIAL REAL ESTATE PROPERTY OWNERSHIP AND RENTAL	PA	-486,271	40,802,182	UNIVERSITY CITY SCIENCE CENTER
3701 UNIVERSITY CITY SCIENCE CENTER ASSOCIATES LLC 3711 MARKET STREET SUITE 800 pHILADELPHIA, PA 19104 23-3040121	COMMERCIAL REAL ESTATE PROPERTY OWNERSHIP AND RENTAL	PA	-4,912	412,144	UNIVERSITY CITY SCIENCE CENTER

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.)

Name, address, and EIN of related organization

**(b)** Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (e)
Public charity status
(if section 501(c)(3))

(f) Direct controlling entity

23-2180320

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

			- · <b>J</b> · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	,					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Dispropi allocati	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Genei mana parti	ral or aging
UNIVERSITY PARK ASSOCIATES I LLC			UNIVERSITY CITY				Yes	No		Yes	No
3711 MARKET STREET SUITE 800 PHILADELPHIA, PA19104 23-3011497	OFFICE BUILDING	PA	SCIENCE CENTER	RELATED	51,424	3,416,852		No		Yes	
UNIVERSITY PARK ASSOCIATES II LLC			LINING COTTY COTY								
3711 MARKET STREET SUITE 800 PHILADELPHIA, PA19104 23-3011120	OFFICE BUILDING	PA	UNIVERSITY CITY SCIENCE CENTER	RELATED	11,709	2,172,780		No		Yes	
SCIENCE CENTER CAPITAL I LP  3711 MARKET STREET 3RD FLOOR PHILADELPHIA, PA19104 20-5660733 SCC GP LP	INVESTMENT - VENTURE CAPITAL	PA	N/A								
3711 MARKET STREET 3RD FLOOR PHILADELPHIA, PA19104 20-5660679	INVESTMENT - VENTURE CAPITAL	PA	N/A								
WEXFORD-UCSC II GP LLC 7312 PARKWAY DRIVE HANOVER, MD21076 42-1713226	COMMERCIAL REAL ESTATE PROPERTY OWNERSHIP AND RENTAL	MD	UNIVERSITY CITY SCIENCE CENTER	RELATED		9,638,560		No			No
WEXFORD-UCSC II LP 7312 PARKWAY DRIVE HANOVER, MD21076 42-1713227	COMMERCIAL REAL ESTATE PROPERTY OWNERSHIP AND RENTAL	MD	UNIVERSITY CITY SCIENCE CENTER	RELATED	-1,054,223	22,291,745		No			No
3440 UNIVERSITY CITY SCIENCE CENTER ASSOCIATES 3711 MARKET STREET SUITE 800 PHILADELPHIA, PA19104 23-2180320	COMMERCIAL REAL ESTATE PROPERTY OWNERSHIP AND RENTAL	РА	UNIVERSITY CITY SCIENCE CENTER	RELATED	151,388	3,445,214		No		Yes	

Part IV 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.)

				<b>_</b>	, ,		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership
NEURO DIAGNOSTIC DEVICES INC 3624 MARKET STREET SUITE 300 PHILADELPHIA, PA19104 20-1905121	MANUFACTURING - MEDICAL DEVICES	PA	UNIVERSITY CITY SCIENCE CENTER (through 12302009)	С	-263,778	67,761	49 000 %
SCC GP-GP INC 3711 MARKET STREET 3RD FLOOR PHILADELPHIA, PA19104 20-3971470	MANAGEMENT SERVICES	PA	N/A	С	-304		100 000 %
SCIENCE CENTER CAPITAL MANAGEMENT COMPANY 3711 MARKET STREET 3RD FLOOR PHILADELPHIA, PA19104 20-3971335	MANAGEMENT SERVICES	PA	N/A	С	-305		100 000 %
PORT OF TECHNOLOGY INC 3711 market street suite 800 PHILADELPHIA, PA19104 23-3054794	INCUBATOR STARTUP SUPPORT	PA	UNIVERSITY CITY SCIENCE CENTER	С	98,974	225,202	100 000 %
RESEARCH PARK INC 3711 market street suite 800 PHILADELPHIA, PA19104 23-2671100	SERVICES - REAL ESTATE MGMT	PA	UNIVERSITY CITY SCIENCE CENTER	С	-290,304	164,447	100 000 %

Sche	dule R (Form 990) 2009		Рa	ge <b>3</b>
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)	1		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gıft, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	<b>1</b> g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10	Yes	
D	Reimbursement paid by other organization for expenses	1p	Yes	
Р	Remindusement paid by other organization for expenses			
q	O ther transfer of cash or property to other organization(s)	<b>1</b> q		No
r	O ther transfer of cash or property from other organization(s)	1r		No
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 thr			
	(a) (b) Transaction Name of other organization	Amoun	(c) t involv	ed
	type(a-r) e Additional Data Table			
2)				

(3)

(4)

(5)

(6)

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

**EIN:** 23-1645908

Name: UNIVERSITY CITY SCIENCE CENTER

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, F	art III - Identiik		i Related Of	yanızanınıs i	axable as a Partiler	Silip				,	·->
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	<b>(f)</b> , Share of total income (\$)	(g) Share of end-of-year assets (\$)	allocat	oprtionate tions?	e (i) Code V-UBI amount on Box 20 of K-1 (\$)	Gen t o Mana Part	(j) neral or laging tner?
UNIVERSITY PARK ASSOCIATES I LLC 3711 MARKET STREET SUITE 800 PHILADELPHIA, PA19104 23-3011497	OFFICE BUILDING	PA	UNIVERSITY CITY SCIENCE CENTER	RELATED	51,424	3,416,852	Yes	No No		Yes	No No
UNIVERSITY PARK ASSOCIATES II LLC  3711 MARKET STREET SUITE 800 PHILADELPHIA, PA19104 23-3011120	OFFICE BUILDING	РА	UNIVERSITY CITY SCIENCE CENTER	RELATED	11,709	2,172,780		No		Yes	
SCIENCE CENTER CAPITAL I LP 3711 MARKET STREET 3RD FLOOR PHILADELPHIA, PA19104 20-5660733	VENTURE CAPITAL	РА	N/A								
SCC GP LP  3711 MARKET STREET 3RD FLOOR PHILADELPHIA, PA19104 20-5660679	INVESTMENT - VENTURE CAPITAL	PA	N/A								
	COMMERCIAL REAL ESTATE PROPERTY OWNERSHIP AND RENTAL		UNIVERSITY CITY SCIENCE CENTER	RELATED		9,638,560		No			Νο
7312 PARKWAY DRIVE	COMMERCIAL REAL ESTATE PROPERTY OWNERSHIP AND RENTAL	1	UNIVERSITY CITY SCIENCE CENTER	RELATED	-1,054,223	22,291,745		No			No
ASSOCIATES	COMMERCIAL REAL ESTATE PROPERTY OWNERSHIP AND RENTAL		UNIVERSITY CITY SCIENCE CENTER	RELATED	151,388	3,445,214		No		Yes	

## Form 990, Schedule R, Part V - Transactions With Related Organizations

PORT OF TECHNOLOGY INC

(8)

	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> A mount Involved (\$)
(1)	Research Park Inc	L	417,018
(2)	Research Park Inc	Р	27,205
(3)	PORT OF TECHNOLOGY INC	0	1,663
(4)	Research Park Inc	D	400,915
(5)	Research Park Inc	I	242,202
(6)	NEURO DIAGNOSTIC DEVICES INC	К	9,800
(7)	PORT OF TECHNOLOGY INC	I	1,011,781

-254,948

D