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DLN: 93493226039775

# Form 990

Department of the Treasury Internal Revenue Service

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

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

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

► Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

| A Fo   | i the z   |  |  | $oxed{g}$ 01-01-2014 $oxed{g}$ , and ending 1:  | L JI 2014     |  |   |
|--|---|--|--|---|---------------|--|---|
| <b>B</b> Che   | eck if ap   | plicable   | C Name of organization AMERICAN PHILOSOPHICAL SOCIET   | Y   |               | D Employe  | er identification number  |
| ☐ Add  | Iress cha   | ange   | ,  | •   |               | 23-135   | 33269   |
| ∏ Nar  | ne chan   | nge  | Doing business as  |   |               |  |   |
| ┌ Init   | ıal retur   | n  |  |   |               | E Telephon   | a number  |
| Fina   |   |  | Number and street (or P O box if i<br>104 SOUTH FIFTH STREET   | mail is not delivered to street address   | Room/suite    | · ·  |   |
| _  | urn/term  |  |  |   |               | (215)4   | 40-3400   |
| _  | ended ro<br>dication  | eturn<br>pending   | City or town, state or province, cou<br>PHILADELPHIA, PA 19106   | ıntry, and ZIP or foreign postal code   |               | <b>G</b> Gross red   | ceipts \$ 33,637,879  |
|  |   |  | <b>F</b> Name and address of pri   | ncipal officer  | Н             | (a) Is this a group r  | eturn for   |
|  |   |  | Dr Keith S Thomson   | ,   | '''           | subordinates?  | r Yes r No  |
|  |   |  | 41 Summit Street<br>Philadelphia, PA 19118   |   |               | (I-)   |   |
|  |   |  | ,  |   |               | (b) Are all subording<br>included?   | ates  |
| I Ta   | x-exem <sub> </sub>   | pt status  | ▼ 501(c)(3)  | (insert no )  | 527           | If "No," attach a  | a list (see instructions)   |
|  | ebsite  | : <b>►</b> ww  | w amphilsoc org  |   |               | (c) Group exemption  | on numher ▶   |
|  |   |  |  |   |               |  |   |
|  |   |  | Corporation Trust Association  | on  Other 🟲   | L             | Year of formation 1743   | 3 M State of legal domicile PA  |
| Ра   | rt I  |  | mary escribe the organization's missi  |   |               |  |   |
| Governance   | <u>d</u><br>-<br>-  | lescribe   | ose of "promoting useful knowle<br>d further within  |   |               |  |   |
|  |   | neck tr  | nis box দ if the organization d  | iscontinued its operations or d   | isposea or mo | ore than 25% of its r  | iet assets  |
| Activities &   | 3 N   | lumber   | of voting members of the gover   | ning body (Part VI, line 1a) .  |               |  | <b>3</b> 33   |
| ij.  | <b>4</b> N  | Number   | of independent voting members  | of the governing body (Part VI  | , line 1b) .  | [  | 4 32  |
| Ę  | 5 ⊺   | otal nu  | mber of individuals employed in  | [   | <b>5</b> 77   |  |   |
| 4  | 6 ⊺   | otal nu  | mber of volunteers (estimate if  | [   | 6 4           |  |   |
|  | l   |  | related business revenue from F  |   |               |  | <b>7a</b> 0   |
|  | Ь∧  | let unre   | lated business taxable income  | from Form 990-T, line 34 .  | <u></u>       |  | 7b  |
|  |   |  |  |   |               |  |   |
|  |   |  |  |   | _             | Prior Year   | Current Year  |
| a)   | 8   |  | butions and grants (Part VIII, I   |   | <u> </u>      | 2,011,63   | 35 2,490,457  |
| enne   | 9   | Progra   | ım service revenue (Part VIII, I   | ıne 2g)   | 🗀             | 2,011,63<br>137,19   | 2,490,457<br>99 100,579   |
| Revenue  | 9<br>10   | Progra<br>Invest   | ım service revenue (Part VIII, l<br>ment income (Part VIII, colum  | n (A), lines 3, 4, and 7d).   | [             | 2,011,63<br>137,19<br>15,058,63  | 35     2,490,457       99     100,579       17     16,828,184   |
| Revenue  | 9<br>10<br>11   | Progra<br>Invest<br>Other  | ım service revenue (Part VIII, l<br>ment income (Part VIII, colum<br>revenue (Part VIII, column (A)  | ne 2g)  | <br>          | 2,011,63<br>137,19   | 35     2,490,457       99     100,579       17     16,828,184   |
| Revenue  | 9<br>10   | Progra<br>Invest<br>Other<br>Total r   | ım service revenue (Part VIII, l<br>ment income (Part VIII, colum  | ine 2g)   |               | 2,011,63<br>137,19<br>15,058,63  | 35     2,490,457       99     100,579       17     16,828,184       37     97,473   |
| Revenue  | 9<br>10<br>11   | Progra<br>Invest<br>Other<br>Total r<br>12) .  | im service revenue (Part VIII, l<br>ment income (Part VIII, colum<br>revenue (Part VIII, column (A)<br>revenue—add lines 8 through 1:  | ine 2g)   |               | 2,011,63<br>137,19<br>15,058,63<br>57,93   | 2,490,457<br>99 100,579<br>17 16,828,184<br>37 97,473<br>88 19,516,693  |
| Revenue  | 9<br>10<br>11<br>12   | Progra Invest Other Total r 12) . Grants Benefi  | im service revenue (Part VIII, Iment income (Part VIII, colum<br>revenue (Part VIII, column (A)<br>revenue—add lines 8 through 1:<br>  | ine 2g)   |               | 2,011,63<br>137,19<br>15,058,63<br>57,93   | 2,490,457<br>99 100,579<br>17 16,828,184<br>37 97,473<br>88 19,516,693  |
|  | 9<br>10<br>11<br>12   | Progra Invest Other Total (12) Grants Benefi Salarie   | im service revenue (Part VIII, Iment income (Part VIII, colum<br>revenue (Part VIII, column (A)<br>revenue—add lines 8 through 1:<br>  | ine 2g)   |               | 2,011,63<br>137,19<br>15,058,63<br>57,93   | 2,490,457<br>99 100,579<br>17 16,828,184<br>37 97,473<br>88 19,516,693<br>50 962,368  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15   | Progra Invest Other Total (12) . Grants Benefi Salarie 5-10)   | im service revenue (Part VIII, Iment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 1:   | ine 2g)   |               | 2,011,63<br>137,19<br>15,058,63<br>57,93<br>17,265,38<br>812,36  | 2,490,457<br>99 100,579<br>17 16,828,184<br>37 97,473<br>88 19,516,693<br>50 962,368  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15   | Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes   | im service revenue (Part VIII, Iment income (Part VIII, colum revenue (Part VIII, column (A)) revenue—add lines 8 through 1:  and similar amounts paid (Part spaid to or for members (Part es, other compensation, employ sional fundraising fees (Part IX)  | ine 2g)   |               | 2,011,63<br>137,19<br>15,058,63<br>57,93<br>17,265,38<br>812,36  | 2,490,457<br>99 100,579<br>17 16,828,184<br>37 97,473<br>88 19,516,693<br>50 962,368<br>0<br>06 4,198,363   |
| Expenses Revenue   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu  | im service revenue (Part VIII, Iment income (Part VIII, column revenue (Part VIII, column (A)) revenue—add lines 8 through 1:  and similar amounts paid (Part is paid to or for members (Part es, other compensation, employ sional fundraising fees (Part IX) ndraising expenses (Part IX, column (I  | n (A), lines 3, 4, and 7d). , lines 5, 6d, 8c, 9c, 10c, and 3 L (must equal Part VIII, colum  |               | 2,011,63<br>137,19<br>15,058,63<br>57,93<br>17,265,38<br>812,36  | 2,490,457<br>99 100,579<br>17 16,828,184<br>37 97,473<br>88 19,516,693<br>60 962,368<br>0<br>06 4,198,363   |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other  | im service revenue (Part VIII, Iment income (Part VIII, column revenue (Part VIII, column (A)) revenue—add lines 8 through 1: s and similar amounts paid (Part its paid to or for members (Part its paid to or for members (Part its, column fundraising fees (Part IX) ndraising expenses (Part IX, column (I))   | Ine 2g)   |               | 2,011,63<br>137,19<br>15,058,63<br>57,93<br>17,265,38<br>812,36<br>3,878,10  | 2,490,457<br>99 100,579<br>17 16,828,184<br>37 97,473<br>88 19,516,693<br>50 962,368<br>0<br>06 4,198,363<br>0  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e  | im service revenue (Part VIII, Iment income (Part VIII, column (A) revenue (Part VIII, column (A)) revenue—add lines 8 through 1:  | n (A), lines 3, 4, and 7d). , lines 5, 6d, 8c, 9c, 10c, and 3 L (must equal Part VIII, colum  t IX, column (A), lines 1-3)  IX, column (A), line 4).  ee benefits (Part IX, column (A), line 11e).  c), line 25) ► 704,698  lines 11a-11d, 11f-24e).  ust equal Part IX, column (A), lines 11a-11d, 11f-24e). |               | 2,011,63<br>137,19<br>15,058,63<br>57,93<br>17,265,38<br>812,36<br>3,878,10  | 2,490,457 99 100,579 17 16,828,184 37 97,473 88 19,516,693 60 962,368 0 06 4,198,363 0 54 4,817,104 20 9,977,835  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e  | im service revenue (Part VIII, Iment income (Part VIII, column revenue (Part VIII, column (A)) revenue—add lines 8 through 1: s and similar amounts paid (Part its paid to or for members (Part its paid to or for members (Part its, column fundraising fees (Part IX) ndraising expenses (Part IX, column (I))   | n (A), lines 3, 4, and 7d). , lines 5, 6d, 8c, 9c, 10c, and 3 L (must equal Part VIII, colum  t IX, column (A), lines 1-3)  IX, column (A), line 4).  ee benefits (Part IX, column (A), line 11e).  c), line 25) ► 704,698  lines 11a-11d, 11f-24e).  ust equal Part IX, column (A), lines 11a-11d, 11f-24e). |               | 2,011,63<br>137,19<br>15,058,63<br>57,93<br>17,265,38<br>812,36<br>3,878,10<br>4,297,49<br>8,987,92<br>8,277,46  | 2,490,457 99 100,579 17 16,828,184 37 97,473 88 19,516,693 60 962,368 0 06 4,198,363 0 54 4,817,104 20 9,977,835 68 9,538,858   |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e  | im service revenue (Part VIII, Iment income (Part VIII, column (A) revenue (Part VIII, column (A)) revenue—add lines 8 through 1:  | n (A), lines 3, 4, and 7d). , lines 5, 6d, 8c, 9c, 10c, and 3 L (must equal Part VIII, colum  t IX, column (A), lines 1-3)  IX, column (A), line 4).  ee benefits (Part IX, column (A), line 11e).  c), line 25) ► 704,698  lines 11a-11d, 11f-24e).  ust equal Part IX, column (A), lines 11a-11d, 11f-24e). |               | 2,011,63<br>137,19<br>15,058,63<br>57,93<br>17,265,38<br>812,36<br>3,878,10  | 2,490,457 99 100,579 17 16,828,184 37 97,473 88 19,516,693 60 962,368 0 06 4,198,363 0 54 4,817,104 20 9,977,835 68 9,538,858   |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Progra Invest Other Total (12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven   | im service revenue (Part VIII, Iment income (Part VIII, column (A) revenue (Part VIII, column (A)) revenue—add lines 8 through 1:  | Ine 2g)   |               | 2,011,63<br>137,19<br>15,058,63<br>57,93<br>17,265,38<br>812,36<br>3,878,10<br>4,297,49<br>8,987,93<br>8,277,46<br>Beginning of Current  | 2,490,457 99 100,579 17 16,828,184 37 97,473 88 19,516,693 60 962,368 0 06 4,198,363 0 54 4,817,104 20 9,977,835 68 9,538,858 t End of Year   |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Progra Invest Other Total in 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven   | im service revenue (Part VIII, Iment income (Part VIII, colum revenue (Part VIII, column (A)) revenue—add lines 8 through 1:   | Ine 2g)   |               | 2,011,63<br>137,19<br>15,058,63<br>57,93<br>17,265,38<br>812,36<br>3,878,10<br>4,297,49<br>8,987,93<br>8,277,46<br>Beginning of Current<br>Year<br>188,349,70<br>5,797,73                  | 2,490,457 99 100,579 17 16,828,184 37 97,473 88 19,516,693 60 962,368 0 06 4,198,363 0 06 4,198,363 0 54 4,817,104 20 9,977,835 68 9,538,858 t End of Year 02 197,652,256 71 7,512,501                |
| Not Assets or Expenses Fund Balances   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Progra Invest Other Total (12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total i Net as   | im service revenue (Part VIII, Iment income (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part ts paid to or for members (Part tes, other compensation, employ sional fundraising fees (Part IX ndraising expenses (Part IX, column (I expenses (Part IX, column (I) expenses Add lines 13–17 (multiple expenses Subtract lines assets (Part X, line 16)   | Ine 2g)   |               | 2,011,63<br>137,19<br>15,058,63<br>57,93<br>17,265,38<br>812,36<br>3,878,10<br>4,297,49<br>8,987,93<br>8,277,46<br>Beginning of Current<br>Year<br>188,349,70                              | 2,490,457 99 100,579 17 16,828,184 37 97,473 88 19,516,693 60 962,368 0 06 4,198,363 0 06 4,198,363 0 54 4,817,104 20 9,977,835 68 9,538,858 t End of Year 02 197,652,256 71 7,512,501                |
| kund Bakances Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Progra Invest Other Total in 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as  Sign Ities of ge and                               | im service revenue (Part VIII, Iment income (Part VIII, column revenue (Part VIII, column (A)) revenue—add lines 8 through 1: s and similar amounts paid (Part its paid to or for members (Part its paid to or for members (Part its, column (Part its, column (Part its, column (Part its)) sional fundraising fees (Part IX, indraising expenses (Part IX, column (Part its)) expenses (Part IX, column (A), expenses Add lines 13–17 (multiples its expenses Subtract lines) assets (Part X, line 16) liabilities (Part X, line 26)   | ine 2g)   | ine 25)       | 2,011,63<br>137,19<br>15,058,63<br>57,93<br>17,265,38<br>812,36<br>3,878,10<br>4,297,49<br>8,987,93<br>8,277,46<br>Beginning of Current<br>Year<br>188,349,70<br>5,797,73<br>182,551,93    | 2,490,457 99 100,579 17 16,828,184 37 97,473 88 19,516,693 60 962,368 0 06 4,198,363 0 06 4,198,363 0 06 4,817,104 20 9,977,835 68 9,538,858 t End of Year 02 197,652,256 71 7,512,501 31 190,139,755 |
| kund Bakances Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Progra Invest Other Total (12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total (2) Reven  Total (3) Net as  Sign Ities of ge and los any kn                          | im service revenue (Part VIII, Iment income (Part VIII, column revenue (Part VIII, column revenue—add lines 8 through 1:   | ine 2g)   | ine 25)       | 2,011,63 137,19 15,058,63 57,93 17,265,38 812,36 3,878,10 4,297,49 8,987,93 8,277,46 Beginning of Current Year 188,349,70 5,797,73 182,551,93 schedules and state officer) is based on a   | 2,490,457 99 100,579 17 16,828,184 37 97,473 88 19,516,693 60 962,368 0 06 4,198,363 0 06 4,198,363 0 06 4,817,104 20 9,977,835 68 9,538,858 t End of Year 02 197,652,256 71 7,512,501 31 190,139,755 |
| Met Assets of Laborates and Laborates Laborates and Labora | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>1 III<br>r penal           | Progra Invest Other Total in 12) .  Grants Benefi Salaria 5-10) Profes Total fu Other Total a Reven  Total a Total I Net as  Sign Ities of ge and is any ki                    | im service revenue (Part VIII, Iment income (Part VIII, column revenue (Part VIII, column revenue—add lines 8 through 1:   | ine 2g)   | ine 25)       | 2,011,63<br>137,19<br>15,058,63<br>57,93<br>17,265,38<br>812,36<br>3,878,10<br>4,297,49<br>8,987,93<br>8,277,46<br>Beginning of Current<br>Year<br>188,349,70<br>5,797,73<br>182,551,93    | 2,490,457 99 100,579 17 16,828,184 37 97,473 88 19,516,693 60 962,368 0 06 4,198,363 0 06 4,198,363 0 06 4,817,104 20 9,977,835 68 9,538,858 t End of Year 02 197,652,256 71 7,512,501 31 190,139,755 |
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| Not Assets or Expenses  Lind Balances  Expenses  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>t III<br>r penal<br>nowled | Progra Invest Other Total in 12). Grants Benefi Salarie 5-10) Profes Total fu Other Total in Reven  Total in Net as  Sign Ities of ge and is any kin  ***** Signal             | im service revenue (Part VIII, Iment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 1:   | ine 2g)   | ine 25)       | 2,011,63 137,19 15,058,63 57,93 17,265,38 812,36 3,878,10 4,297,49 8,987,93 8,277,46 Beginning of Current Year 188,349,70 5,797,73 182,551,93 schedules and state officer) is based on a   | 2,490,457 99 100,579 17 16,828,184 37 97,473 88 19,516,693 60 962,368 0 06 4,198,363 0 06 4,198,363 0 06 4,817,104 20 9,977,835 68 9,538,858 t End of Year 02 197,652,256 71 7,512,501 31 190,139,755 |
| Met Assets of Laborates and La | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>t III<br>r penal<br>nowled | Progra Invest Other Total in 12) .  Grants Benefi Salarie 5-10) Profes Total fu Other Total in Reven  Total in Net as  Sign Ities of ge and so any kin  **** Signa  Dr Ke Type | im service revenue (Part VIII, Iment income (Part VIII, column revenue (Part VIII, column revenue (Part VIII, column (A)) revenue—add lines 8 through 1:  a and similar amounts paid (Part is paid to or for members (Part is paid to or for members (Part is, other compensation, employ) sional fundraising fees (Part IX, ndraising expenses (Part IX, column (I)) expenses (Part IX, column (A)), expenses Add lines 13–17 (multiples expenses Subtract lines assets (Part X, line 16) .  a sets or fund balances Subtract ature Block perjury, I declare that I have expensed it is true, correct, and conowledge  ** ature of officer eith S Thomson EXECUTIVE OFFICER | ine 2g)   | ine 25)       | 2,011,63 137,19 15,058,63 57,93 17,265,38 812,36 3,878,10 4,297,49 8,987,93 8,277,46 Beginning of Current Year 188,349,70 5,797,73 182,551,93 I schedules and state officer) is based on a | 2,490,457 99 100,579 17 16,828,184 37 97,473 88 19,516,693 60 962,368 0 06 4,198,363 0 06 4,198,363 0 06 4,817,104 20 9,977,835 68 9,538,858 t End of Year 02 197,652,256 71 7,512,501 31 190,139,755 |

Firm's address ► 215 S Broad St 4th Fl

Philadelphia, PA 19107

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

**Use Only** 

Phone no (215) 893-9112

✓ Yes ☐ No

| Form  | 1990 (2014)   |  |  |   | Page 2   |
|---|---|--|--|---|--|
| Par   |   | ent of Program Service A<br>Schedule O contains a response   | Accomplishments<br>e or note to any line in this Part III  |   |  |
| 1   | Briefly describe  | the organization's mission   |  |   |  |
| purp<br>enga<br>oppo<br>disce<br>rese<br>Soci | ose of "promoting<br>iges distinguished<br>irtunities for interc<br>overy through grai<br>arch library of mai | useful knowledge " In the 21st I scientists, humanists, social s disciplinary, intellectual fellows nts and fellowships, lectures, puniscripts and other collections vities reflect the founder's spirit | ed society in the United States, was century the Society sustains this recentists, and leaders in civic and chip, particularly in the semi-annual iblications, prizes, exhibitions, and internationally recognized for their to finquiry, provide a forum for the form | nission in three principal ways<br>cultural affairs through elected<br>Meetings in Philadelphia It su<br>public education It serves scl<br>enduring historic value The Ai | It honors and<br>membership and<br>ipports research and<br>holars through a<br>merican Philosophical |
|   |   |  |  |   |  |
| 2   | the prior Form 9  | 90 or 990-EZ?  | rogram services during the year wh   | ich were not listed on  | ┌ Yes ┌ No   |
|   |   | oe these new services on Sched   |  |   |  |
| 3   | services?   | tion cease conducting, or make<br>   | significant changes in how it condu  | icts, any program   | ⊤Yes ▼ No  |
| 4   | Describe the org  | ganızatıon's program service ac  | complishments for each of its three<br>anizations are required to report th  |   |  |
| 4a  | (Code   | ) (Expenses \$   | 7,357,837 including grants of \$   | 962,368 ) (Revenue \$   | 100,579 )  |
|   |   | ed Yearbook for 2014 gives a complete<br>ts are on hand and are available for in:  | e account of the Society's activities A copy<br>spection at the Society's office   | will be furnished upon request Detai  | ls concerning contributions  |
| 4b  | (Code   | ) (Expenses \$   | including grants of \$   | ) (Revenue \$   | )  |
|   |   |  |  |   |  |
|   |   |  |  |   |  |
|   |   |  |  |   |  |
|   |   |  |  |   |  |
|   |   |  |  |   |  |
|   |   |  |  |   |  |
| <b>4</b> c                                    | (Code   | ) (Expenses \$   | including grants of \$   | ) (Revenue \$   | )  |
|   |   |  |  |   |  |
|   |   |  |  |   |  |
|   |   |  |  |   |  |
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|   |   |  |  |   |  |
|   |   |  |  |   |  |
| 4d  | Other program<br>(Expenses \$   | services (Describe in Schedule<br>including  |  | ) (Revenue \$   | )  |

Total program service expenses ►

7,357,837

| Part IV | Checkli | st of | Required | Schedules |
|---------|---------|-------|----------|-----------|
|         |         |       |          |           |

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

| Par | t IV Checklist of Required Schedules (continued)  |     |     |    |  |  |  |
|-----|---|-----|-----|----|--|--|--|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  | Yes |    |  |  |  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  | Yes |    |  |  |  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>   | 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a                            | 24a |     | No |  |  |  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     | No |  |  |  |
| 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 |     | No |  |  |  |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     | Νo |  |  |  |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$  | 25a |     | No |  |  |  |
| 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 |     | No |  |  |  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>                          | 26  |     | No |  |  |  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III |     |     |    |  |  |  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |     |    |  |  |  |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     |     | 1  |  |  |  |
| _   |   | 28a |     | No |  |  |  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |     | Νo |  |  |  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |     | No |  |  |  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\footnote{50}$  | 29  |     | Νo |  |  |  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  | Yes |    |  |  |  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | No |  |  |  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>   | 32  |     | No |  |  |  |
| 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? <i>If "Yes," complete Schedule R, Part I</i>   | 33  |     | No |  |  |  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  |     | No |  |  |  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | Νo |  |  |  |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2  | 35b |     | No |  |  |  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>   | 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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  | Yes |    |  |  |  |

Part V Statements Regarding Other IRS Filings and Tax Compliance

|     | Check if Schedule O contains a response or note to any line in this Part V   |          |     | 厂_       |
|-----|--|----------|-----|----------|
| 4 _ | Enterette number una statut Berr 2 of Ferry 1000 Feter Out the translated by 1 de 1  |          | Yes | No       |
|     | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 32  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0   |          |     |          |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  |          |     |          |
|     | gaming (gambling) winnings to prize winners?   | 1c       | Yes |          |
| 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  |          |     |          |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | Yes |          |
|     | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |          | 165 |          |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |     | Νo       |
|     | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b       |     | No       |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a       |     | No       |
| b   | If "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   |          |     |          |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |     | No       |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | No       |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |          |     |          |
|     |  | 5c       |     |          |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a       |     | No       |
| D   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b       |     |          |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |          |     |          |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a       |     | No       |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |     |          |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c       |     | Νo       |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |          |     |          |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit  |          |     |          |
| _   | contract?  | 7e<br>7f |     | No<br>No |
|     | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as   |          |     | INO      |
| y   | required?  | 7g       |     | Νo       |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h       |     | Νo       |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time  |          |     |          |
|     | during the year?   | 8        |     | Νo       |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       |     | No       |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b       |     | Νo       |
| 0   | Section 501(c)(7) organizations. Enter   |          |     |          |
|     | Initiation fees and capital contributions included on Part VIII, line 12 10a   |          |     |          |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |          |     |          |
| 1   | Section 501(c)(12) organizations. Enter  |          |     |          |
|     | 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 )   |          |     |          |
| 2a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |     | Νo       |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          |     |          |
| 3   | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |     |          |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O   | 13a      |     | Νo       |
| b   | Enter the amount of reserves the organization is required to maintain by the states  |          |     |          |
| c   | In which the organization is licensed to issue qualified health plans  |          |     |          |
|     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |     | Νo       |
|     | If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O  | 14a      |     | 14.0     |

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  | ction A. Governing Body and Management   |       |        |     |  |  |  |
|-----|--|-------|--------|-----|--|--|--|
|     |  |       | Yes    | No  |  |  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  |       |        |     |  |  |  |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O           |       |        |     |  |  |  |
| b   | Enter the number of voting members included in line 1a, above, who are independent   |       |        |     |  |  |  |
| 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     |        | No  |  |  |  |
| 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 governing documents since the prior Form 990 was filed?   | 4     |        | No  |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5     |        | No  |  |  |  |
| 6   | Did the organization have members or stockholders?   | 6     | Yes    |     |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |       |        |     |  |  |  |
|     | more members of the governing body?  | 7a    | Yes    |     |  |  |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b    | 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     |        | No  |  |  |  |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal R  | evenu | ıe Cod | e.) |  |  |  |
|     |  |       | Yes    | No  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a   |        | Νo  |  |  |  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b   |        |     |  |  |  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a   | Yes    |     |  |  |  |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |       |        |     |  |  |  |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a   | Yes    |     |  |  |  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b   | Yes    |     |  |  |  |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c   | Yes    |     |  |  |  |
| 13  | Did the organization have a written whistleblower policy?  | 13    | Yes    |     |  |  |  |
| 14  |  |       |        |     |  |  |  |
| 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 15a or 15b, describe the process in Schedule O (see instructions)   |       |        |     |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  | 16a   |        | No  |  |  |  |
|     | taxable entity during the year?  | u     |        |     |  |  |  |

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA , MA , NJ , NY , PA
- 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 made these available. Check all that apply
  - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►JOHN WOLFE
  - 104 SOUTH FIFTH STREET
  - PHILADELPHIA, PA 191063387 (215)440-3431

| Form 990 (2014) |  |
|-----------------|--|
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| ) | а | g | e | 7 |
|---|---|---|---|---|
|---|---|---|---|---|

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

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

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

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

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title | (B)<br>A verage<br>hours per<br>week (list<br>any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)        | ( <b>D)</b> Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
|-----------------------|---|---|---|--|---|
|                       | for related<br>organizations<br>below<br>dotted line)   | Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector | 2/1099-MISC)  | 2/1099-MISC)   | organization and<br>related<br>organizations        |

Form 990 (2014)

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

| (A)<br>Name and Title | (B) A verage hours per week (list any hours for related | more t<br>perso                   | han d<br>n is<br>a dire | one I<br>both | box,<br>an<br>r/tru | officer<br>stee)             | ;      | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W- | (F) Estimated amount of other compensation from the organization and |
|-----------------------|---|-----------------------------------|-------------------------|---------------|---------------------|------------------------------|--------|--|--|--|
|                       | organizations<br>below<br>dotted line)                  | Individual trustee<br>or director | Institutional Trustee   | Officei       | Key employee        | Highest compensated employee | Former | 2/1099-MISC)   | 2/1099-MISC)   | related<br>organizations   |
|                       |   |                                   |                         |               |                     |                              |        |  |  |  |

| 1b | Sub-Total   | • |         |         |
|----|---|---|---------|---------|
| c  | Total from continuation sheets to Part VII, Section A | ► |         |         |
| d  | Total (add lines 1b and 1c)                           | ۲ | 779,705 | 100,079 |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►5

|   |  |   | res | INO |
|---|--|---|-----|-----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                 | 3 |     | No  |
| 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 or individual for services rendered to the organization? If "Yes," complete Schedule I for such person                       | 5 |     | No  |

| Section | R Ind | anandant | Contractors |
|---------|-------|----------|-------------|
|         |       |          |             |

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

| <b>(B)</b><br>Description of services | (C)<br>Compensation         |
|---------------------------------------|-----------------------------|
|                                       |                             |
|                                       |                             |
|                                       |                             |
|                                       |                             |
|                                       | (B) Description of services |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

| Part V   | 1 1 1 1    | Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII |                                       |                            |                      |  |   |  |  |  |  |  |  |
|--|------------|--|---------------------------------------|----------------------------|----------------------|--|---|--|--|--|--|--|--|
|  |            | Check If Schedu  | le O contains a respor                | nse or note to any lu<br>T |                      |  |   |  |  |  |  |  |  |
|  |            |  |                                       |                            | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |  |  |  |  |  |
| w 93   | 1a         | Federated camp   | aıgns 1a                              |                            |                      |  |   |  |  |  |  |  |  |
| ants   | ь          | Membership due   | s <b>1b</b>                           |                            |                      |  |   |  |  |  |  |  |  |
| tributions, Giffs, Grants<br>Other Similar Amounts | С          | Fundraising eve  | nts 1c                                |                            |                      |  |   |  |  |  |  |  |  |
| ffs,<br>r A  | d          | Related organiza   |                                       |                            |                      |  |   |  |  |  |  |  |  |
| . Gi   | e          | Government grants  |                                       |                            |                      |  |   |  |  |  |  |  |  |
| ons,<br>Sin  | _          | _  |                                       | 2 400 457                  |                      |  |   |  |  |  |  |  |  |
| utic<br>her  | Т          | All other contribution<br>similar amounts not  |                                       | 2,490,457                  |                      |  |   |  |  |  |  |  |  |
| 급류   | g          | Noncash contribution 1a-1f \$  | ns included in lines                  |                            |                      |  |   |  |  |  |  |  |  |
| Contributions,<br>and Other Sim                    | h          | Total. Add lines   | 1a-1f                                 | 🕍                          | 2,490,457            |  |   |  |  |  |  |  |  |
|  |            |  |                                       | Business Code              |                      |  |   |  |  |  |  |  |  |
| emuk   | 2a         | Publications sales   |                                       | 511130                     | 100,579              | 100,579                                |   |  |  |  |  |  |  |
| Re v.  | ь          |  |                                       |                            |                      |  |   |  |  |  |  |  |  |
| 5e   | С          |  |                                       |                            |                      |  |   |  |  |  |  |  |  |
| Xer vi   | d          |  |                                       |                            |                      |  |   |  |  |  |  |  |  |
| Program Serwce Revenue                             | е          |  |                                       |                            |                      |  |   |  |  |  |  |  |  |
| ogra   | f          | All other program  | m service revenue                     |                            |                      |  |   |  |  |  |  |  |  |
| ΔŤ   | g          | <b>Total.</b> Add lines  | 2a-2f                                 |                            | 100,579              |  |   |  |  |  |  |  |  |
|  | 3          |  | me (including dividen                 |                            | 4,957,440            |  |   | 4,957,440  |  |  |  |  |  |
|  | 4          |  | r amounts)<br>ment of tax-exempt bond | F                          | 0                    |  |   |  |  |  |  |  |  |
|  | 5          | Royalties  |                                       | ▶                          | 0                    |  |   |  |  |  |  |  |  |
|  |            |  | (ı) Real                              | (II) Personal              |                      |  |   |  |  |  |  |  |  |
|  | 6a         | Gross rents  | 83,272                                |                            |                      |  |   |  |  |  |  |  |  |
|  | b          | Less rental expenses   | 59,908                                |                            |                      |  |   |  |  |  |  |  |  |
|  | С          | Rental income or (loss)  | 23,364                                |                            |                      |  |   |  |  |  |  |  |  |
|  | d          | Net rental incom   | ne or (loss)                          |                            | 23,364               |  |   | 23,364   |  |  |  |  |  |
|  | 7a         | Gross amount from sales of   | (1) Securities<br>25,932,022          | (II) Other                 |                      |  |   |  |  |  |  |  |  |
|  | ь          | assets other than inventory Less cost or other basis and   | 14,061,278                            |                            |                      |  |   |  |  |  |  |  |  |
|  |            | sales expenses   |                                       |                            |                      |  |   |  |  |  |  |  |  |
|  | c<br>d     | Gain or (loss)   | 11,870,744                            |                            | 11,870,744           |  |   | 11,870,744   |  |  |  |  |  |
| <u> </u>   |            |  | om fundraising                        |                            |                      |  |   |  |  |  |  |  |  |
| Other Revenue                                      |            | \$of contributions<br>See Part IV , line   | reported on line 1c)                  |                            |                      |  |   |  |  |  |  |  |  |
| 正<br>水   |            | ,  | а                                     |                            |                      |  |   |  |  |  |  |  |  |
| тĥе  | Ь          | Less direct exp  |                                       |                            |                      |  |   |  |  |  |  |  |  |
| 0  | C          |  | oss) from fundraising                 | events 🛌                   | 0                    |  |   |  |  |  |  |  |  |
|  | <b>9</b> a | See Part IV, line  | om gaming activities<br>e 19<br>a     |                            |                      |  |   |  |  |  |  |  |  |
|  | ь          |  | enses <b>b</b>                        |                            |                      |  |   |  |  |  |  |  |  |
|  |            |  | oss) from gamıng actı<br>             | vities                     | 0                    |  |   |  |  |  |  |  |  |
|  | 10a        | Gross sales of it<br>returns and allov   |                                       |                            |                      |  |   |  |  |  |  |  |  |
|  | ь          | Less cost of go  | ods sold <b>b</b>                     |                            |                      |  |   |  |  |  |  |  |  |
|  |            |  | oss) from sales of inve               | entory 🛌                   | 0                    |  |   |  |  |  |  |  |  |
|  |            | Miscellaneous  |                                       | Business Code              |                      |  |   |  |  |  |  |  |  |
|  | 11a        | <u>- 1911 </u>   |                                       | 900099                     | 13,388               |  |   | 13,388   |  |  |  |  |  |
|  | b          | Exhibition Sales   |                                       | 451211<br>900099           | 37,114               |  |   | 37,114   |  |  |  |  |  |
|  |            | Misc Inc Photo   |                                       | 900099                     | 16,900<br>6,707      |  |   | 16,900<br>6,707                                      |  |  |  |  |  |
|  | d<br>e     | All other revenu  Total. Add lines   |                                       | ▶                          | 6,707                |  |   | 0,707  |  |  |  |  |  |
|  | 12         |  |                                       |                            | 74,109               |  |   |  |  |  |  |  |  |
|  | **         | rocar revenue. S   | ee Instructions .                     | • • • • •                  | 19,516,693           | 100,579                                |   | 16,925,657   |  |  |  |  |  |

### Part IX Statement of Functional Expenses

| section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete | olumn (A |
|--|----------|
|--|----------|

| <u>Jecti</u> | on 501(c)(3) and 501(c)(4) organizations must complete all columns All<br>Check if Schedule O contains a response or note to any line in this   |                | •                           |  |                         |
|--------------|---|----------------|-----------------------------|--|-------------------------|
| Do no        | ot include amounts reported on lines 6b,  | (A)            | (B)                         | (C)  | (D)                     |
|              | o, 9b, and 10b of Part VIII.  | Total expenses | Program service<br>expenses | Management and general expenses                  | Fundraising<br>expenses |
| 1            | Grants and other assistance to domestic organizations and   |                |                             |  |                         |
|              | domestic governments See Part IV, line 21   | 15,000         | 15,000                      |  |                         |
| 2            | Grants and other assistance to domestic   |                |                             |  |                         |
|              | ındıvıduals See Part IV, line 22  | 894,268        | 894,268                     |  |                         |
| 3            | Grants and other assistance to foreign organizations, foreign   |                |                             |  |                         |
|              | governments, and foreign individuals See Part IV, lines 15 and 16   | 53,100         | 53,100                      |  |                         |
| 4            | Benefits paid to or for members   | 33,100         | 33,100                      |  |                         |
| 5            | Compensation of current officers, directors, trustees, and  | 0              |                             |  |                         |
| 5            | key employees   | 581,825        | 174,514                     | 349,129  | 58,182                  |
| 6            | Compensation not included above, to disqualified persons  |                |                             |  |                         |
|              | (as defined under section $4958(f)(1)$ ) and persons  |                |                             |  |                         |
| _            | described in section 4958(c)(3)(B)  | 0              |                             |  |                         |
| 7            | Other salaries and wages  | 2,732,540      | 2,184,883                   | 225,817  | 321,840                 |
| 8            | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 108,753        | 84,736                      | 9,942  | 14,075                  |
| 9            | Other employee benefits   |                |                             | <del>' +</del>                                   |                         |
| _            |   | 534,147        | ,                           | · · · · · · · · · · · · · · · · · · ·            | 58,445                  |
| 10           | Payroll taxes   | 241,098        | 179,062                     | 36,780   | 25,256                  |
| 11           | Fees for services (non-employees)   |                |                             |  |                         |
| a            | Management  | 0              |                             |  |                         |
| Ь            | Legal   | 45,839         |                             | 45,839   |                         |
| C            | Accounting  | 64,262         |                             | 64,262   |                         |
| d            | Lobbying  | 0              |                             |  |                         |
| е            | Professional fundraising services See Part IV, line 17  | 0              |                             |  |                         |
| f            | Investment management fees  | 262,208        |                             | 262,208  |                         |
| g            | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 0              |                             |  |                         |
| 12           | Advertising and promotion   | 0              |                             |  |                         |
| 13           | Office expenses   | 102,964        |                             | 102,964  |                         |
| 14           | Information technology  | 0              |                             |  |                         |
| 15           | Royalties   | 0              |                             |  |                         |
| 16           | Occupancy   | 596,747        | 596,747                     |  |                         |
| 17           | Travel  | 0              | · ·                         |  |                         |
| 18           | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0              |                             |  |                         |
| 10           | ·   |                | 267 202                     |  |                         |
| 19<br>20     | Conferences, conventions, and meetings  | 267,383        |                             |  |                         |
| 20           | Interest  | 38,021         | 38,021                      |  |                         |
| 21           | Payments to affiliates  | 642.022        | F-1                         |  |                         |
| 22           | Depreciation, depletion, and amortization   | 642,022        | 562,522                     | 75,550   | 3,950                   |
| 23           | Insurance   | 115,794        |                             | 115,794  |                         |
| 24           | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)                    |                |                             |  |                         |
| а            | FASB benefits expenses  | 1,174,539      | 844,343                     | 195,163  | 135,033                 |
| b            | Library operations  | 198,614        | 198,614                     |  |                         |
| c            | Equip rental and maintenance  | 176,619        | 34,440                      | 135,114  | 7,065                   |
| d            | Curatorial exhibit expenses   | 174,144        | •                           | <u> </u>   | ·                       |
| e            | All other expenses  | 957,948        | 628,517                     | 248,579  | 80,852                  |
| 25           | Total functional expenses. Add lines 1 through 24e  | 9,977,835      | ,                           | <del>                                     </del> | 704,698                 |
| 26           | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ✓ if following SOP 98-2 (ASC 958-720) | 3,211,033      | ,,,,,,,,,,                  | 1,213,300  | ,04,000                 |

Part X Balance Sheet

| FGI              | 't X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X   |                          |             |                    |
|------------------|------|--|--------------------------|-------------|--------------------|
|                  |      |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|                  | 1    | Cash-non-interest-bearing  | 11,702                   | 1           | 11,702             |
|                  | 2    | Savings and temporary cash investments   | 7,004,518                | 2           | 8,649,085          |
|                  | 3    | Pledges and grants receivable, net   | 1,569,592                | 3           | 2,206,954          |
|                  | 4    | Accounts receivable, net   | 50,871                   | 4           | 19,377             |
|                  | 5    | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   |                          | 5           | 0                  |
| <u>82</u>        | 6    | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |                          |             |                    |
| कू               |      |  |                          | 6           | 0                  |
| Assets           | 7    | Notes and loans receivable, net  |                          | 7           | 0                  |
| _                | 8    | Inventories for sale or use  |                          | 8           | 0                  |
|                  | 9    | Prepaid expenses and deferred charges  | 49,042                   | 9           | 87,853             |
|                  | 10a  | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 27,649,029   |                          |             |                    |
|                  | ь    | Less accumulated depreciation 10b 13,122,645   | 14,752,458               | <b>10</b> c | 14,526,384         |
|                  | 11   | Investments—publicly traded securities   | 145,460,489              | 11          | 139,962,785        |
|                  | 12   | Investments—other securities See Part IV, line 11  | 19,404,632               | 12          | 32,145,155         |
|                  | 13   | Investments—program-related See Part IV, line 11   |                          | 13          | 0                  |
|                  | 14   | Intangible assets  | 46,398                   | 14          | 42,961             |
|                  | 15   | Other assets See Part IV, line 11  |                          | 15          | 0                  |
|                  | 16   | Total assets. Add lines 1 through 15 (must equal line 34)  | 188,349,702              | 16          | 197,652,256        |
|                  | 17   | Accounts payable and accrued expenses  | 85,536                   | 17          | 91,644             |
|                  | 18   | Grants payable   |                          | 18          |                    |
|                  | 19   | Deferred revenue   |                          | 19          |                    |
|                  | 20   | Tax-exempt bond liabilities  |                          | 20          |                    |
| φ.               | 21   | Escrow or custodial account liability Complete Part IV of Schedule D   |                          | 21          |                    |
| Liabilitie       | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified   |                          |             |                    |
| ф                |      | persons Complete Part II of Schedule L   |                          | 22          |                    |
|                  | 23   | Secured mortgages and notes payable to unrelated third parties   | 1,500,000                | 23          | 1,500,000          |
|                  | 24   | Unsecured notes and loans payable to unrelated third parties   |                          | 24          |                    |
|                  | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule   |                          |             |                    |
|                  |      | D  | 4,212,235                | 25          | 5,920,857          |
|                  | 26   | Total liabilities. Add lines 17 through 25   | 5,797,771                | 26          | 7,512,501          |
| S e S            |      | Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.  |                          |             |                    |
| a<br>a           | 27   | Unrestricted net assets  | 32,921,700               | 27          | 31,583,012         |
| -<br>80          | 28   | Temporarily restricted net assets  | 4,161,299                | 28          | 4,318,388          |
| 됻                | 29   | Permanently restricted net assets  | 145,468,932              | 29          | 154,238,355        |
| or Fund Balances |      | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.  |                          |             |                    |
| 9                | 30   | Capital stock or trust principal, or current funds   |                          | 30          |                    |
| ě                | 31   | Paid-in or capital surplus, or land, building or equipment fund  |                          | 31          |                    |
| Assets           | 32   | Retained earnings, endowment, accumulated income, or other funds   |                          | 32          |                    |
| Šet              | 33   | Total net assets or fund balances  | 182,551,931              | 33          | 190,139,755        |
| Z                | 34   | Total liabilities and net assets/fund balances   | 188,349,702              | 34          | 197,652,256        |

| Par | t XI Reconcilliation of Net Assets   |           |     |       | -3        |
|-----|--|-----------|-----|-------|-----------|
|     | Check if Schedule O contains a response or note to any line in this Part XI  | •         | • • |       | . ☞       |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)  | 1         |     | 19,5  | 516,693   |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   | 2         |     | 9,9   | 77,835    |
| 3   | Revenue less expenses Subtract line 2 from line 1  | 3         |     | 9,5   | 38,858    |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4         |     | 182,5 | 551,931   |
| 5   | Net unrealized gains (losses) on investments   | 5         |     |       | .87,031   |
| 6   | Donated services and use of facilities   | 6         |     | · ·   | <u> </u>  |
| 7   | Investment expenses  | 7         |     |       |           |
| 8   | Prior period adjustments   | 8         |     |       |           |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)   | 9         |     | - 7   | 64,003    |
| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  | 10        |     | 190,1 | .39,755   |
| Par | t XII Financial Statements and Reporting   |           |     |       |           |
|     | Check if Schedule O contains a response or note to any line in this Part XII   |           |     |       | . $ abla$ |
|     |  |           |     | Yes   | No        |
| 1   | Accounting method used to prepare the Form 990   |           |     |       |           |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |           | 2a  | Yes   |           |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both   | wed on    |     |       |           |
|     | ▼ Separate basis   |           |     |       |           |
| b   | Were the organization's financial statements audited by an independent accountant?   |           | 2b  | Yes   |           |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa<br>basis, consolidated basis, or both   | ırate     |     |       |           |
|     | ▼ Separate basis   |           |     |       |           |
| c   | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?    | nt of the | 2c  | Yes   |           |
|     | If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O  | n         |     |       |           |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?  | e         | 3a  | Yes   |           |
| 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  | Yes   |           |

**Software ID:** 14000265 **Software Version:** 2014v5.0

**EIN:** 23-1353269

Name: AMERICAN PHILOSOPHICAL SOCIETY

| Form 990, Part VII - Compensation          | of Officers,  | Direct                             | ors,                      | Tru                  | ste                    | es, k                        | (ey    | Employees, Higl  | nest  |  |
|--|---|------------------------------------|---------------------------|----------------------|------------------------|------------------------------|--------|--|---|--|
| Compensated Employees, and Inde            | 1   | ntracto<br>                        |                           | (C)                  |                        |                              |        | (5)  | l (5)   | (5)  |
| <b>(A)</b><br>Name and Title               | (B) A verage hours per week (list any hours for related | Posit<br>more th<br>perso<br>and a | tion (<br>han o<br>n is b | ne b<br>oth<br>ctor, | ox, ι<br>an o<br>/trus | inless<br>fficer<br>tee)     |        | ( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and |
|  | organizations<br>below<br>dotted line)                  | Individual trustee<br>or director  | Institutional Trustee     | Officei              | Key employee           | Highest compensated employee | Former | 2,1033 111307  | 2,1033 11130)   | related<br>organizations   |
| (1) Carl F Miller                          | 1 00  |                                    |                           | .,                   |                        |                              |        |  |   |  |
| Secretary/Counc                            | 0 00  | X                                  |                           | X                    |                        |                              |        | 0  | 0   | 0  |
| (1) Dr Stephen J Benkovic                  | 1 00  | ,                                  |                           |                      |                        |                              |        |  |   |  |
| Councilor                                  | 0 00  | X                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| (2) Dr David D Sabatini                    | 1 00  | V                                  |                           |                      |                        |                              |        |  | 0   | 0  |
| Councilor                                  | 0 00  | X                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| (3) Dr Roger S Bagnall                     | 1 00  | V                                  |                           |                      |                        |                              |        |  | _   |  |
| Councilor                                  | 0 00  | X                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| (4) Dr Clyde F Barker                      | 1 00  | V                                  |                           | ,                    |                        |                              |        |  |   |  |
| Pres/Councilor                             | 0 00  | X                                  |                           | X                    |                        |                              |        | 0  | 0   | 0  |
| (5) Dr Charles P Slichter                  | 1 00  | х                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| Councilor                                  | 0 00  | _ ^                                |                           |                      |                        |                              |        | 0  | U   |  |
| (6) Conrad K Harper                        | 1 00  | x                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| Councilor                                  | 0 00  | ^                                  |                           |                      |                        |                              |        |  | 0   |  |
| (7) Dr Jerrold Meinwald                    | 1 00  | Х                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| Councilor                                  | 0 00  | ^                                  |                           |                      |                        |                              |        | Ů  | U   | 0  |
| (8) Dr Henry A Millon                      | 1 00  | X                                  |                           | ×                    |                        |                              |        | 0  | 0   | 0  |
| Curator/Counsir                            | 0 00  | _ ^                                |                           | _^                   |                        |                              |        | Ů.   | 0   | 0  |
| (9) William H Frederick Jr                 | 1 00  | X                                  |                           | x                    |                        |                              |        | 0  | 0   | 0  |
| Curator/Counsir                            | 0 00  | ^                                  |                           | Ĺ                    |                        |                              |        | Ů  |   |  |
| (10) William B Eagleson Jr                 | 1 00  | l x                                |                           |                      |                        |                              |        | 0  | 0   | 0  |
| Councilor                                  | 0 00  |                                    |                           |                      |                        |                              |        | , , ,  |   | ,  |
| (11) Hon Arlın M Adams                     | 1 00  | ×                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| Councilor                                  | 0 00  |                                    |                           |                      |                        |                              |        | _  |   |  |
| (12) Linda Greenhouse                      | 1 00  | ×                                  |                           | X                    |                        |                              |        | 0  | 0   | 0  |
| V P /Councilor                             | 0 00  |                                    |                           |                      |                        |                              |        | _  |   |  |
| (13) Dr Michael W Doyle                    | 1 00  | ×                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| Councilor                                  | 0 00  |                                    |                           |                      |                        |                              |        |  |   |  |
| (14) Dr Barbara Oberg                      | 1 00  | ×                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| Councilor                                  | 0 00  |                                    |                           |                      |                        | <u> </u>                     |        |  |   |  |
| (15) Dr Lawrence H Einhorn                 | 1 00  | ×                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| Councilor (16) Dr. Emple H. T. Bhadas      | 1 00  |                                    |                           |                      |                        |                              |        |  |   |  |
| (16) Dr Frank H T Rhodes                   |   | ×                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| Councilor (17) Dr Joel E Cohen             | 0 00  |                                    | -                         |                      | -                      | <u> </u>                     |        |  |   |  |
|  |   | ×                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| Councilor (18) Dr Richard M Shiffrin       | 0 00  |                                    | <u> </u>                  |                      |                        | <u> </u>                     |        |  |   |  |
|  |   | ×                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| Councilor (19) Dr Barbara J Grosz          | 0 00  |                                    |                           |                      |                        | 1                            |        |  |   |  |
|  |   | ×                                  |                           | Х                    |                        |                              |        | 0  | 0   | 0  |
| V P /Council (20) Dr Jonathan R Cole       | 0 00  |                                    |                           |                      |                        |                              |        |  |   |  |
|  |   | ×                                  |                           |                      |                        |                              |        | 0  | 0   | 0  |
| Councilor (21) Dr Jeremy A Sabloff         | 0 00  |                                    |                           |                      |                        |                              |        |  |   |  |
|  |   | Х                                  |                           |                      |                        |                              | 1      | 0  | 0   | 0  |
| Councilor (22) Dr Mary Patterson McPherson | 1 00  | -                                  |                           |                      | +                      | +                            |        |  |   |  |
|  |   | Х                                  |                           |                      |                        |                              | 1      | 0  | 0   | 0  |
| Councilor (23) Paul F Miller               | 1 00  |                                    |                           |                      | $\vdash$               | 1                            |        |  |   |  |
| Councilor                                  | 0 00  | х                                  |                           |                      |                        |                              | 1      | 0  | 0   | 0  |
| (24) Dr Werner Gundersheimer               | 1 00  |                                    |                           |                      | $\vdash$               | +                            | T      |  |   |  |
| Councilor                                  | 0 00  | Х                                  |                           |                      |                        |                              | 1      | 0  | 0   | 0  |
| Councillo                                  | 1 000   |                                    | 1                         |                      | 1                      | 1                            | 1      | 1  |   | <u> </u>   |

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

| compensated Employees, and Inde         |   | i   |                       |         |              |                              |        |  |   | 1   |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| <b>(A)</b><br>Name and Title            | (B) Average hours per week (list any hours            | Average Position (do not check more than one box, unless week (list person is both an officer |                       |         |              |                              |        | <b>(D)</b> Reportable compensation from the organization (W- | <b>(E)</b> Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
|   | for related<br>organizations<br>below<br>dotted line) | Individual trustae<br>or director   | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099-MISC)   | 2/1099-MISC)  | organization and<br>related<br>organizations        |
| (26) Dr Christoph Wolff                 | 1 00  | ×   |                       |         |              |                              |        | 0  | 0   | 0   |
| Councilor                               | 0 00  |   |                       |         |              |                              |        |  |   |   |
| (1) Rev John W O'Malley  V P /Councilor | 1 00  | ×   |                       | х       |              |                              |        | 0  | 0   | 0   |
| (2) George B Bertzel                    | 1 00  |   |                       |         |              |                              |        |  |   |   |
| Treasurer/Counc                         | 0 00  | Х   |                       | Х       |              |                              |        | 0  | 0   | 0   |
| (3) Dr Patrıcıa A Graham                | 1 00  |   |                       |         |              |                              |        | 0  | 0   | 0   |
| Councilor                               | 0 00  | Х   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) Dr Keith S Thomson  Exc Off/Councl  | 40 00   | x   |                       | х       |              |                              |        | 200,219  | 0   | 11,241  |
| (5) Dr Jack E Dixon                     | 1 00  |   |                       |         |              |                              |        |  |   |   |
| Councilor                               | 0 00  | Х   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) Dr Mıchael I Sovern                 | 1 00  | x   |                       |         |              |                              |        | 0  | 0   | 0   |
| Councilor                               | 0 00  |   |                       |         |              |                              |        |  |   |   |
| (7) Dr Howard Gardner<br><br>Councilor  | 1 00  | ×   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) Martin Levitt                       | 40 00   |   |                       |         |              |                              |        |  |   |   |
| Librarian                               | 0 00  |   |                       | х       |              |                              |        | 165,247  | 0   | 28,657  |
| (9) John Wolfe                          | 40 00   |   |                       |         |              |                              |        |  |   |   |
| Financial Offic                         | 0 00  |   |                       | Х       |              |                              |        | 148,198  | 0   | 28,263  |
| (10) Nanette Holben                     | 40 00   |   |                       |         |              | x                            |        | 161,978  | 0   | 17,826  |
| Develop Officer                         | 0 00  |   |                       |         |              | <u> </u>                     |        | 101,970  | Ů   | 17,020  |
| (11) Nora Monroe                        | 40 00   |   |                       |         |              | x                            |        | 104,063  | 0   | 14,092  |
| Membership Directo                      | 0 00  |   |                       |         |              |                              |        | 104,003  | U   | 17,092  |

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OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

| AMERICAN PHILOSOPHICAL SOCIETY  |          |   |                                   |   |  |  | ation number                |                            |  |  |  |  |
|---|----------|---|-----------------------------------|---|--|--|-----------------------------|----------------------------|--|--|--|--|
| 7 11 12 13  | 10, 11   | MILOSOF MICHE SOCIETY   |                                   |   |  |  | 23-1353269                  |                            |  |  |  |  |
| Pa  | rt I     | Reason for Publi  | c Charity S                       | Status (All organiza                                | tions must co  | mplete this p  | part.) See instruction      | ons.                       |  |  |  |  |
| The   | organı   | zation is not a private f   | oundation bec                     | auseıtıs (Forlines 1                                | through 11, ch   | eck only one b   | ox)                         |                            |  |  |  |  |
| 1   | Γ        | A church, convention  | of churches, o                    | r association of churc                              | hes described i  | n <b>section 170(l</b>                                 | b)(1)(A)(i).                |                            |  |  |  |  |
| 2   | $\sqcap$ | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E ) |                                   |   |  |  |                             |                            |  |  |  |  |
| 3   | Γ        | A hospital or a cooper  | atıve hospital                    | service organization (                              | described in <b>sec</b>                                  | tion 170(b)(1)   | (A)(iii).                   |                            |  |  |  |  |
| 4   | Γ        | A medical research or hospital's name, city,                                |                                   | erated in conjunction v                             | vith a hospital d  | lescribed in <b>se</b> c                               | ction 170(b)(1)(A)(ii       | i). Enter the              |  |  |  |  |
| 5   | Γ        | An organization opera   | ted for the ber                   | nefit of a college or uni                           | versity owned o  | or operated by   | a governmental unıt d       | escribed in                |  |  |  |  |
|   |          | section 170(b)(1)(A)  | (iv). (Complet                    | e Part II)  |  |  |                             |                            |  |  |  |  |
| 6   | Γ        | A federal, state, or loc  | al governmen                      | t or governmental unit                              | described in <b>se</b>                                   | ection 170(b)(1  | L)(A)(v).                   |                            |  |  |  |  |
| 7   | <u>~</u> | An organization that n<br>described in <b>section 1</b>                     | •                                 | •   | • •  | om a governme  | ental unit or from the q    | general public             |  |  |  |  |
| 8   | Γ        | A community trust de  | scribed in <b>sec</b> l           | tion 170(b)(1)(A)(vi)                               | (Complete Par  | tII)   |                             |                            |  |  |  |  |
| 9   | Γ        | An organization that n  | ormally receiv                    | es (1) more than 33:                                | l/3% of its supp   | ort from contri  | butions, membership         | fees, and gross            |  |  |  |  |
|   |          | receipts from activitie   | s related to it                   | s exempt functions—s                                | ubject to certai   | n exceptions, a  | and (2) no more than :      | 331/3% of                  |  |  |  |  |
|   |          | ıts support from gross  | ınvestment ır                     | ncome and unrelated b                               | usıness taxable  | e income (less   | section 511 tax) fron       | n businesses               |  |  |  |  |
|   |          | acquired by the organ   | ızatıon after Ju                  | ine 30, 1975 See <b>sec</b>                         | tion 509(a)(2).  | (Complete Pa   | rt III)                     |                            |  |  |  |  |
| 10  | Γ        | An organization organ   | ized and opera                    | ated exclusively to tes                             | t for public safe  | ety See <b>sectio</b> i                                | n 509(a)(4).                |                            |  |  |  |  |
| 11  | Γ        | An organization organ<br>one or more publicly s<br>the box in lines 11a th  | upported orga                     | nızatıons described in                              | section 509(a  | )(1) or section  | 509(a)(2) See <b>sectio</b> | on <b>509(a)(3).</b> Check |  |  |  |  |
| а   | Γ        | <b>Type I.</b> A supporting of supported organization <b>You mus</b>        | n(s) the power                    | to regularly appoint o                              | r elect a majori   |  |                             |                            |  |  |  |  |
| b   | Γ        | Type II. A supporting management of the su                                  | organization s<br>ipporting orgai | supervised or controlle<br>nization vested in the s | d in connection  |  |                             |                            |  |  |  |  |
| С   | Г        | Type III functionally   | •                                 |   | n operated in c  | onnection with   | , and functionally inte     | grated with, its           |  |  |  |  |
|   | •        | supported organizatio   |                                   |   |  |  |                             | ,                          |  |  |  |  |
| d   | Γ        | Type III non-function   |                                   |   |  |  |                             |                            |  |  |  |  |
|   |          | not functionally integr   |                                   |   |  |  | ement and an attentiv       | eness requirement          |  |  |  |  |
| e   | $\vdash$ | (see instructions) <b>Yo</b><br>Check this box if the o                     |                                   |   |  |  | satunei tuneii t            | vne III functionally       |  |  |  |  |
| _   | ,        | integrated, or Type II  |                                   |   |  |  | 5 4 1 , pc 1, 1 , pc 11, 1  | , po III lanctionally      |  |  |  |  |
| f   |          | Enter the number of s   |                                   | •   |  |  |                             |                            |  |  |  |  |
| g   |          | Provide the following i   | nformation ab                     | out the supported orga                              | inization(s)   |  |                             |                            |  |  |  |  |
| organization   organization   listed in your governing   monetor   (described on lines   document?   (see in section (see |          |   |                                   |   | (v) A mount of<br>monetary support<br>(see instructions) | (vi) A mount of<br>other support (see<br>instructions) |                             |                            |  |  |  |  |
|   |          |   |                                   | instructions))                                      | Yes  | No   |                             |                            |  |  |  |  |
|   |          |   |                                   |   |  |  |                             |                            |  |  |  |  |
|   |          |   |                                   |   |  |  |                             |                            |  |  |  |  |

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

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

| S       | ection A. Public Support  | •  | •                                      |                                     | <del>'</del>                            |   |                  |  |
|---------|---|--|--|-------------------------------------|---|---|------------------|--|
| Cal     | endar year (or fiscal year beginning<br>in) ▶   | (a) 2010                                 | <b>(b)</b> 2011                        | (c) 2012                            | ( <b>d)</b> 2013                        | <b>(e)</b> 2014                             | <b>(f)</b> Total |  |
| 1       | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  | 3,988,972                                | 4,847,525                              | 2,917,400                           | 2,011,635                               | 2,490,457                                   | 16,255,989       |  |
| 2       | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |  |                                     |   |   | 0                |  |
| 3       | The value of services or facilities furnished by a governmental unit  | 475,000                                  | 475,000                                | 475,000                             | 475,000                                 | 475,000                                     | 2,375,000        |  |
| 4       | to the organization without charge <b>Total.</b> Add lines 1 through 3  | 4,463,972                                | 5,322,525                              | 3,392,400                           | 2,486,635                               | 2,965,457                                   | 18,630,989       |  |
| 5       | The portion of total contributions  | , ,                                      | , ,                                    | , ,                                 |   | , ,   | · · ·            |  |
|         | by each person (other than a<br>governmental unit or publicly<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11, column  |  |  |                                     |   |   | 1,528,206        |  |
| 6       | (f) <b>Public support.</b> Subtract line 5 from line 4  |  |  |                                     |   |   | 17,102,783       |  |
| S       | ection B. Total Support   |  |  |                                     | <u> </u>                                |   |                  |  |
|         | endar year (or fiscal year<br>beginning in) 🏲   | (a) 2010                                 | <b>(b)</b> 2011                        | <b>(c)</b> 2012                     | (d) 2013                                | <b>(e)</b> 2014                             | <b>(f)</b> Total |  |
| 7       | A mounts from line 4  | 4,463,972                                | 5,322,525                              | 3,392,400                           | 2,486,635                               | 2,965,457                                   | 18,630,989       |  |
| 8       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar   | 2,934,376                                | 3,501,345                              | 4,778,628                           | 4,736,098                               | 5,040,712                                   | 20,991,159       |  |
| 9       | Net income from unrelated business activities, whether or not the business is regularly carried on  |  |  |                                     |   |   | 0                |  |
| 10      | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)   | 54,379                                   | 34,104                                 | 31,444                              | 38,943                                  | 36,995                                      | 195,865          |  |
| 11      | <b>Total support</b> Add lines 7 through 10   |  |  |                                     |   |   | 39,818,013       |  |
| 12      | Gross receipts from related activiti  | es, etc (see ınstı                       | ructions)                              | •                                   | •                                       | 12  | 747,797          |  |
| 13      | First five years. If the Form 990 is organization, check this box and st  | _  |  |                                     |   | section 501(c)(                             | 3)               |  |
| S       | ection C. Computation of Pub  |  |  |                                     |   |   | ,                |  |
| 14      | Public support percentage for 2014  |  |  | 11, column (f))                     |   | 14  | 42 950 %         |  |
| 15      | Public support percentage for 2013  | Schedule A, Par                          | t II, line 14                          |                                     |   | 15  | 45 740 %         |  |
| 16a     | 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box   |  |  |                                     |   |   |                  |  |
| 17a     | and stop here. The organization qualifies as a publicly supported organization  33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. |  |  |                                     |   |   |                  |  |
| ь<br>18 | 10%-facts-and-circumstances test-<br>15 is 10% or more, and if the organ<br>Explain in Part VI how the organiza<br>supported organization<br>Private foundation. If the organizations   | nization meets the<br>tion meets the "fa | e "facts-and-cırcu<br>acts-and-cırcums | mstances" test,<br>tances" test The | check this box ai<br>e organization qua | nd <b>stop here.</b><br>Alifies as a public | ely<br>▶┌        |  |

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 Supporting Organizations

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

| Section A. All Supporting Organizations |
|---|
|---|

| Se  | ection A. All Supporting Organizations  |     |     |    |
|-----|---|-----|-----|----|
|     |   |     | Yes | No |
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1   |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .   | 2   |     |    |
| За  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   | За  |     |    |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   | 3b  |     |    |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3с  |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.   | 4a  |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   | 4b  |     |    |
| c   | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.   | 4c  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a  |     |    |
| b   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5b  |     |    |
| c   | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c  |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .  | 6   |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).   | 7   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).  | 8   |     |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .   | 9a  |     |    |
| b   | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .  | 9b  |     |    |
| c   | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9c  |     |    |
| L0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.  | 10a |     |    |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).  | 10b |     |    |
| l1  | Has the organization accepted a gift or contribution from any of the following persons?   |     |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,   |     |     |    |
|     | the governing body of a supported organization?   | 11a |     |    |
| b   | A family member of a person described in (a) above?   | 11b |     |    |

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

| Pa | rt IV Supporting Organizations (continued)   |    |     |    |
|----|--|----|-----|----|
| S  | ection B. Type I Supporting Organizations  |    |     |    |
|    |  |    | Yes | No |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1  |     |    |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  | 2  |     |    |
| S  | ection C. Type II Supporting Organizations   |    |     |    |
|    |  |    | Yes | No |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  | 1  |     |    |
| S  | ection D. All Type III Supporting Organizations  |    |     |    |
|    |  |    | Yes | No |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1  |     |    |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 2  |     |    |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3  |     |    |
| S  | ection E. Type III Functionally-Integrated Supporting Organizations  |    |     |    |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.  |    |     |    |
| 2  | Activities Test Answer (a) and (b) below.  |    | Yes | No |
|    | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  | 2a |     |    |
|    | <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.   | 2b |     |    |
| 3  |  |    |     |    |
|    | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.   | 3a |     |    |
|    | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each   |    | 1 1 |    |

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

3b

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

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

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

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

### Section C - Distributable Amount

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

|   | Current Year |
|---|--------------|
| 1 |              |
| 2 |              |
| 3 |              |
| 4 |              |
| 5 |              |
| 6 |              |

| Section D - Distributions   | Current Year                  |  |   |
|---|-------------------------------|--|---|
| 1 Amounts paid to supported organizations to accom  |                               |  |   |
| 2 A mounts paid to perform activity that directly furthexcess of income from activity   | ported organizations, in      |  |   |
| 3 Administrative expenses paid to accomplish exemp  | anızatıons                    |  |   |
| 4 Amounts paid to acquire exempt-use assets   |                               |  |   |
| 5 Qualified set-aside amounts (prior IRS approval rec   |                               |  |   |
|   |                               |  |   |
| 6 Other distributions (describe in Part VI) See instru  | JCTIONS                       |  |   |
| 7 Total annual distributions. Add lines 1 through 6   |                               |  |   |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions   | o which the organization is r | esponsive (provide                     |   |
| 9 Distributable amount for 2014 from Section C, line  | 6                             |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                               |  |   |
|   |                               | (::)                                   | (:::)                                     |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
| 1 Distributable amount for 2014 from Section C, line 6  |                               |  |   |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)   |                               |  |   |
| 3 Excess distributions carryover, if any, to 2014   |                               |  |   |
| <b>a</b> From 2009  |                               |  |   |
| <b>b</b> From 2010  |                               |  |   |
| <b>c</b> From 2011  |                               |  |   |
| d From 2012   |                               |  |   |
| <b>e</b> From 2013  |                               |  |   |
| f Total of lines 3a through e   |                               |  |   |
| g Applied to underdistributions of prior years  |                               |  |   |
| h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)  |                               |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                               |  |   |
| 4 Distributions for 2014 from Section D, line 7 \$  |                               |  |   |
| A pplied to underdistributions of prior years   |                               |  |   |
| <b>b</b> Applied to 2014 distributable amount   |                               |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                               |  |   |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                               |  |   |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                               |  |   |
| <b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c  |                               |  |   |
| 8 Breakdown of line 7   |                               |  |   |
| <b>a</b> From 2010  |                               |  |   |
| <b>b</b> From 2011  |                               |  |   |
| <b>c</b> From 2012  |                               |  |   |
| d From 2013   |                               |  |   |

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

Facts And Circumstances Test

| Return Reference | Explanation |
|------------------|-------------|

Schedule A (Form 990 or 990-EZ) 2014

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OMB No 1545-0047

## **Supplemental Financial Statements**

**SCHEDULE D** (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

|     | me of the organization RICAN PHILOSOPHICAL SOCIETY  |   |           | oloyer identification number  |
|-----|---|---|-----------|---|
| De  | The Organizations Maintaining Described   | rised Funds or Other Similar F            |           | 1353269   |
| -6  | rt I Organizations Maintaining Donor Adv<br>organization answered "Yes" to Form 990   |   | unas      | or Accounts. Complete if the  |
|     | organization answered Tes to Form 550   | (a) Donor advised funds                   |           | (b) Funds and other accounts  |
| L   | Total number at end of year   |   |           | <b>(-,</b>  |
| 2   | Aggregate value of contributions to (during year)   |   |           |   |
| 3   | Aggregate value of grants from (during year)  |   |           |   |
| 1   | Aggregate value at end of year  |   |           |   |
| 5   | Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or   | 5   | nor adv   | sed <b>Yes No</b>   |
| 5   | Did the organization inform all grantees, donors, and do<br>used only for charitable purposes and not for the benef<br>conferring impermissible private benefit?  |   |           |   |
| Pai | t II Conservation Easements. Complete if  | the organization answered "Yes"           | to Forn   | n 990, Part IV, line 7.   |
| 2   | Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year | Preservation of a                         | certifie  | ically important land area d historic structure n of a conservation |
|     | casement on the last day of the tax year  |   |           | Held at the End of the Year   |
| а   | Total number of conservation easements  |   | 2a        |   |
| b   | Total acreage restricted by conservation easements  |   | 2b        |   |
| c   | Number of conservation easements on a certified histo   | oric structure included in (a)            | 2c        |   |
| d   | Number of conservation easements included in (c) acq<br>historic structure listed in the National Register  | uired after 8/17/06, and not on a         | 2d        |   |
| 3   | Number of conservation easements modified, transferr  | ed, released, extinguished, or terminat   | ed by th  | ne organization during  |
|     | the tax year 🛌  |   |           |   |
| ı   | Number of states where property subject to conservati   | on easement is located ►                  |           |   |
| 5   | Does the organization have a written policy regarding tenforcement of the conservation easements it holds?  | he periodic monitoring, inspection, har   | idling of | violations, and Yes No  |
| 5   | Staff and volunteer hours devoted to monitoring, inspec   | cting, and enforcing conservation ease    | ments o   | during the year   |
| _   | A mount of expenses incurred in monitoring, inspecting  | and enforcing conservation easement       | s durin   | g the year  |
| 7   | ► \$  | , and amoreing conservation casement      | .5 GUIIII | g , ca.   |
| 3   | Does each conservation easement reported on line 2(cand section 170(h)(4)(B)(II)?   | d) above satisfy the requirements of se   | ction 1   | 70(h)(4)(B)(ı)  |
| •   | In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme   | e footnote to the organization's financia |           |   |
| ar  | t III Organizations Maintaining Collection  |   | or Ot     | her Similar Assets.   |
|     | Complete if the organization answered "Y  | •   |           |   |
| la  | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t                                     | ts held for public exhibition, education, | orrese    | arch in furtherance of public                                       |
| b   | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these                                       | ts held for public exhibition, education, |           |   |
|     | (i) Revenue included in Form 990, Part VIII, line 1   |   |           | <b>▶</b> \$   |
|     | (ii) Accord included in Form 990 Part V   |   |           |   |

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Par    | Organizations Maintaining Co   | ollections of Art    | t, His   | storic   | <u>cal Tr</u>      | reasu           | <u>res, or O</u>             | <u>ther</u> | <u>Similar As</u>            | sets (           | continued)  |
|--------|--|----------------------|----------|----------|--------------------|-----------------|------------------------------|-------------|------------------------------|------------------|-------------|
| 3      | Using the organization's acquisition, access collection items (check all that apply) | ion, and other reco  | rds, cl  | heck a   | ny of t            | the follo       | owing that a                 | are a       | sıgnıfıcant use              | e of its         |             |
| а      | Public exhibition  |                      | d        | Γ        | Loan               | or exch         | nange progr                  | ams         |                              |                  |             |
| b      | Scholarly research   |                      | e        | Γ        | Other              | r               |                              |             |                              |                  |             |
| c      | ✓ Preservation for future generations  |                      |          |          |                    |                 |                              |             |                              |                  |             |
| 4      | Provide a description of the organization's c<br>Part XIII                           | ollections and expla | ain ho   | w they   | / furthe           | er the o        | rganızatıon                  | 's exe      | empt purpose                 | ın               |             |
| 5      | During the year, did the organization solicit  | or receive donation  | s of ar  | rt, hıst | torıcal            | treasu          | res or othe                  | rsımı       | lar                          |                  |             |
|        | assets to be sold to raise funds rather than   |                      |          |          |                    |                 |                              |             |                              | ┌ Yes            | ✓ No        |
| Pai    | Part IV, line 9, or reported an a  |                      |          |          |                    |                 | answere                      | d "Y€<br>—— | es" to Form 9                | <del>9</del> 90, |             |
| 1a     | Is the organization an agent, trustee, custo<br>included on Form 990, Part X?        | dian or other interm | edıary   | for co   | ontribu            | itions o        | r other ass                  | ets n       | ot                           | ✓ Yes            | ┌ No        |
| b      | If "Yes," explain the arrangement in Part XI   | II and complete the  | e follov | wing ta  | able               |                 | _                            |             |                              |                  |             |
|        |  |                      |          |          |                    |                 |                              |             | 1A                           | nount            |             |
| С      | Beginning balance  |                      |          |          |                    |                 |                              | 1c          |                              |                  |             |
| d      | Additions during the year  |                      |          |          |                    |                 | <u> </u>                     | 1d          |                              |                  |             |
| е      | Distributions during the year  |                      |          |          |                    |                 |                              | 1e          |                              |                  |             |
| f      | Ending balance   |                      |          |          |                    |                 |                              | 1f          |                              |                  |             |
| 2a     | Did the organization include an amount on F  | orm 990, Part X, lın | ie 21,   | for es   | crow               | orcusto         | dıal accou                   | nt lıal     | bility?                      | ☐ Yes            | ✓ No        |
| b      | If "Yes," explain the arrangement in Part XI   | II Check here if the | e expl   | anatıc   | n has              | been p          | rovided in F                 | art X       | III                          |                  | Γ           |
| Pa     | rt V Endowment Funds. Complete   |                      |          |          |                    |                 |                              |             |                              |                  |             |
|        |  | (a)Current year      | (b)      | Prior ye | -                  | <b>b (c)</b> Tw | •                            | ·           | hree years back              |                  | years back  |
| 1a     | Beginning of year balance  | 166,196,649          |          |          | 72,670             |                 | 125,745,572                  |             | 132,195,175                  |                  | 119,184,266 |
| b      | Contributions  | 999,444              |          | 2        | 04,260             |                 | 730,884                      |             | 2,876,386                    |                  | 2,269,786   |
| С      | Net investment earnings, gains, and losses   | 15,504,687           |          | 28,7     | 80,316             |                 | 23,124,564                   |             | -3,720,766                   |                  | 16,633,319  |
| d      | Grants or scholarships   |                      |          |          |                    |                 |                              |             |                              |                  |             |
| e      | Other expenditures for facilities and programs                                       | 6,371,369            |          | 6,1      | .06,526            |                 | 5,848,184                    |             | 5,434,003                    |                  | 5,728,435   |
| f      | Administrative expenses  | 262,208              |          | 2        | 54,071             |                 | 180,166                      |             | 171,220                      |                  | 163,761     |
| g      | End of year balance  | 176,067,203          |          | 166,1    | 96,649             |                 | 143,572,670                  |             | 125,745,572                  | :                | 132,195,175 |
| 2      | Provide the estimated percentage of the cui  | rent year end balan  | ce (lır  | ne 1g,   | colum              | nn (a)) h       | neld as                      |             |                              |                  |             |
| а      | Board designated or quasi-endowment ►  | 12 400 %             |          |          |                    |                 |                              |             |                              |                  |             |
| b      | Permanent endowment ► 87 600 %   |                      |          |          |                    |                 |                              |             |                              |                  |             |
| c      | Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho       | uld equal 100%       |          |          |                    |                 |                              |             |                              |                  |             |
| За     | Are there endowment funds not in the posse   | ssion of the organiz | zatıon   | that a   | re hel             | d and a         | dmınıstere                   | d for t     | :he                          |                  |             |
|        | organization by  |                      |          |          |                    |                 |                              |             |                              | Yes              | No No       |
|        | (i) unrelated organizations  |                      | •        |          |                    |                 |                              | •           | 3a                           | ` -              | No          |
| L      | (ii) related organizations   |                      |          |          |                    |                 |                              |             | 3a                           | <del></del>      | No          |
| ь<br>4 | Describe in Part XIII the intended uses of t   | ·                    |          |          |                    |                 |                              | •           | 3                            | <b>Б</b>         | No_         |
|        | t VI Land, Buildings, and Equipme  |                      |          |          |                    | n answ          | ered 'Yes                    | ' to f      | Form 990. Pa                 | art IV.          | line        |
|        | 11a. See Form 990, Part X, line  |                      |          |          |                    |                 |                              |             |                              |                  |             |
|        | Description of property  |                      |          |          | Cost or<br>(Invest |                 | (b)Cost or of<br>basis (othe |             | (c) Accumulated depreciation | ( <b>d)</b> E    | Book value  |
| 1a     | Land   |                      |          |          |                    |                 |                              |             |                              |                  |             |
| b      | Buildings  |                      |          |          |                    |                 | 27,649                       | ,029        | 13,122,64                    | 5                | 14,526,384  |
| c      | Leasehold improvements   |                      |          |          |                    |                 |                              |             |                              |                  |             |
| d      | Equipment  |                      |          |          |                    |                 |                              |             |                              |                  |             |
|        | Other  |                      |          |          |                    |                 |                              |             |                              |                  |             |
| Tota   | I. Add lines 1a through 1e (Column (d) must  | equal Form 990, Part | X, colu  | ımn (E   | 3), line           | 10(c).)         |                              |             |                              |                  | 14,526,384  |
|        |  |                      |          |          |                    |                 |                              |             | Schedule I                   | ) (Form          | 990) 2014   |

| See Form 990, Part X, line 12.  (a) Description of security or category  | (b)Book value                | (c) Method of valuation                                  |
|--|------------------------------|--|
| (Including name of security) (1)Financial derivatives  |                              | Cost or end-of-year market value                         |
| (2)Closely-held equity interests   |                              |  |
| Other  |                              |  |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)   | 32,145,155                   |  |
| Part VIII Investments—Program Related. Co<br>See Form 990, Part X, line 13.  | ompiete ir the organizatio   | n answered 'Yes' to Form 990, Part IV, line 11c          |
| (a) Description of investment  | (b) Book value               | (c) Method of valuation Cost or end-of-year market value |
|  |                              | Cost of end-of-year market value                         |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization | n answered 'Ves' to Form 990 | ), Part IV, line 11d See Form 990, Part X, line 15       |
| (a) Descri   |                              | (b) Book value   |
|  |                              |  |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1   | (5.)                         |  |
| Part X Other Liabilities. Complete if the orga   |                              | o Form 990, Part IV, line 11e or 11f. See                |
| Form 990, Part X, line 25.  (a) Description of liability   | (b) Book value               |  |
| 1 (a) Description of Hability Federal Income taxes   | (b) Book value               |  |
| Annuity Obligations  | 1,367,416                    |  |
| Pension Benefit Liability  | 2,285,191                    |  |
| Postretirement Benefit Liability   | 2,268,250                    |  |
|  |                              |  |
|  |                              |  |
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|  |                              |  |
|  |                              |  |
|  |                              |  |
|  |                              |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   | 5,920,857                    |  |

| Sched  | lule D (Form 990) 2014                                    |  |                              |  |                             | Page <b>4</b>  |
|--------|---|--|------------------------------|--|-----------------------------|--|
| Par    |   | venue per Audited Financial Stat<br>ered 'Yes' to Form 990, Part IV, line 1  |                              | nts With Revenue p   | er R                        | eturn Complete If  |
| 1      | Total revenue, gains, and other                           | support per audited financial statements   |                              |  | 1                           | 8,989,955  |
| 2      | Amounts included on line 1 but                            | not on Form 990, Part VIII, line 12  |                              |  |                             |  |
| а      | Net unrealized gains (losses) or                          | n investments  | 2a                           |  |                             |  |
| b      | Donated services and use of fac                           | cilities   | 2b                           | 475,000  |                             |  |
| c      | Recoveries of prior year grants                           |  | 2c                           |  |                             |  |
| d      | Other (Describe in Part XIII )                            |  | 2d                           | 6,380,058  |                             |  |
| e      | Add lines <b>2a</b> through <b>2d</b> .                   |  |                              |  | 2e                          | 6,855,058  |
| 3      | Subtract line ${f 2e}$ from line ${f 1}$ .                |  |                              |  | 3                           | 2,134,897  |
| 4      | Amounts included on Form 990                              | , Part VIII, line 12, but not on line 1  |                              |  |                             |  |
| а      | Investment expenses not include                           | ded on Form 990, Part VIII, line 7b .  | 4a                           |  |                             |  |
| b      | Other (Describe in Part XIII )                            |  | 4b                           | 17,381,796   |                             |  |
| C      |   |  |                              |  | 4c                          | 17,381,796   |
| 5      |   | <b>4c.</b> (This must equal Form 990, Part I, line   |                              |  | 5                           | 19,516,693   |
| Part   |   | penses per Audited Financial Sta<br>wered 'Yes' to Form 990, Part IV, line   |                              |  | per                         | Return. Complete   |
| 1      |   | audited financial statements   |                              |  | 1                           | 10,201,801   |
| 2      | A mounts included on line 1 but                           | not on Form 990, Part IX, line 25  |                              |  |                             |  |
| а      | Donated services and use of fac                           | cilities   | 2a                           | 475,000  |                             |  |
| b      | Prior year adjustments                                    |  | 2b                           |  |                             |  |
| c      | Otherlosses   |  | 2c                           |  |                             |  |
| d      | Other (Describe in Part XIII )                            |  | 2d                           | 59,908   |                             |  |
| e      | Add lines <b>2a</b> through <b>2d</b>                     |  |                              |  | 2e                          | 534,908  |
| 3      | Subtract line ${f 2e}$ from line ${f 1}$ .                |  |                              |  | 3                           | 9,666,893  |
| 4      | Amounts included on Form 990                              | , Part IX, line 25, but not on line 1:   |                              |  |                             |  |
| а      | Investment expenses not inclu                             | ded on Form 990, Part VIII, line 7b  | 4a                           | 262,208  |                             |  |
| b      | Other (Describe in Part XIII )                            |  | 4b                           | 48,734   |                             |  |
| c      | Add lines <b>4a</b> and <b>4b</b>                         |  |                              |  | 4c                          | 310,942  |
| 5      | Total expenses Add lines 3 and                            | d <b>4c.</b> (This must equal Form 990, Part I, lin  | e 18 )                       |  | 5                           | 9,977,835  |
| Par    | Supplemental Info   | ormation   |                              |  |                             |  |
| Part   |   | Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and   |                              |  |                             | de any additional  |
|        | Return Reference  | Explanation  |                              |  |                             |  |
| electe | ed under SFAS 116 to not report<br>istorical treasures, o | As permitted by the provisions of FASB AS capitalize donated works of art, books, or n gains Collection items acquired either thro collection items are recorded as decreases assets and as decreases in temporarily res | nanusc<br>ugh pu<br>s in uni | ripts or recognize them<br>irchase or donation are i<br>restricted net assets if p | as rev<br>not cap<br>ourcha | enue or<br>pitalized Purchases of<br>sed with unrestricted |

| Return Reference  | Explanation   |
|---|---|
| Part III, Line 1a If organization<br>elected under SFAS 116 to not report<br>are, historical treasures, o | As permitted by the provisions of FASB ASC 958, Not-for-Profit Entities, the Society does not capitalize donated works of art, books, or manuscripts or recognize them as revenue or gains Collection items acquired either through purchase or donation are not capitalized. Purchases of collection items are recorded as decreases in unrestricted net assets if purchased with unrestricted assets and as decreases in temporarily restricted or permanently restricted net assets if purchased with donor- restricted assets. Contributions of collection items are not recognized in the Statement of Activities. Proceeds from deaccessions or insurance recoveries are reflected on the Statement of Activities based on the absence or existence and nature of donor-imposed restrictions. The Society's accounts do not include values of Philosophical Hall, built between 1785 and 1789, a national historic landmark, and its collection of books, manuscripts and works of art. |
| Part III, Line 4 Description of organization's collections and how it furthers its purpose                | The Society's offices and exhibition galleries are located in Philosophical Hall, a national historic landmark. Its collection of books, manuscripts and works of art support research, discovery and public education through public exhibitions and the Society's research library.   |
| Part IV, Line 1b Why is organization an agent, trustee, custodian or other intermediary for contrib       | The Society is the beneficiary under a number of trusts administered by two banks. The assets of the trusts are not included in the Statement of Financial Position of the Society since the Society does not exercise any control over those funds and certain conditions must be met annually to receive the income. The income from the trusts for 2014 and 2013 was \$178,457 and \$219,241, respectively   |
| Part V, Line 4 Intended uses of the endowment fund  | Under the Society's endowment spending policy, 4 5% of the average market value at the mid-point of the previous three years is appropriated for current operations. The investment policy utilized by the Society attempts to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets (donor-restricted funds that the Society must hold in perpetuity or for a donor-specified period as well as council designated funds). Endowments have been established for the following activities administration, research, publications, meetings, library, Franklin Hall, and any other activity of the Society.  |
| Part X FIN48 Footnote   | The Society is a publicly supported tax exempt organization in accordance with the provisions of Internal Revenue Code Section 501(c)(3) Accordingly, no provision for federal income taxes has been made. With few exceptions, the Organization is no longer subject to U.S. federal examinations by tax authorities for years before 2011. The Society recognizes interest expense and penalties in interest expense. There was no interest or penalties related to income taxes recognized for the years ended December 31, 2014, and 2013.  |
| Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990                       | Investment return designated for opera \$6374981 Other investment income \$5077   |
| Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S                            | Realized gains (losses) \$11870744 Interest on temp cash investments \$5077 Dividends & Interest on securities \$4952363 Contributions to Endowment Fund \$613520 431 Chestnut St rental expenses \$-59908  |
|   |   |

| Part XIII Supplemental Inf  | is unable to the state of the s |
|---|--|
| Part ATT. Supplemental IIII   | formation (continued)  |
| Return Reference  | Explanation  |
| Part XII, Line 2d Other expenses and losses per audited F/S                           | 431 Chestnut St rental expenses \$59908  |
| Part XII, Line 4b Other revenue<br>amounts included on 990 but not<br>included in F/S | Change in value of annuity agreements \$48734  |
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Schedule D (Form 990) 2014

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**SCHEDULE F** 

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493226039775

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**Statement of Activities Outside the United States** 

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

► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

|         | e of the organization   | =TV  |  | Employer ident  | ification number   |  |
|---------|---|--|--|---|--|--|
| \ I*I L |   |  |  |   | 23-1353269   |  |
| Pa      | "Yes" to Form 990, Pai  |  |  | e United States. Co   | omplete if the organiz   | ation answered   |
| 1       | <b>For grantmakers.</b> Does the cand other assistance, the grants or a used to award the grants or a | ntees' eligibili                           | ty for the gran  | ts or assistance, and   | the selection criteria   | ি Yes  |
| 2       | <b>For grantmakers.</b> Describe in assistance outside the United                                     |  | ganızatıon's pı  | ocedures for monitori   | ng the use of its gran   | ts and other   |
| 3       | Activites per Region (The follow  | ing Part I, line 3                         | table can be du  | iplicated if additional spa   | ice is needed )  |  |
|         | ( <b>a)</b> Region  | <b>(b)</b> Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | ( <b>f)</b> Total expenditures<br>for and investments<br>in region |
| (1)     | )   |  |  |   |  |  |
| ( 2     | )   |  |  |   |  |  |
| (3)     | )   |  |  |   |  |  |
| (4)     | )   |  |  |   |  |  |
| ( 5     | )   |  |  |   |  |  |
| ŀ       | a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)                 |  |  |   |  |  |
| •       | <b>L IULAIS</b> (aud IIIIES 3a ailu 3b)   | 1  | I  |   | 1  | I  |

Schedule F (Form 990) 2014

| Pa |                          |   |                    | izations or Entitie<br>ved more than \$5,0 |                              | •  | 9  |  | to Form 990,   |
|----|--------------------------|---|--------------------|--|------------------------------|--|--|--|--|
| 1  | (a) Name of organization | (b) IRS code<br>section<br>and EIN (if<br>applicable) | (c) Region         | ( <b>d)</b> Purpose of<br>grant            | (e) A mount of<br>cash grant | <b>(f)</b> Manner of<br>cash<br>disbursement | (g) A mount<br>of non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
| (  | 1)                       |   |                    |  |                              |  |  |  |  |
| (  | 2)                       |   |                    |  |                              |  |  |  |  |
| (  | 3)                       |   |                    |  |                              |  |  |  |  |
| (  | 4)                       |   |                    |  |                              |  |  |  |  |
| 2  |                          |   |                    | ed above that are ro<br>or counsel has pro |                              |  |  |  |  |
| 3  | Enter total num          | nber of other or                                      | ganizations or ent | ities                                      |                              |  |  |  |  |

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

| (a) Type of grant or assistance  (1) Franklin research Grant Europe (2) Franklin Research Grant Middle | e        | c) Number of recipients | (d) A mount of<br>cash grant | (e) Manner of cash<br>disbursement | <b>(f)</b> A mount of<br>non-cash<br>assistance | (g) Description of non-cash | <b>(h)</b> Method of<br>valuation |
|--|----------|-------------------------|------------------------------|------------------------------------|---|-----------------------------|-----------------------------------|
|  |          | 5                       |                              |                                    | assistance                                      | assistance                  | (book, FMV,<br>appraisal, other)  |
| ( 2) Franklin Research Grant Middle  |          |                         | 29,000                       | Check                              |   |                             | FMV                               |
|  | e East   | 1                       | 5,000                        | Check                              |   |                             | FMV                               |
| (3) Franklin Research Grant North  | America  | 1                       | 6,000                        | Check                              |   |                             | FMV                               |
| American Grant   | A merica | 4                       | 13,100                       | Check                              |   |                             | FM∨                               |
| (5)  |          |                         |                              |                                    |   |                             |                                   |
| (6)  |          |                         |                              |                                    |   |                             |                                   |
| (7)  |          |                         |                              |                                    |   |                             |                                   |
| (8)  |          |                         |                              |                                    |   |                             |                                   |
| (9)  |          |                         |                              |                                    |   |                             |                                   |
| (10)   |          |                         |                              |                                    |   |                             |                                   |
| (11)   |          |                         |                              |                                    |   |                             |                                   |
| (12)   |          |                         |                              |                                    |   |                             |                                   |
| (13)   |          |                         |                              |                                    |   |                             |                                   |
| (14)   |          |                         |                              |                                    |   |                             |                                   |
| (15)   |          |                         |                              |                                    |   |                             |                                   |
| (16)   |          |                         |                              |                                    |   |                             |                                   |
| (17)   |          |                         |                              |                                    |   |                             |                                   |
| (18)   |          |                         |                              |                                    |   |                             |                                   |

### Part IV Foreign Forms

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

### Part V Supplemental Information

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

### 990 Schedule F, Supplemental Information

| Return Reference   | Explanation  |
|--|--|
| Return Reference Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US | Explanation  The American Philosophical Society has certain committees that areresponsible for the sele ction of individuals receiving disbursements in furtherance of the exempt programs. An application for a grant mustbe submitted either electronically or on typewritten forms provide d for that purpose Awards are made by the Society's Committees in accordancewith the follo wing principles. 1 Grants are intended to assist investigators by providing forcosts of research work, such as the collection of scientific and literary materials, preparation of photographs, microfilms, and other records, purchases of supplies, necessary travel, and other incidental expenses of research. 2 Grants are not made toward the payment of salaries of members of the staff of an educational or scientific institution. Grants may not include institutional overhead. When a grant is made to a member of an institution to assist him or her in research of scholarly writings, it is expected that the institution will cooperate in facilitating thework. 3 Grants are not made for (a) salaries, fellowships, scholarships, or other projects involving personal expenses over long periods, (b) subsidies for public ation, (c) usual or permanent equipment for the institution involved (but may be made for special apparatus needed in the proposed research), (d) travel to meetings, (e) expense of grantee's family. 4 Support of a long-continuing project is not undertaken, except inits initial stage. 5 No recipient of a grant shall thereby become an employee of the Society. |
|  | (e) expense of g rantee's family 4 Support of a long-continuing project is not undertaken, except inits i nitial stage 5. No recipient of a grant shall thereby become an employee of theSociety. The e written agreement with the grantee's sets forth the specificobjectives of the grant and  |
|  | requires each recipient to file a writtenreport with the Society In the formal notificatio  n sent to all recipients of grants there is arequest that credit be given to the Society I  n the publication of worksupported by such grants and that a copy of each publication be s ent to the Society To this has been added another statement that the  |
|  | Committee on Publica tions would appreciate an opportunity to consider publication of a manuscript, but there i s no obligation that such a paper be published by the Society  |

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Schedule I

(Form 990)

DLN: 93493226039775

OMB No 1545-0047

**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. Department of the Treasury

Open to Public **Inspection** 

Internal Revenue Service ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization AMERICAN PHILOSOPHICAL SOCIETY

**Employer identification number** 

23-1353269

| Part I | General Information on Grants and Assistance |
|--------|--|
|        |  |

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

| (a) Name and address of organization or government   | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV , appraisal,<br>other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|-------------------------------------|---|--|--|--|
| (1) The Papers of Benjamin<br>Franklin<br>Yale Univ Library 1603 A<br>Yale St<br>New Haven, CT 06520 | 06-0646973     | 501(C)(3)                        | 15,000                              | 0   | FM∨  |  | Franklin Papers<br>Project                   |

| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | <br>1 |
|---|---|-------|
| 3 | Enter total number of other organizations listed in the line 1 table                            | <br>0 |

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

| (a)Type of grant or assistance      | (b)Number of recipients | <b>(c)</b> A mount of<br>cash grant | (d)A mount of<br>non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|-------------------------------------|-------------------------|-------------------------------------|--------------------------------------|--|---------------------------------------|
| (1) Franklın Research Grant         | 78                      | 425,220                             |                                      | FMV  |                                       |
| (2) Lewis and Clark Fund Grants     | 38                      | 144,148                             |                                      | FMV  |                                       |
| (3) Phillips Native American        | 14                      | 42,400                              |                                      | FMV  |                                       |
| (4) Daland Fellowships              | 4                       | 100,000                             |                                      | FMV  |                                       |
| (5) Library Resident Research Grant | 21                      | 52,500                              |                                      | FMV  |                                       |
| (6) John Hope Franklın Fellowshıp   | 1                       | 20,000                              |                                      | FMV  |                                       |
| (7) APS/ Kauffman Fellowships       | 2                       | 110,000                             |                                      | FMV  |                                       |

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

published by the Society

| Return Reference | Explanation  |
|------------------|--|
|                  | The American Philosophical Society has certain committees that are responsible for the selection of individuals receiving disbursements in furtherance of the exempt programs. An application for a grant mustbe submitted either electronically or on typewritten forms provided for that purpose Awards are made by the Society's Committees in accordance with the following principles. 1 Grants are intended to assist investigators by providing forcosts of research work, such as the collection of scientific and literary materials, preparation of photographs, microfilms, and other records, purchases of supplies, necessary travel, and other incidental expenses of research. 2 Grants are not made toward the payment of salaries of members of the staff of an educational or scientific institution. Grants may not include institutional overhead. When a grant is made to a member of an institution to assist him or her in research of scholarly writings, it is expected that the institution will cooperate in facilitating thework. 3 Grants are not made for:  [Application of scholarly writings, or other projects involving personal expenses over long periods, (b) subsidies for publication, (c) usual or permanent equipment for the institution involved (but may be made for special apparatus needed in the proposed research), (d) travel to meetings, (e) expense of grantee's family. 4 Support of a long-continuing project is not undertaken, except inits initial stage. 5 No recipient of a grant shall thereby become an employee of the Society. The written agreement with the grantee's sets forth the specific objectives of the grant and requires each recipient to file a written report with the Society. In the formal notification sent to all recipients of grants there is a request that credit be given to the Society in the publication of worksupported by such grants and that a copy of each publication be sent to the Society. To this has been added another statementthat the Committee on Publications would appreciate an opportunity to consider public |

### **Additional Data**

**Software ID:** 14000265

**Software Version:** 2014v5.0

**EIN:** 23-1353269

Name: AMERICAN PHILOSOPHICAL SOCIETY

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| orm bbo boneaute 1/1 art 111/ orante and other Abbitance to bonnestic Individuals |                                 |                                     |                                      |  |                                       |  |
|---|---------------------------------|-------------------------------------|--------------------------------------|--|---------------------------------------|--|
| (a)Type of grant or assistance  | <b>(b)</b> Number of recipients | <b>(c)</b> A mount of<br>cash grant | (d)A mount of<br>non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |  |
| Franklın Research Grant   | 78                              | 425,220                             |                                      | FMV  |                                       |  |
| Lewis and Clark Fund Grants   | 38                              | 144,148                             |                                      | FMV  |                                       |  |
| Phillips Native American  | 14                              | 42,400                              |                                      | FMV  |                                       |  |
| Daland Fellowships  | 4                               | 100,000                             |                                      | FMV  |                                       |  |
| Library Resident Research Grant   | 21                              | 52,500                              |                                      | FMV  |                                       |  |
| John Hope Franklın Fellowshıp   | 1                               | 20,000                              |                                      | FMV  |                                       |  |
| APS/Kauffman Fellowships  | 2                               | 110,000                             |                                      | FMV  |                                       |  |

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OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization AMERICAN PHILOSOPHICAL SOCIETY **Employer identification number** 

23-1353269

| Pa | Questions Regarding Compensation   |    |     |    |
|----|--|----|-----|----|
|    |  |    | Yes | No |
| 1a | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items |    |     |    |
|    | 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 organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain         | 1b |     |    |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all  |    |     |    |
|    | directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?   | 2  |     |    |
|    |  |    |     |    |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods                       |    |     |    |
|    | used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  |    |     |    |
|    | Compensation committee   |    |     |    |
|    | Form 990 of other organizations  Approval by the board or compensation committee   |    |     |    |
|    | Approval by the board of compensation committee  |    |     |    |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization   |    |     |    |
| а  | Receive a severance payment or change-of-control payment?  | 4a |     | No |
| b  | b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  |    |     |    |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?   | 4c |     | No |
|    | 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |    |     |    |
| 5  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any   |    |     |    |
|    | compensation contingent on the revenues of   |    |     |    |
| а  | The organization?  | 5a |     | No |
| 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 $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of   |    |     |    |
| а  | The organization?  | 6a |     | No |
| 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, did the organization provide any non-fixed   |    |     |    |
|    | payments not described in lines 5 and 6? If "Yes," describe in Part III  | 7  |     | Νo |
| 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe<br>in Part III  |    |     |    |
| _  |  | 8  |     | No |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?   | 9  |     | No |
|    | - \- /   |    |     |    |

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

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

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

| (A) Name and Title                    |             | (B) Breakdown of<br>(i) Base<br>compensation | f W-2 and/or 1099-MIS<br>(ii) Bonus &<br>Incentive<br>compensation | C compensation (iii) Other reportable compensation | (C) Retirement and other deferred compensation | <b>(D)</b> Nontaxable<br>benefits | (E) Total of columns<br>(B)(ı)-(D) | (F) Compensation in<br>column(B) reported<br>as deferred in prior<br>Form 990 |
|---------------------------------------|-------------|--|--|--|--|-----------------------------------|------------------------------------|---|
| Dr Keith S Thomson, Exc<br>Off/Councl | (i)<br>(ii) | 200,219                                      |  |  | 4,061  | 7,180                             | 211,460                            |   |
| 2 John Wolfe, Financial Offic         | (i)<br>(ii) | 148,198                                      |  |  | 3,700  | 24,563                            | 176,461                            |   |
| 3 Martın Levitt, Librarian            | (i)<br>(ii) | 165,247                                      |  |  | 4,063  | 24,594                            | 193,904                            |   |
| 4 Nanette Holben, Develop<br>Officer  | (i)<br>(ii) | 161,978                                      |  |  | 3,713  | 14,113                            | 179,804                            |   |

Schedule J (Form 990) 2014

### Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

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DLN: 93493226039775

OMB No 1545-0047

Department of the Treasury

**SCHEDULE M** 

(Form 990)

### **Noncash Contributions**

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

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

Open to Public

| Internal Revenue Service                       |                | Inspection       |
|--|----------------|------------------|
| Name of the organizat<br>AMERICAN PHILOSOPHICA | Employer ident | ification number |
|  | 22-1252260     |                  |

| Pa  | TITE Types of Property   |                                  |  |  |   |            |              |    |
|-----|--|----------------------------------|--|--|---|------------|--------------|----|
|     |  | (a)<br>Check<br>If<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | <b>(d</b><br>Method of d<br>noncash contrib | letermının |              | :S |
| 1   | Art—Works of art   |                                  |  | -  |   |            |              |    |
| 2   | Art—Historical treasures .   | Х                                | 26   |  |   |            |              |    |
| 3   | Art—Fractional interests   |                                  |  |  |   |            |              |    |
| 4   | Books and publications   |                                  |  |  |   |            |              |    |
| 5   | Clothing and household   |                                  |  |  |   |            |              |    |
|     | goods  |                                  |  |  |   |            |              |    |
|     | Cars and other vehicles  |                                  |  |  |   |            |              |    |
|     | Boats and planes   |                                  |  |  |   |            |              |    |
|     | Intellectual property  |                                  |  |  |   |            |              |    |
| 9   | Securities—Publicly traded .   |                                  |  |  |   |            |              |    |
|     | Securities—Closely held stock  | ·                                |  |  |   |            |              |    |
|     | Securities—Partnership, LLC, or trust interests  |                                  |  |  |   |            |              |    |
|     | Securities—Miscellaneous   |                                  |  |  |   |            |              |    |
| 13  | Qualified conservation contribution—Historic structures                                      |                                  |  |  |   |            |              |    |
| 14  | Qualified conservation contribution—Other  |                                  |  |  |   |            |              |    |
| 15  | Real estate—Residential .  |                                  |  |  |   |            |              |    |
|     | Real estate—Commercial   |                                  |  |  |   |            |              |    |
|     | Real estate—Other  |                                  |  |  |   |            |              |    |
|     | Collectibles   |                                  |  |  |   |            |              |    |
|     | Food inventory   |                                  |  |  |   |            |              |    |
|     | Drugs and medical supplies .   |                                  |  |  |   |            |              |    |
| 21  | Taxidermy  |                                  |  |  |   | ,          |              |    |
| 22  | Historical artifacts   |                                  |  |  |   |            |              |    |
| 23  | Scientific specimens   |                                  |  |  |   |            |              |    |
| 24  | Archeological artifacts  |                                  |  |  |   |            |              |    |
| 25  | O ther <b>▶</b> ()   |                                  |  |  |   |            |              |    |
| 26  | O ther ▶()   |                                  |  |  |   |            |              |    |
| 27  | O ther ▶()   |                                  |  |  |   |            |              |    |
|     | O ther ► ()  |                                  |  |  |   |            |              |    |
| 29  | Number of Forms 8283 received for which the organization comple                              |                                  |  |  | 29  |            |              |    |
| 20- | During the year did the are  | ation ross                       | a by contribution and man                              | arty reported in Deat Tillings   | 1 through 20 that                           | Y          | es           | No |
| Sua | During the year, did the organiza  |                                  |  |  |   |            |              |    |
|     | it must hold for at least three ye   |                                  |  |  | rea to be usea                              | 1          |              |    |
|     | for exempt purposes for the enti   |                                  |  |  |   | 30a        | +            | No |
| 31  | <ul> <li>If "Yes," describe the arrangem</li> <li>Does the organization have a gi</li> </ul> |                                  |  | roway of any non-standard  | contributions?                              | 31 Ye      | _            |    |
|     |  | •                                |  | •  |   |            | - <u>-</u> - |    |
| 32a | Does the organization hire or us contributions?  | e third part                     | ies or related organizations                           | to solicit, process, or sell i   | noncash<br>• • •                            | 32a        |              | No |
| b   | If "Yes," describe in Part II  |                                  |  |  |   |            |              |    |
| 33  | If the organization did not repor<br>describe in Part II                                     | t an amount                      | : in column (c) for a type of                          | property for which column (  | a) is checked,                              |            |              |    |

| 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |  |  |  |  |
|--|--|--|--|--|
| Return Reference   | Explanation  |  |  |  |
| Part I, Line 33, Revenues Not<br>Reported  | CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED IN THE STATEMENT OF ACTIVITIES BECAUSE THE SOCIETY DOES NOT CAPITALIZE ITS COLLECTIONS AS ALLOWED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES UNDER SFAS 116 (ASC 958-360-25) |  |  |  |

Schedule M (Form 990) (2014)

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### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

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

Name of the organization AMERICAN PHILOSOPHICAL SOCIETY **Employer identification number** 23-1353269

990 Schedule O, Supplemental Information

| Return Reference  | Explanation   |
|---|---|
| Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder                          | THE SOCIETY HAS MEMBERS THE MEMBERS DO NOT RECEIVE A SHARE OF THE SOCIETY'S PROFITS AND THERE ARE NO MEMBER DUES  |
| Form 990, Part VI, Line 7a How Members or Shareholders<br>Elect Governing Body                      | THE MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY (COUNCIL) AND APPROVE SPECIFIC DECISIONS OF COUNCIL AS THE LAWS DIRECT  |
| Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders | ALL COUNCIL DECISIONS RELATING TO THE CHARTER, THE LAWS, AND THE COMPOSITION AND SIZE OF THE MEMBERSHIP'S APPROVAL  |
| Form 990, Part VI, Line 11b Form 990 Review Process   | 1 A COPY OF FORM 990 IS PROVIDED TO THE COMMITTEE ON AUDIT AND TO EVERY VOTING MEMBER OF THE COUNCIL 2 THE TREASURER AND THE CHAIR OF THE COMMITTEE ON AUDIT ARE RESPONSIBLE FOR S OLICITING COMMENTS FROM THE COMMITTEE ON AUDIT AND RECEIVING COMMENTS FROM THE COUNCIL WIT HIN A FIXED REASONABLE PERIOD OF TIME BEFORE THE EXPECTED (INITIAL OR EXTENDED) FILING DUE DATE THE TREASURER AND CHAIR OF THE COMMITTEE ON AUDIT REPORT ANY CONCERNS TO THE EXECUT IVE AND ADMINISTRATIVE OFFICERS FOR REVIEW THE EXECUTIVE OFFICER RESPONDS TO THE TREASURE R AND THE CHAIR OF THE COMMITTEE ON AUDIT IN A REASONABLE MANNER THE EXECUTIVE OFFICER AF |
| Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts                  | COVERED PERSONS ARE SOLICITED ANNUALLY, ASKING THESE INDIVIDUALS TO REPORT ANY POSSIBLE POTENTIAL CONFLICT  |
| Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management            | PRESIDENT AND TREASURER APPROVE THE COMPENSATION ARRANGEMENT AFTER REVIEW OF COMPARABILITY DATA ALONG WITH THE PIERSON STUDY DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION OF THE EXECUTIVE OFFICER ARE AN INTEGRAL PART OF THE OVERALL COMPENSATION REPORT TO COUNC IL  |
| Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | COMPARABILITY DATA ARE UTILIZED AND ALL SALARIES ARE DETERMINED AT THE DISCRETION OF THE EXECUTIVE OFFICER  |
| Form 990, Part VI, Line 19 Other Organization Documents Publicly Available                          | THE SOCIETY'S YEARBOOK FOR 2014 GIVES A COMPLETE ACCOUNT OF THE SOCIETY'S ACTIVITIES IT A LSO INCLUDES A COPY OF ITS LAWS AND POLICIES A COPY WILL BE FURNISHED UPON REQUEST FINAN CIAL STATEMENTS ARE AVAILABLE UPON REQUEST   |
| Other Changes In Net Assets Or Fund Balances - Other Decreases                                      | Change in pension benefit liability = -\$567152   |
| Other Changes In Net Assets Or Fund Balances - Other Decreases                                      | Change in postretirement benefit liability = -\$111878  |
| Other Changes In Net Assets Or Fund Balances - Other Decreases                                      | Realized gain attributale to annuity obligation = -\$49836  |
| Other Changes In Net Assets Or Fund Balances - Other Decreases                                      | Unrealized gain attributable to annuity obligation = -\$35137   |