			EXTENDED TO MAY 15, 2024 Return of Organization Exempt From	Income Tax	OMB No. 1545-0047		
For	_ Q	90	- · ·		0000		
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may				
Depa Interr	rtment o	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the lates	•	Open to Public Inspection		
	A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023				 }		
	heck if	e: C Name o	forganization	D Employer identi	fication number		
	Addre		SYLVANIA ACADEMY OF THE FINE ARTS				
	Name chang		usiness as	23-13522	256		
	Initial return	J	and street (or P.O. box if mail is not delivered to street address) Room/su				
	 return/	128	NORTH BROAD STREET	215-972-			
	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	32,146,635.		
	Ameno	PHIL	ADELPHIA, PA 19102	H(a) Is this a group	return		
	Applic tion pendir		nd address of principal officer: ERIC G. PRYOR	for subordinate			
		SAME	AS C ABOVE	H(b) Are all subordinates			
		empt status:			a list. See instructions		
	Vebsi			H(c) Group exempti			
	orm of art I	Summary	X Corporation Trust Association Other L Y	ear of formation: 1805	M State of legal domicile: PA		
		,	e the organization's mission or most significant activities: AS THE F	דפפי אפי אוופי			
e			IN THE US, PAFA CELEBRATES THE TRANSFO				
Governance		Check this bo					
/err		Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)					
g							
<u>مە</u>			lependent voting members of the governing body (Part VI, line 1b)				
Activities &			of volunteers (estimate if necessary)				
iti			d business revenue from Part VIII, column (C), line 12		=		
¥			business taxable income from Form 990-T, Part I, line 11		-		
	~	The amenator		Prior Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h)	7,528,891.	5,701,224.		
Revenue			ce revenue (Part VIII, line 2g)	9,318,689.			
evel		•	come (Part VIII, column (A), lines 3, 4, and 7d)	4,086,597.			
ň			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	140,837.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,075,014.	17,455,345.		
			nilar amounts paid (Part IX, column (A), lines 1-3)	3,978,049.	3,675,596.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.		
S	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	8,090,794.	8,252,467.		
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.		
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 1,126,423.				
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	9,372,446.			
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,441,289.			
		Revenue less	expenses. Subtract line 18 from line 12	-366,275.			
Assets or d Balances				Beginning of Current Year			
sets alan	20	Total assets (F	Part X, line 16)	117,779,162.	· · ·		
t As nd B			(Part X, line 26)	26,467,438.			
Fuc			fund balances. Subtract line 21 from line 20	91,311,724.	91,455,947.		
	nrt II						
			I declare that I have examined this return, including accompanying schedules and stat		ny knowledge and belief, it is		
true,	correc	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.			

Sign	Signature of officer		Date					
Here	ERIC G. PRYOR, PRESIDENT	AND CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	HARRISON PEREIRA		05/13/24 self-employed P00746867					
Preparer	Firm's name TAIT, WELLER & BA	KER LLP	Firm's EIN 23-1144520					
Use Only	Firm's address TWO LIBERTY PL, 5	0 S. 16TH ST, STE 290	0					
	PHILADELPHIA, PA 19102-2529 Phone no. 215-979-8800							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)							

2-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check 5 checkle Contains a response or note to any line in the Part II Image: Contains a response or note to any line in the Part II I Birdly decode the organization massion: THE ACADEMY OPERATES A POST-SECONDARY EDUCATIONAL PROGRAM IN FIRE ARTS PACEADEMY SPONSORS FINE ARTS CLASSES FOR ALL AGES AND FREE ARTS 2 Old the organization underlake any significant program services during the year which were not listed on the prote for 900 e800 e820 Image: Classical Clasteric Classical Classical Classical Classical Classical Classic		990 (2022) PENNSYLVANIA ACADEMY OF THE FINE ARTS 23-1352256 Page 2 t III Statement of Program Service Accomplishments
2 Dot the organication undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 □ Yes X No 11 'Yes, '' deache thuse new services on Schedule 0. > The service access conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Sectors 91(c)(s) and 501(c)(g) and x01(c) are required to required to required to reported. > Ves X No 40 (cost	1	Briefly describe the organization's mission: THE ACADEMY OPERATES A POST-SECONDARY EDUCATIONAL PROGRAM IN FINE ARTS AS WELL AS A GALLERY COLLECTION OF AMERICAN ART. IN ADDITION, THE ACADEMY SPONSORS FINE ARTS CLASSES FOR ALL AGES AND FREE ARTS
 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
Section 601(c)(8) or ganizations are required to report the amount of grants and allocations to others, the total expenses, and revenue.if ary, for each program service reported. 4a (Cost	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
PAFA'S POST-SECONDARY FINE ARTS PROGRAM OFFERS PROGRAMS IN PAINTING, PRINT-MAKING, SCULPTING AND DRAWING. THE SCHOOL GRANTS A FOUR YEAR CERTIFICATE, A BACHELOR OF FINE ARTS DEGREE, AND A MASTER OF FINE ARTS DEGREE.	4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
PAFA OPERATES À GALLERY THAT DISPLAYS GREAT WORKS OF AMERICAN ART. IT IS THE OLDEST SUCH GALLERY IN THE U.S. AND ITS PRINCIPAL BUILDING IS A HISTORICAL STRUCTURE. THE SCHOOL ALSO HOSTS SEVERAL SPECIAL EXHIBITIONS EACH YEAR.	4a	PAFA'S POST-SECONDARY FINE ARTS PROGRAM OFFERS PROGRAMS IN PAINTING, PRINT-MAKING, SCULPTING AND DRAWING. THE SCHOOL GRANTS A FOUR YEAR CERTIFICATE, A BACHELOR OF FINE ARTS DEGREE, AND A MASTER OF FINE ARTS
PUBLIC EDUCATION TEAM SPONSORS FINE ART CLASSES FOR ALL AGES BOTH ON AND OFF-SITE.	4b	PAFA OPERATES A GALLERY THAT DISPLAYS GREAT WORKS OF AMERICAN ART. IT IS THE OLDEST SUCH GALLERY IN THE U.S. AND ITS PRINCIPAL BUILDING IS A HISTORICAL STRUCTURE. THE SCHOOL ALSO HOSTS SEVERAL SPECIAL
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 17,699,609. Form 990 (2022)	4c	PUBLIC EDUCATION TEAM SPONSORS FINE ART CLASSES FOR ALL AGES BOTH ON
4e Total program service expenses 17,699,609. Form 990 (2022)	4d	
		Total program service expenses 17,699,609. Form 990 (2022)

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			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		77	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			- 21
u		11d		х
<u>م</u>	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	900	X (2022)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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? <i>If "Yes," complete</i>			
		25b		x
26	Schedule L, Part I	250		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	38	11	L
	Chack if Schoolula O contains a response or note to any line in this Bart V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 144		162	
b				
c				
Ŭ	(gambling) winnings to prize winners?	1c		
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Form 990		PENNSYLVANIA					
Part V	Statements	Regarding Other IRS	Filings and	Гах (Compli	iance ₍	continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 333			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		<u> </u>
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	u		<u> </u>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
а	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a ⊾	Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10b10b 10b 10b 10b 10b 10b 10b 10b 10b 10b 10b			
ы 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes," complete Form 6069.	.,		
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Form 990	(2022)
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PENNSYLVANIA ACADEMY OF THE FINE ARTS

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	44			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form (s filod?	1		x

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5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			

organization's mailing address? If "Yes," provide the names and addresses on Schedule O

b l	Did the organization have local chapters, branches, or affiliates?			
		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
c	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a ⊦	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
bС	Describe on 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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
сD	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
c	on Schedule O how this was done	12c	Х	
	Did the organization have a written whistleblower policy?	13	Х	
	Did the organization have a written document retention and destruction policy?	14	Х	
15 [Did the process for determining compensation of the following persons include a review and approval by independent			
F	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
al	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
ŀ	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a [Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
t	taxable entity during the year?	16a		X
b l	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
i	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
e	exempt status with respect to such arrangements?	16b		

17	List the states with which a copy of this Form 990 is required to be filed _ PA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on 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
	ERIC G. PRYOR - 215-972-2097
	128 N BROAD STREET, PHILADELPHIA, PA 19102
232006	5 12-13-22 Form 990 (2022)

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232006 12-13-22

Form 990 (2022)	PENNSYLVANIA	-	-				23-1352	256
Part VII Compensat	tion of Officers, Directo	rs, Trustees,	, Key	' Emp	loyees,	Highest	Compensated	
Employees,	, and Independent Cont	tractors						

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and title Average hours per weak (git ary) builts any builts any	(A)	(B)			(0	C)			(D)	(E)	(F)
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	(17) JONATHAN L. COHEN	5.00								_	
	TRUSTEE		Х						0.	0.	

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Form **990** (2022)

Page 7

Form 990 (2022) PENNSYLVA	NIA ACA	DE	MY	0	F	TН	E	FINE ARTS	23-135	2256	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)	-	
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average hours per week (list any	box offi	not cl , unles	Posif heck n ss pers id a dir	nore t son is	than c s both	an	Reportable compensation from the	Reportable compensation from related organizations	an	timated nount of other pensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	fr orga and	om the anization d related anizations
(18) MARIANNE DEAN TRUSTEE	5.00	x		0	K	Ξe	<u> </u>	0.	0		0.
(19) KEVIN F. DONOHOE TRUSTEE	5.00	x						0.	0		0.
(20) MARK A. DOUGLAS TRUSTEE	5.00	x						0.	0		0.
(21) JILL HOLLER DUROVSIK TRUSTEE	5.00	x						0.	0		0.
(22) ROBERT I. FRIEDMAN, ESQ. TRUSTEE	5.00	x						0.	0		0.
(23) PIA HALLORAN	5.00										
TRUSTEE (24) CHARLES H. HARPER	5.00	X						0.	0		0.
TRUSTEE (25) JONATHAN HIRSCH	5.00	X						0.	0		0.
TRUSTEE (26) RO KING	5.00	X						0.	0	•	0.
TRUSTEE 1b Subtotal		Х						0.1,490,585.	0	_	<u>0.</u> 6,135.
c Total from continuation sheets to Part VII, Section A									0		0.
d Total (add lines 1b and 1c)								1,490,585.	0	18	6,135.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		13
compensation from the organization											Yes No
3 Did the organization list any former officer,	-		-	•	-		Ŭ	• • •	•	3	X
 line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su and related associations groater than \$150 	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	ne organization		X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	ccrue comper	nsati	, on fr	om a	any	unre	late	ed organization or individ	lual for services	4	
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	e J f	or si	<u>ich p</u>	perso	on .				5	X
1 Complete this table for your five highest con	-									ation fro	om
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wr	th o	or wi	nin	i the organization's tax y (B)	ear.	(C	.)
Name and business								Description of s	ervices	Compe	
ALLIED UNIVERSAL SECURITY PO BOX 828854, PHILADELPH	IA, PA	19	18		88	54		SECURITY SER	VICES	78	8,523.
ELLIOTT LEWIS, 2900 BLACK PHILADELPHIA, PA 19154								HVAC		38	8,125.
CLEAN TECH SERVICES INC STREET 5TH FLR, PHILADELP	HIA, PA	. 1	91	06	г 			CUSTODIAL SE	RVICES	252	2,520.
C. ERICKSON AND SONS, INC STREET, SUITE 200, PHILAD	-				10:	3		CONSTRUCTION		23	2,192.
CONSTELLATION CULINARY 601 WALNUT STREET, PHILAD	ELPHIA,	P	<u>A</u>	<u>19</u> 1	10	6		CATERING SER	VICES	17:	1,061.
2 Total number of independent contractors (ir	-	ot lir	nitec				ted	above) who received mo	ore than		
SEE PART VII, SECTION		IN	UA		11 3N		HE	ETS		Form	990 (2022)
232008 12-13-22											

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Part VII Section A. Officers, Directors, T	<u>rustees, Key</u> Er	<u>nplo</u>	yee	<u>s, a</u> r	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				olo ye		the organization	organizations (W-2/1099-MISC)	compensatior from the
	hours for	direct				d em j		(W-2/1099-MISC)	(00-2/1099-10130)	organization
	related	ee or	stee			nsate		(W 2/1000 MICO)		and related
	organizations	trust	nal tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Indi	Inst	Offi	Key	Hig	For			
(27) SUSAN KLINE KLEHR	5.00									
TRUSTEE		Х						0.	0.	0
(28) ROBERT E. KOHLER, PH. D.	5.00								0	
		Х						0.	0.	0
(29) JOEL M. KOPPELMAN	5.00								0	0
TRUSTEE		Х						0.	0.	0
(30) ANDREW KRESS	5.00	77							0	0
TRUSTEE (31) JANNIE K. LAU	5.00	Х						0.	0.	0
TRUSTEE	5.00	x						0.	0.	0
(32) MARGUERITE LENFEST	5.00	^						0.	0.	0
RUSTEE	5.00	x						0.	0.	0
(33) VALENTINE JAMES LINK	5.00	Δ						0.	0.	0
RUSTEE	5.00	x						0.	0.	0
(34) WINSTON I. LOWE, ESQ.	5.00									
TRUSTEE		х						0.	0.	0
(35) KENNETH MITCHELL	5.00								•••	
TRUSTEE		х						0.	0.	0
(36) J.BRIEN MURPHY, M.D.	5.00									
TRUSTEE		х						0.	0.	0
(37) SANDRA NORCROSS	5.00									
TRUSTEE		Х						0.	Ο.	0
(38) JAMES E. O'NEILL, ESQ.	5.00									
TRUSTEE		Х						0.	Ο.	0
(39) THOMAS N. PAPPAS	5.00									
TRUSTEE		Х						0.	0.	0
(40) THEODORE O. ROGERS, JR. ESQ.	5.00									
RUSTEE		Х						0.	0.	0
(41) GREGORY L. SEGALL	5.00									_
TRUSTEE		Х						0.	0.	0
(42) ARLEN SHENKMAN	5.00								<u> </u>	-
TRUSTEE		Х						0.	0.	0
(43) JUNE MARSHALL SMITH	5.00								•	_
TRUSTEE		Х						0.	0.	0
(44) RICHARD W. SNOWDEN	5.00								•	~
TRUSTEE		Х						0.	0.	0
(45) JOHN TOATES	5.00								•	_
RUSTEE		Х						0.	0.	C
(46) ROBERT CLARK WILLIAMS, JR.	5.00								•	_
RUSTEE		Х						0.	0.	C

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Location (a) Average (b) Control (b) Control (c) Control (c) <thcontrol (c)<="" th=""> <thcontrol (c)<="" th=""></thcontrol></thcontrol>		ANIA ACA	\DE	MY	0	F	TH	E	FINE ARTS	23-135	2256
Name and title Average box Position (the k all that apply) betweined (itst any) betweined	Part VII Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
Hours week (list ary week (list ary hours for related organizations organizations line) (check all that apply) is grint and set organizations grint and set grint and set gr											
per (Ist arry hours for palated organizations below bel	Name and title	-									
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Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
	Total to Part VII, Section A, line 1c										

232201 04-01-22

Pa	rt V	/111	Statement of Rev	venue	e						
			Check if Schedule O o	contain	s a respor	nse (or note to any line		(5)	(2)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns		1a						
iran oun		b	Membership dues		1b						
s, G		с	Fundraising events		1c		385,745.				
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations		1d						
is, (imil		е	Government grants (contri	ibution	s) 1e		109,000.				
tior S		f	All other contributions, gifts,	grants, a	and						
ibu			similar amounts not included	above			5,206,479.				
ntr D		g	Noncash contributions included in	lines 1a-1	f 1g \$		470,723.				
<u>a Č</u>		h	Total. Add lines 1a-1f					5,701,224.			
							Business Code	E 204 200	F 204 200		
ice	2	a	TUITION AND FEES CONTINUING EDUCATION	.т			611310 900099	7,304,309.	7,304,309.		
erv ue	c RENTALS FOR EXEMPT ACT.				900099	739,894. 496,683.	739,894. 496,683.				
m S ven		-	MUSEUM ADMISS/COLLEG				900099	299,902.	299,902.		
graı Rev			WOMENS BOARD REVENUE				900099	299,902.	299,302.		
Program Service Revenue		e f						251,515.	257,575.		
-		f g	All other program service Total. Add lines 2a-2f					9,138,163.			
	3		Investment income (includ					5,200,200.			
	Ŭ							1,666,052.			1666052.
	4		Income from investment of				ſ	, ,			
	5		Royalties		•	•					
			,		(i) Real		(ii) Personal				
	6	а	Gross rents	6a	140,2	20.					
		b	Less: rental expenses	6b		0.					
		с	Rental income or (loss)	6c	140,2	20.					
		d	Net rental income or (loss))				140,220.			140,220.
	7	а	Gross amount from sales of	((i) Securiti	es	(ii) Other				
			assets other than inventory	7a 1	5,107,6	44.					
		b	Less: cost or other basis								
en			and sales expenses		4,382,3						
Revenue		С	Gain or (loss)	7c	725,3	40.					
Re			Net gain or (loss)					725,340.			725,340.
Other	8	а	Gross income from fundraising								
đ					15. of						
			contributions reported on								
			Part IV, line 18			8a	129,897.				
			Less: direct expenses			8b	210,272.	00.255			00.255
	_		Net income or (loss) from			ts Г		-80,375.			-80,375.
	9	а	Gross income from gamin								
			Part IV, line 19			<u>9a</u>					
			Less: direct expenses			9b					
	40		Net income or (loss) from			, <u></u>					
	10	а	Gross sales of inventory, l			100	261,028.				
		h	and allowances			10a 10b					
			Less: cost of goods sold Net income or (loss) from a				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	162,314.	108,951.	53,363.	
		0		Jaico U	inventor	у	Business Code	,	100,001.		
snu	11	а	MISCELLANEOUS				900099	2,407.	2,407.		
neo		b						-,•	_,		
evenue:		c									
Miscellaneous Revenue			All other revenue								
Σ			Total. Add lines 11a-11d					2,407.			
	12		Total revenue. See instruction					17,455,345.	9,249,521.	53,363.	2451237.
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PENNSYLVANIA ACADEMY OF THE FINE ARTS

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PENNSYLVANIA ACADEMY OF THE FINE ARTS Part IX Statement of Functional Expenses

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

Secu	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiele column (A).	
De	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCINGES	general expenses	CAPCING
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	3,675,596.	3,675,596.		
3	Grants and other assistance to foreign	5,015,550.	5,0,5,550.		
3	C C				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	272,726.		272,726.	
•	trustees, and key employees	212,120.		212,120.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	6,663,480.	4,631,616.	1,267,227.	764,637.
7	Other salaries and wages	0,003,400.	4,031,010.	1,207,227.	/04,03/.
8	Pension plan accruals and contributions (include	170 270	125 062	22 212	01 100
-	section 401(k) and 403(b) employer contributions)	179,378.	125,963.	32,313.	<u>21,102.</u> 73,545.
9	Other employee benefits	637,525. 499,358.	439,027.	124,953. 110,891.	55,739.
10	Payroll taxes	499,338.	332,728.	110,891.	55,759.
11	Fees for services (nonemployees):				
	Management	F0 004	24 400	22 520	
	3	58,024.	24,492.	33,532.	
	Accounting	78,543.		78,543.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	014 501		014 501	
f	•	214,591.		214,591.	
g	Other. (If line 11g amount exceeds 10% of line 25,	051 450	400 550	201 604	~~ ~~~
	column (A), amount, list line 11g expenses on Sch 0.)	851,479.	439,552.	391,604.	20,323. 1,272. 76,825.
12	Advertising and promotion	148,058.	105,092.	41,694.	1,272.
13	Office expenses	670,013.	572,396.	20,792.	76,825.
14	Information technology	80,051.		80,051.	
15	Royalties				
16	Occupancy	2,127,303.	2,127,303.		
17	Travel	257,487.	228,486.	13,997.	15,004.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	23,438.	4,320.	19,034.	84.
20	Interest	875,445.	804,952.	70,493.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,975,219.	1,975,219.		
23	Insurance	449,253.	449,253.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	INSTALLATIONS	824,997.	824,997.		
b	MEMBERSHIP DUES AND SUB	409,668.	201,426.	205,307.	2,935.
с	RENTAL EXPENSES - STUDE	259,369.	259,369.		
d	RECEPTIONS AND ENTERTAI	205,150.	82,249.	30,262.	92,639.
е	All other expenses	469,103.	395,573.	71,212.	2,318.
25	Total functional expenses. Add lines 1 through 24e	21,905,254.	17,699,609.	3,079,222.	1,126,423.
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)				
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09200513 758275 3081.000

Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing Savings and temporary cash investments

		Cash - non-interest-bearing			0/1,00/.		271,0740		
	2	Savings and temporary cash investments			2,297,663.	2	2,652,018.		
	3	Pledges and grants receivable, net			1,103,935.	3	1,283,538.		
	4	Accounts receivable, net			12,762.	4	152,422.		
	5	Loans and other receivables from any current or							
	-	trustee, key employee, creator or founder, subst							
		controlled entity or family member of any of thes				5			
	6	Loans and other receivables from other disqualif							
		under section 4958(f)(1)), and persons described				6			
	7	Notes and loans receivable, net				7			
ets					112,982.	8	100,461.		
Assets	8		nventories for sale or use						
	9	· · · · · · · · · · · · · · · · · · ·			353,882.	9	241,212.		
	10a	Land, buildings, and equipment: cost or other		02 122 642					
		basis. Complete Part VI of Schedule D	10a	83,123,643. 35,558,168.	40 111 400		17 ECE 17E		
		Less: accumulated depreciation			49,111,490.				
	11	Investments - publicly traded securities			38,720,705.	11	39,077,378.		
	12	Investments - other securities. See Part IV, line 1			22,100,141.	12	26,019,594.		
	13	Investments - program-related. See Part IV, line 1				13			
	14	Intangible assets				14	2 454 005		
	15	Other assets. See Part IV, line 11			3,094,595.	15	3,454,287.		
	16	Total assets. Add lines 1 through 15 (must equa			117,779,162.	16	120,817,479.		
	17	Accounts payable and accrued expenses	1,228,266.	17	1,242,585.				
	18	Grants payable				18			
	19	Deferred revenue			229,960.	19	182,490.		
	20	Tax-exempt bond liabilities	24,733,579.	20	24,666,521.				
	21	Escrow or custodial account liability. Complete F		21					
S	22	Loans and other payables to any current or form	er offic	er, director,					
liti		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%					
Liabilities		controlled entity or family member of any of thes	e perso	ons		22			
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23			
	24	Unsecured notes and loans payable to unrelated	l third p	oarties	0.	24	3,250,000.		
	25	Other liabilities (including federal income tax, pay	ables t	to related third					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X					
		of Schedule D			275,633.	25	19,936.		
	26	Total liabilities. Add lines 17 through 25			26,467,438.	26	29,361,532.		
		Organizations that follow FASB ASC 958, chee	ck here	e X					
ances		and complete lines 27, 28, 32, and 33.							
	27	Net assets without donor restrictions			50,763,226.	27			
Ba	28	Net assets with donor restrictions			40,548,498.	28	43,682,833.		
pu		Organizations that do not follow FASB ASC 95							
лщ		and complete lines 29 through 33.							
۵ د	29	Capital stock or trust principal, or current funds			29				
sets	30	Paid-in or capital surplus, or land, building, or eq				30			
As:	31	Retained earnings, endowment, accumulated inc				31			
Net Assets or Fund Ba	32	Total net assets or fund balances		91,311,724.	32	91,455,947.			
~	33	Total liabilities and net assets/fund balances			117,779,162.	33	120,817,479.		
		······			-		Form 990 (2022)		
							. ,		

PENNSYLVANIA ACADEMY OF THE FINE ARTS

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(B) End of year

271,094.

(A) Beginning of year

871,007.

1

Form	1 990 (2022) PENNSYLVANIA ACADEMY OF THE FINE ARTS	23	-1352256	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,90		
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,44		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	91,31		
5	Net unrealized gains (losses) on investments	5	3,93	<u>6,6</u>	48.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	65	7,4	84.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	91,45	<u>5,9</u>	<u>47.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	, O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate) basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X	

Form **990** (2022)

sc	HED	ULE A								OMB No. 1545-0047
(Fo	rm 99	0)			rity Status an					つりつつ
			Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		2022
		the Treasury ue Service		At	ttach to Form 990 or Fo	orm 990-E	Ζ.	-		Open to Public
				Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.	Employer	Inspection identification number
nan	ie or t	he organizatio		QVI.VANTA A	CADEMY OF TH	C DINI	י אסיימ	2		3-1352256
Pa	rtl	Reason			(All organizations must c					J-1332230
					For lines 1 through 12, c					
1				•	n of churches described	-	,	1)(A)(i).		
2	X				Attach Schedule E (Forn			· /· ·/·		
3					anization described in s		(b)(1)(A)(ii	ii).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6				0	nental unit described in			.,		
7		-		-	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general p	public described in
-		-		omplete Part II.)						
8		-			(1)(A)(vi). (Complete Par					
9		-	-		in section 170(b)(1)(A)(-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10		university:	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
10					t to certain exceptions;					
					(less section 511 tax) fro	. ,				0
				mplete Part III.)				,		,
11		An organizati	on organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) c	or section a	509(a)(2).	See section	509(a)(3). C	Check the box on
		lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by g	giving
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		7 -		complete Part IV, Se					<i>.</i>	
b					or controlled in connect			-		-
			0		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	Dorted
с		- ⁻	. ,	t complete Part IV,	g organization operated	in connect	tion with	and functiona	llv integrate	nd with
U			-	• • • •). You must complete I				ily integrate	a with,
d			•		porting organization oper			-	rted organiz	ration(s)
			-	• •	ation generally must sat				· ·	
		requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number o	of supported c	organizations						
g				about the supporte		(iv) Is the orga	anization listed	() A many materia	f waara ahaw i	(iii) Americant of other
	(Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see in		(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No			

Total

			or Organizations	Described in	Sectio	ons 170)(b)(1)(A	(iv) and		. age =
Schedule A	(Form 990)	2022	PENNSYLVANI	A ACADEM	Y OF	THE	FINE	ARTS	23-1352256	Page 2

(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.)

See	ction A. Public Support		_			_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support	_				_	_
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
13	First 5 years. If the Form 990 is for the	ne organization's f				501(c)(3)	
	organization, check this box and sto	phere		·	-		
See	ction C. Computation of Publi	ic Support Per	rcentage				
14	Public support percentage for 2022 (I	ine 6, column (f), (divided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the	organization did n	ot check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the or	ganization did not				
	and if the organization meets the fact		-				
	meets the facts-and-circumstances te			-	-	- - - -	
b	10% -facts-and-circumstances test	-					
-	more, and if the organization meets th		-				
	organization meets the facts-and-circl						
18	Private foundation. If the organization						
	<u>_</u>		,	, ,			(Form 990) 2022

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	PENNSYLVANIA				s 23-1352256	Page 3
Part III Support Schedule fo	r Organizations Des	cribed in Sec	tion 509(a	n)(2)		

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)						
Se	ction B. Total Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	he organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section 5	601(c)(3) orgar	nization.
		C					,
Se	ction C. Computation of Publ						
15	Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 2					17	%
	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ition	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organiza	tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
2320	23 12-09-22					Scheo	lule A (Form 990) 2022
			17	1			

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

18

232024 12-09-22

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

PENNSYLVANIA ACADEMY OF THE FINE ARTS 23-1352256 Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and						
	11c below, the governing body of a supported organization?	11a					
b	A family member of a person described on line 11a above?	11b					
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide						
	detail in Part VI.	11c					
Sec	Section B. Type I Supporting Organizations						

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L
0	Did the exemination encode for the benefit of any supported exemination other than the supported	

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

prvised or controlled the supporting organization

supervised. Or controlled the supporting organization.	~
Section C. Type II Supporting Organizations	

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

Section D. All Type III Supporting Organizations						
1	Did the organization provide to each of its supported organizations, by the last day of the fifth					
	organization's tax year. (i) a written notice describing the type and amount of support provided					

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

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the or	rganization used to satisfy	the Integral Part Test durin	a the year (see instructions
•	Check the box heat to the method that the of	yanizalion useu lo salisiy	the integral i alt i est during	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	ow you supported a governmental entity (see instruction <u>s).</u>
-----	--	---	-------------------------	--

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes

Yes No

No Yes

Yes No

1

0

No

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2022.05090 PENNSYLVANIA ACADEMY OF T 3081.001

Sche	dule A (Form 990) 2022 PENNSYLVANIA ACADEMY OF	THE	FINE ARTS	23-1352256 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrat	ted Type III supporting or	rganization (see

instructions).

Schedule A (Form 990) 2022

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PENNSYLVANIA	ACADEMY	\mathbf{OF}	\mathbf{THE}	FINE	ARTS	

		ACADEMY OF THE			3-1352256 Page 7
Par	<u> </u>	a)(3) Supporting Orga	anizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	PENNSYLVANIA A	CADEMY OF	THE FINE ARTS	23-1352256 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the explan , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9	nations required by F 9b, 9c, 11a, 11b, and 1 E, lines 1c, 2a, 2b,	Part II, line 10; Part II, line 1 d 11c; Part IV, Section B, lir 3a, and 3b; Part V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
232028 12-09-	22		22		Schedule A (Form 990) 2022

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(Form 990)

Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

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OMB No. 1545-0047

2022

Employer identification number

23-1352256

	PENNSILVANIA	ACADEMY	OF	THE	FINE	ARTS	
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) o	organiz	ation			

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

	527	political	organization
--	-----	-----------	--------------

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Form 990-PF

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

Г

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unless

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

23-1352256

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	DREXEL UNIVERSITY <u>3141 CHESTNUT STREET</u> PHILADELPHIA, PA 19104	\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	NATIONAL ENDOWMENT FOR THE ARTS 400 7TH STREET SW WASHINGTON, DC 20219-0004	\$83,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HAVERFORD TRUST COMPANY THREE RADNOR CORPORATE CENTER, SUITE 450, 100 WEST MATSONFORD ROAD RADNOR, PA 19087-4580	\$ <u>60,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE MAGUIRE FOUNDATION 300 FOUR FALLS CORPORATE CENTER, 300 CONSHOHOCKEN STATE ROAD, STE 405 GULPH MILLS, PA 19428-3801	\$ <u>175,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THEODORE O. ROGERS, JR. FUND PO BOX 9509 WARWICK, RI 02889-0509	\$ <u>17,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE ALBERT M. GREENFIELD FOUNDATION PO BOX 618	\$166,000.	Person X Payroll Noncash
	RICHBORO, PA 18954-0618		(Complete Part II for noncash contributions.)
223452 11-15	5-22		Schedule B (Form 990) (2022)

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Employer identification number

23-1352256

Schedule B (Form 990) (2022) Name of organization

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 DONALD R. CALDWELL X Person Payroll 531 NORTH ROSE LANE 97,555. Noncash Х (Complete Part II for HAVERFORD, PA 19041-0410 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 RICHARD C VON HESS FOUNDATION X Person Payroll 1650 MARKET STREET SUITE 1200 49,600. Noncash (Complete Part II for PHILADELPHIA, PA 19103-7311 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 9 JAMES E. O'NEILL X Person Payroll 1743 LOMBARD STREET 18,700. Noncash \$ (Complete Part II for PHILADELPHIA, PA 19146-1518 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 10 THE VICTORY FOUNDATION X Person Payroll UPS BOX #256, 24 N. BRYN MAWR AVENUE 75,000. Noncash \$ (Complete Part II for BRYN MAWR, PA 19010-3304 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 ARTAY, INC. X Person Payroll 401 CITY LINE AVENUE, SUITE 220 106,250. Noncash (Complete Part II for PHILADELPHIA, PA 19004-1117 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 X ANNE ELIZABETH MCOLLUM Person Payroll 25,664. 1248 THOMAS ROAD Noncash X \$ (Complete Part II for PA 19087-1412 WAYNE, noncash contributions.)

Schedule B (Form 990) (2022)

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Page 2

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Name of organization

Part I

(a)

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 JOHN TOATES X Person Payroll 914 NORTH VALLEY FORGE ROAD 11,200. Noncash (Complete Part II for DEVON, PA 19333-1104 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 14 **KEVIN F. DONOHOE** X Person Payroll 714 MORRIS AVENUE 21,685. Noncash X (Complete Part II for BRYN MAWR, PA 19010-2925 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 15 PETER G. LEONE Person Payroll 737 EAGLE FARM ROAD 10,216. Noncash X \$ (Complete Part II for VILLANOVA, PA 19085-2035 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 16 MAX N. BERRY X Person Payroll 4800 N 68TH ST UNIT 388 5,000. Noncash \$ (Complete Part II for SCOTTSDALE, AZ 85251-1131 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 THE HENRY LUCE FOUNDATION, INC. X Person Payroll 41 MADISON AVE STE 2701 65,000. Noncash (Complete Part II for NEW YORK, NY 10010-2350 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 18 LARKING HILL FOUNDATION X Person Payroll **330 THORNBROOK AVENUE** 10,000. Noncash \$ (Complete Part II for BRYN MAWR, PA 19010-1637 noncash contributions.)

Employer identification number

(d)

23-1352256

(c)

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Schedule B (Form 990) (2022)

21	PENELOPE P. HARRIS 575 E. EVERGREEN AVENUE WYNDMOOR, PA 19038-8337	\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	PENNSYLVANIA COUNCIL ON THE ARTS ROOM 216 FINANCE BUILDING HARRISBURG, PA 17120-0001	\$13,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	JONATHAN L. COHEN 1130 PARK AVENUE, APARTMENT 11-2 NEW YORK, NY 10128-1255	\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	INSTITUTE OF MUSEUM AND LIBRARY SERVICES 955 L'ENFANT PLAZA NORTH, SW, SUITE 4000 WASHINGTON, DC 20024-6127	\$36,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	27		Schedule B (Form 990) (2022)

2301 MARKET STREET, S14-1

THE PHILADELPHIA FOUNDATION

PHILADELPHIA, PA 19103-2909

1835 MARKET STREET, SUITE 2410

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

PA 19103-1338

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022)	
Name of organization	

PECO ENERGY

PHILADELPHIA,

Part I

(a)

No.

19

(a)

No.

20

(a)

No.

Employer identification number

(d)

Type of contribution

X

X

23-1352256

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

\$

\$

10,000.

31,481.

09200513 758275 3081.000

Schedule B (Form 990) (2022)

Employer identification number

23-1352256

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	WILLIAM C. BUCK 274 HOTHORPE LANE VILLANOVA, PA 19085-1116	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	WILLIAM PENN FOUNDATION 149 EAST DURHAM STREET PHILADELPHIA, PA 19119-1823	\$ 647,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	JAMES C. BIDDLE 625 OLD GULPH ROAD BRYN MAWR, PA 19010	\$ <u>15,931.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	THE MCLEAN CONTRIBUTIONSHIP 230 SUGARTOWN RD STE 30 WAYNE, PA 19087-6001	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	ROBERT G. BORIS 331 PINE STREET PHILADELPHIA, PA 19106-4212	\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	WILLIAM J. FARRELL GIVING FUND WILMINGTON TRUST COMPANY, 1100 NORTH MARKET STREET	\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	WILMINGTON, DE 19890		Schedule B (Form 990) (2022)

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Name of organization

Part I

(a)

No.

Employer identification number

(c)

Total contributions

23-1352256

(d)

Type of contribution

31 W.W. SMITH CHARITABLE TRUST X Person 200 FOUR FALLS CORPORATE CENTER, SUITE Payroll 300 71,000. Noncash \$ (Complete Part II for WEST CONSHOHOCKEN, PA 19428-2958 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 32 NANCY WINKLER X Person Payroll 402 ANTHWYN ROAD 27,685. Noncash X (Complete Part II for NARBERTH, PA 19072 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 33 COZEN O'CONNOR X Person ONE LIBERTY PLACE, 1650 MARKET STREET, Payroll SUITE 2800 20,000. Noncash \$ (Complete Part II for PHILADELPHIA, PA 19103-4201 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 34 PIA M. HALLORAN X Person Payroll 345 LAUREL LANE 22,750. Noncash \$ (Complete Part II for HAVERFORD, PA 19041-1930 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 ROBERT E. KOHLER X Person Payroll 431 SOUTH 47TH STREET 15,000. Noncash (Complete Part II for PHILADELPHIA, PA 19143-2149 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 36 BLICK ART MATERIALS X Person Payroll **1330 CHESTNUT STREET** 5,000. Noncash \$ (Complete Part II for PHILADELPHIA, PA 19107-4525 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

2022.05090 PENNSYLVANIA ACADEMY OF T 3081.001

Name of organization

Part I

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 REGINALD M. BROWNE X Person Payroll PO BOX 1150 25,500. Noncash (Complete Part II for NEWTOWN, PA 18940-0865 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 38 R.P. COES X Person Payroll 8403 FLOURTOWN AVENUE 13,663. Noncash (Complete Part II for WYNDMOOR, PA 19038 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 MARIANNE N. DEAN X Person Payroll 1110 RED ROSE LANE 48,214. Noncash \$ (Complete Part II for VILLANOVA, PA 19085-2121 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 40 DALE P. LEVY X Person Payroll 1901 WALNUT STREET, APT 14A 12,500. Noncash \$ (Complete Part II for PHILADELPHIA, PA 19103-4658 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 GREGORY L. SEGALL X Person Payroll 237 SOUTH 18TH STREET, 5B 5,300. Noncash (Complete Part II for PHILADELPHIA, PA 19103-6112 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 42 THE TUTTLEMAN FOUNDATION X Person Payroll 25,000. PO BOX 259 Noncash \$ (Complete Part II for ERWINNA, PA 18920-0259 noncash contributions.)

Employer identification number

23-1352256

Schedule B (Form 990) (2022)

47	JOSEPH D.CULLEY 608 CREEK LANE FLOURTOWN, PA 19031	\$13,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
48	FMC CORPORATION 2929 WALNUT ST PHILADELPHIA, PA 19104-5054	\$45,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
3452 11-15	i-22		Schedule B (Form 990) (2022)

PENNSYLVANIA ACADEMY OF THE FINE ARTS

MILTON AND SALLY AVERY ARTS

300 CENTRAL PARK W APT 16J

PHILADELPHIA TRUST COMPANY

PHILADELPHIA, PA 19103-4134

1 BALA PLAZA, SUITE 100

BALA CYNWYD, PA 19004-1401

1760 MARKET STREET, 2ND FLOOR

PHILADELPHIA INSURANCE COMPANIES

NEW YORK, NY 10024-1594

ARLEN R. SHENKMAN

316 THORPE RD

FOUNDATION, INC.

JENKINTOWN,

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

PA 19046-3825

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

43

(a)

No.

44

(a)

No.

45

(a)

No.

46

(a)

No.

Employer identification number

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash (Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

23-1352256

(c)

Total contributions

\$

\$

\$

\$

10,500.

10,000.

5,000.

16,000.

(d)

Type of contribution

X

X

X

X

Page 2

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2022.05090	PENNSYLVANIA	ACADEMY	OF	т	3081.001

0513	758275	3081.000	

Schedule B (Form 990) (2022)

2022.05090 PENNSYLVANIA ACADEMY OF T 3081.001

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	THORNEDGE FOUNDATION 125 STRAFFORD AVENUE, SUITE 380 WAYNE, PA 19087-3346	\$ <u>55,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	PFM ASSET MANAGEMENT LLC 1735 MARKET ST FL 43 PHILADELPHIA, PA 19103-7502	\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	ERIC W.NOLL 525 MULBERRY LANE HAVERFORD, PA 19041-1913	\$ <u>53,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	JOHN H. MCFADDEN 104 N. WOODSTOCK STREET PHILADELPHIA, PA 19103-1111	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	MARK A. DOUGLAS 1862 ALOHA LANE GLADWYNE, PA 19035-1033	\$17,860.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	KEYSTONE PROPERTY GROUP 1001 CONSHOHOCKEN STATE RD STE 2-201 CONSHOHOCKEN, PA 19428-2956	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

32

Name of organization

23-1352256

PIKE

HOWARD J. SACKS

Name of organization

Part I

(a)

No.

55

(a)

No.

56

(a)

No.

57

(a)

No.

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4 **Total contributions** Type of contribution THE ALLERTON FOUNDATION X Person C/O VERITABLE LP, 6022 WEST CHESTER Payroll 50,000. Noncash \$ (Complete Part II for NEWTOWN SQUARE, PA 19073-1016 noncash contributions.) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** X Person Payroll UNIT 3501 21,450. Noncash \$

(c)

301 S. BROAD STREET, (Complete Part II for

PHILADELPHIA, PA 19107-6304		noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
BROWN BROTHERS HARRIMAN 1 LOGAN SQUARE, FLOOR 14 PHILADELPHIA, PA 19103-6908	\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	1	1

<u> 58 </u>	COMCAST CORPORATION ONE COMCAST CENTER PHILADELPHIA, PA 19103-2838	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 59</u>	ZAUSMER FOUNDATION 140 BROADWAY, SUITE 3100 NEW YORK, NY 10005-1108	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
60	JULIA S. FLEISCHNER 105 AVON ROAD HAVERFORD, PA 19041-1610	\$ <u>11,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-1	5-22		Schedule B (Form 990) (2022)

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2022.05090 PENNSYLVANIA ACADEMY OF T 3081.001

Employer identification number

(d)

23-1352256

(a)

No.

223452 11-15	-22		
09200513	758275	3081.000	

(c) Total contributions

\$

(c)

Total contributions

20,000.

hedule B (Form 990) (2022)	
me of organization	

MARTHA L. KENNEDY

NAPLES, FL 34108-7267

PENNSYLVANIA ACADEMY OF THE FINE ARTS

6597 NICHOLAS BOULEVARD #904

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

X

23-1352256

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

(b) (d) Name, address, and ZIP + 4 Type of contribution 62 BARTON J. WINOKUR X Person Payroll 334 FISHERS ROAD 10,000. Noncash (Complete Part II for BRYN MAWR, PA 19010-3656 noncash contributions.) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 63 THE MCCAUSLAND FOUNDATION X Person Payroll PO BOX 274 15,000. Noncash \$ (Complete Part II for LAFAYETTE HILL, PA 19444-0274 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 64 SUSAN K. KLEHR X Person Payroll 237 S 18TH ST APT 20B 24,000. Noncash \$ (Complete Part II for PHILADELPHIA, PA 19103-6122 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 65 BARBARA AND EDWARD SCOLNICK FUND X Person Payroll 1201 MAGNOLIA DRIVE 10,000. Noncash (Complete Part II for WAYLAND, MA 01778-2848 noncash contributions.) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution X 66 EMILY A. CAVANAUGH Person Payroll 140,524. 603 WEST HARTWELL LANE Noncash X \$ (Complete Part II for PHILADELPHIA, PA 19118-4413 noncash contributions.) 222452 11-15-2 Schedule B (Form 990) (2022) 34 2022.05090 PENNSYLVANIA ACADEMY OF T 3081.001

Part I

(a)

No.

61

(a)

No.

(a)

No.

(a)

No.

(a)

No.

70	ANDREW KRESS 237 S 18TH ST APT 16B PHILADELPHIA, PA 19103-1617	\$19,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	SANDRA T. NORCROSS 1087 SPRINGDALE ROAD CHERRY HILL, NJ 08003-2935	\$1,500.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	PARKWAY CORPORATION 150 NORTH BROAD STREET PHILADELPHIA, PA 19102-1424	\$7,500.	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
23492 11-13	J-22		Schedule D (P0(11) 990) (2022)

223452 11-15-22

PENNSYLVANIA ACADEMY OF THE FINE ARTS

PRINCETON, NJ 08540-6759

PHILADELPHIA, PA 19130-3127

JUDITH K. BRODSKY

53 CLARKE CT

RALPH CITINO

2339 B WALLACE ST

DAVID A FLEISCHNER

HAVERFORD, PA 19041-1610

105 AVON ROAD

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

X

X

X

23-1352256

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

\$

\$

\$

7,250.

13,200.

5,000.

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

67

(a)

No.

68

(a)

No.

69

(a)

No.

Page 2

09200513 758275 3081.000

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Page 2

Employer identification number

23-1352256

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 73 THE CONNELLY FOUNDATION X Person Payroll 100 FRONT STREET, SUITE 1450 37,500. Noncash (Complete Part II for WEST CONSHOHOCKEN, PA 19428-2873 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 74 THE SCHWARTZ CREED FOUNDATION X Person Payroll 821 EAST GATE DRIVE 5,500. Noncash (Complete Part II for MOUNT LAUREL, NJ 08054-1208 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 THE LESLIE MILLER AND RICHARD WORLEY 75 FOUNDATION X Person Payroll 100 FRONT STREET, SUITE 900 5,000. Noncash \$ (Complete Part II for WEST CONSHOHOCKEN, PA 19428-2899 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. ROBERT W. AND MARIE K. BOGLE 76 FOUNDATION X Person Payroll 501 SILVERSIDE ROAD, SUITE 123 5,000. Noncash \$ (Complete Part II for WILMINGTON, DE 19809-1377 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 JOHN TYNDALE TRUST X Person Payroll 1735 MARKET STREET, SUITE 0802 11,000. Noncash (Complete Part II for PHILADELPHIA, PA 19103-7501 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 78 X LAU LONGSWORTH CHARITABLE FUND Person Payroll **132 TRIANON LANE** 70,000. Noncash \$ (Complete Part II for VILLANOVA, PA 19085-1441 noncash contributions.) Schedule B (Form 990) (2022)

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223452 11-15-22

09200513 758275 3081.000

PENNSYLVANIA ACADEMY OF THE FINE ARTS

FOUNDATION, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

THE SYLVIA W. AND RANDLE W. KAUDERS

C/O PEMBROKE PHILANTHROPY ADVISORS, Payroll RADNOR FINANCIAL CENTER 10,000. Noncash (Complete Part II for RADNOR, PA 19087-5270 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 80 FLEISCHNER FAMILY FOUNDATION X Person C/O VERITABLE LP, 6022 WEST CHESTER Payroll PIKE, 6022 WEST CHESTER PIKE 29,000. Noncash (Complete Part II for NEWTOWN SQUARE, PA 19073-1016 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 81 WOODCOCK CHARITABLE FUND X Person Payroll 2621 FOXHALL RD, NW 830,000. Noncash \$ (Complete Part II for WASHINGTON, DC 20007-1126 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 THE JAMES AND JANET AVERILL CHARITABLE 82 FUND X Person Payroll 5,000. Noncash 245 ASHWOOD ROAD \$ (Complete Part II for VILLANOVA, PA 19085-1503 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 FRECHETTE FAMILY FOUNDATION X Person Payroll 2801 HENNEPIN AVE S, #265 20,000. Noncash (Complete Part II for MINNEAPOLIS, MN 55408-1907 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 84 DARLING FUND X Person C/O THE PHILADELPHIA FOUNDATION, 1835 Payroll MARKET STREET, SUITE 2410 15,000. Noncash \$ (Complete Part II for PHILADELPHIA, PA 19103-2909 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 37

Name of organization

Part I

(a)

No.

79

Employer identification number

23-1352256

Person

(d)

Type of contribution

X

(c)

Total contributions

Name of organization

Employer identification number

23-1352256

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	LL CHARITABLE FOUNDATION 2929 ARCH STREET, SUITE 325 PHILADELPHIA, PA 19104-7341	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	FJN CHARITABLE FOUNDATION PO BOX 360 WORCESTER, PA 19490-0370	\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	HANKOWSKY DONOR ADVISED FUND 7201 WAYNE AVENUE PHILADELPHIA, PA 19119-3349	\$ <u>25,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	JILL DUROVSIK 2032 CHANCELLOR STREET PHILADELPHIA, PA 19103-5605	\$ <u>12,801.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	LYNN C. LEHOCKY 24 WEST HAMPTON ROAD PHILADELPHIA, PA 19118-3611	\$ <u>6,793.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	M&T BANK <u>1100 NORTH MARKET STREET</u> WILMINGTON, DE 19890-1100	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

09200513 758275 3081.000

223452 11-15-22

Schedule B (Form 990) (2022) Name of organization

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

23-1352256

(c)

Total contributions

91	ROBERT C. WILLIAMS 47 PINEHURST STREET ROSLINDALE, MA 02131-2966	\$ <u>13,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	SEGALL FAMILY FOUNDATION 237 S 18TH ST APT 5B PHILADELPHIA, PA 19103	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 93	Name, address, and ZIP + 4 STEPHEN AND CAROL CANTER FAMILY FOUNDATION 16 WATERSEDGE CT LOCUST VALLEY, NY 11560-1126	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	THE ANNE P. AND CHARLES T. WILMERDING PHILANTHROPIC FUND C/O NATIONAL PHILANTHROPIC TRUST, 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046-3549	\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>95</u>	Name, address, and ZIP + 4 THE CHASE FAMILY CHARITABLE TRUST PO BOX 156 VILLANOVA, PA 19085-0156	Total contributions \$ 8,500.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96	THE ESTATE OF MARK J. BOJANOWSKI 734 SOUTH 4TH STREET PHILADELPHIA, PA 19147-3130	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I

(a)

No.

(d)

Type of contribution

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Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Dart I Contributors (see instructions) Use duplicate apping of Dort Lifedditic . .

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	THE K&B FUND C/O FIDELITY INVESTMENTS PO BOX 770001 CINCINNATI, OH 45277-0002	\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	WENDT FAMILY CHARITABLE FOUNDATION 1400 WAVERLY ROAD, UNIT V46 GLADWYNE, PA 19035-1275	\$ <u>22,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	THE ELIOT CHACK FOUNDATION 1414 S. PENN SQUARE, UNIT 30C PHILADELPHIA, PA 19102-2550	\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100	VALENTINE J. LINK <u>312 WHITEMARSH DR</u> FLOURTOWN, PA 19031-1323	\$10,182.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101	QUAKER HOUGHTON 901 HECTOR STREET CONSHOHOCKEN, PA 19428	\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102	THE SATELL INSTITUTE 660 AMERICAN AVE STE 203 KING OF PRUSSIA, PA 19406-4032	\$16,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

23-1352256

Employer identification number

Schedule B (Form 99

Name of organization

Employer identification number

23-1352256

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	MANJA L. LYSSY 132 W 11TH STREET NEW YORK, NY 10011-8306	\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Tatal contributions	(d) Turne of constribution
<u>No.</u>	VERT CHARITABLE TRUST 8848 MONTGOMERY AVENUE WYNDMOOR, PA 19038	Total contributions \$5,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105	ANDREA L. KIRK 1815 SHALLCROSS AVENUE WILMINGTON, DE 19806-2323	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	GRETCHEN AND JAY RILEY GIFT FUND 53 TARPON LANE KEY LARGO, FL 33037-5229	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107	J. BRIEN MURPHY 334 GREYS LANE HAVERFORD, PA 19041	\$27,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u> <u>108</u> 223452 11-1:	JOHNSON & JOHNSON FAMILY OF COMPANIES PO BOX 8317 PRINCETON, NJ 08543-8317	\$9,700.	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

23-1352256

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
109	PACHULSKI STANG ZIEHL & JONES 919 NORTH MARKET STREET, SUITE 1700	\$8,000.	Person X Payroll Noncash
	WILMINGTON, DE 19801-3034		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	RO B. KING		Person X
	1520 MONK ROAD	\$18,063.	Payroll Noncash
	GLADWYNE, PA 19035-1317		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
111	SANDRA G. MARSHALL		Person X Payroll
	6361 MEETINGHOUSE ROAD	\$14,250.	Noncash
	<u>NEW HOPE, PA 18938-5643</u>		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	WSFS BANK		Person X Payroll
	1436 LANCASTER AVENUE, 3RD FLOOR	\$28,000.	Noncash
	BERWYN, PA 19312-1249		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113	JANICE T. GORDON		Person X Pavroll
	1250 UPPER GULPH ROAD	\$5,250.	Noncash
	RADNOR, PA 19087-2734		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114	GUNA S. MUNDHEIM		Person X
	131 EAST 69TH STREET	\$5,000.	Payroll Noncash
			(Complete Part II for

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Schedule B (Form 990) (2022)

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Name of organization					
PENNSYLVANIA	ACADEMY	OF	THE	FINE	ARTS

Schedule B (Form 990) (2022)

Employer identification number

23-1352256

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>115</u>	JOLY W. STEWART 4615 LENAPE LANE LAFAYETTE HILL, PA 19444-1026	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>116</u>	CHARLES J. DIGIOVANNI 26 WOODCRAFT ROAD HAVERTOWN, PA 19083-1138	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	BRYN TAMARKIN <u>328 SOUTH CAMAC STREET</u> PHILADELPHIA, PA 19107-5942	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118	KENNETH D. MITCHELL 215 WINSOR LANE HAVERFORD, PA 19041-1822	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119	TRIP E. DENTON 2215 PANAMA STREET PHILADELPHIA, PA 19103-6525	\$ <u>20,106.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120	TED LODGE 730 ANDORRA RD LAFAYETTE HILL, PA 19444-1716	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Employer identification number

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Schedule B (Form 990) (2022) Name of organization PENNSYLVANIA ACADEMY OF THE FINE ARTS 23-1352256 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 121 DIANE D. CRAW Person Payroll 127 E LOCUST LN 25,108. Noncash (Complete Part II for KENNETT SQUARE, PA 19348-1717 noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 122 CAROLYN B. NAGY Person Payroll 14 EAST NEWFIELD WAY 7,978. Noncash (Complete Part II for BALA CYNWYD, PA 19004-2322 noncash contributions.) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 123 NEUBAUER FAMILY FOUNDATION Person Payroll THREE LOGAN SQUARE SUITE 4050 5,000. Noncash \$ (Complete Part II for PHILADELPHIA, PA 19103 noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 124 GEORGE H. MCNEELY Person Payroll 5,550. 4 AWBURY ROAD Noncash \$ (Complete Part II for PHILADELPHIA, PA 19138-1505 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 125 KATHRYN L. PUTNAM Person Payroll 400 REX AVENUE 5,750. Noncash (Complete Part II for PHILADELPHIA, PA 19118-3723 noncash contributions.)

(d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution 126 FERRIS OLIN X Person Payroll 6,000. **33 STONEWALL CIRCLE** Noncash \$ (Complete Part II for PRINCETON, NJ 08540-1441 noncash contributions.) Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

Name of organization

Part I

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 127 DOLAN/MAXWELL INC. X Person Payroll 2046 RITTENHOUSE SQUARE 28,500. Noncash (Complete Part II for PHILADELPHIA, PA 19103-5621 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 128 CONSTELLATION CULINARY GROUP X Person Payroll 667 NORTH BROAD STREET 5,000. Noncash (Complete Part II for PHILADELPHIA, PA 19123-2418 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 129 MERIDIAN BANK X Person Payroll 9 OLD LINCOLN HWY STE 101 10,000. Noncash \$ (Complete Part II for MALVERN, PA 19355-2551 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 130 KATIE ADAMS X Person Payroll 1900 RITTENHOUSE SQ 17B \$ 9,500. Noncash (Complete Part II for PHILADELPHIA, PA 19103-6044 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 131 ALESSANDRA T. NORCROSS X Person Payroll 130 SOUTH 18TH STREET 5,000. Noncash (Complete Part II for PHILADELPHIA, PA 19103-4923 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 132 BRYAN P. BAUGH X Person Payroll 7,500. Noncash 963 CURTIS PLACE \$ (Complete Part II for NJ 08902-3204 noncash contributions.) 22345

Employer identification number

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Name of organization

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Employer identification number

23-1352256

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	NELSON CHAI 3 BOXWOOD LANE RYE, NY 10580-1610	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134	JOSEPH KOTARSKI 615 SAINT ANDREWS ROAD PHILADELPHIA, PA 19118-4116	\$ <u>9,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135	JEEWAT BIJLANI 5 BOULDER CREEK LANE NEWTOWN SQUARE, PA 19073-1703	\$ <u>7,750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136	ELIZABETH WARSHAWER 2114 DELANCEY STREET PHILADELPHIA, PA 19103-6512	\$ <u> 8,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>137</u>	MATTHEW N. KARSTETTER <u>60 HORSESHOE PT</u> <u>PHOENIXVILLE, PA 19460-4659</u>	\$5,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138	DALE AND ANNETTE SCHUH FAMILY FOUNDATION, INC. 7499 MARINER ROAD EGG HARBOR, WI 54209-8952	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

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PENNSYLVANIA ACADEMY OF THE FINE ARTS

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 139 ESTATE OF JANET ANDERECK X Person Payroll KING LAIRD, P.C., 360 WEST MAIN STREET 43,394. Noncash (Complete Part II for TRAPPE, PA 19426-1942 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 140 ROSEMARY DIGIOVANNI X Person Payroll **101 PARTRIDGE WAY** 25,000. Noncash (Complete Part II for LANDENBERG, PA 19350-1567 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 141 ESTATE OF MARIA B. SMITH X Person FELDMAN AND FELDMAN, LLP, 820 Payroll HOMESTEAD ROAD 52,200. Noncash \$ (Complete Part II for JENKINTOWN, PA 19046-2840 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 ANNA-MARIA AND STEPHEN KELLEN 142 FOUNDATION X Person 1345 AVENUE OF THE AMERICAS, 47TH Payroll FLOOR 25,000. Noncash \$ (Complete Part II for NEW YORK, NY 10105-0302 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 143 HRO TODAY MAGAZINE X Person Payroll 123 SOUTH BROAD STREET SUITE 2570 8,000. Noncash (Complete Part II for PHILADELPHIA, PA 19109-6601 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 144 SEACHANGE X Person Payroll 420 LEXINGTON AVENUE, SUITE 300 50,000. Noncash \$ (Complete Part II for NEW YORK, NY 10170-0399 noncash contributions.) Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

23-1352256

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 145 THE H.F. LENFEST FUND X Person Payroll PO BOX 184 100,000. Noncash \$ (Complete Part II for VALLEY FORGE, PA 19481-0184 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 146 JOANNE DIGIOVANNI X Person Payroll 15 RIVER ROAD 25,000. Noncash X (Complete Part II for ELKTON, MD 21921-7930 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 147 THE APPLEMAN FOUNDATION X Person Payroll 810 7TH AVENUE 5,000. Noncash \$ (Complete Part II for NEW YORK, NY 10019-5890 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 148 TEACHERS COLLEGE X Person Payroll COLUMBIA UNIVERSITY 9,900. Noncash \$ (Complete Part II for NEW YORK, NY 10027-6625 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 149 THE SHENKMAN CHARITABLE FUND OF AYCO X Person Payroll 316 THORPE ROAD 25,000. Noncash \$ (Complete Part II for JENKINTOWN, PA 19046-3825 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

2022.05090 PENNSYLVANIA ACADEMY OF T 3081.001

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a)				
No.	(b)		(c)	(d)
from	Description of noncash property given		FMV (or estimate)	Date received
Part I			(See instructions.)	
SF	HARES OF STOCK OF VARIOUS PUBLICLY TRADED COMPANIES			
7				
_				
_		\$	77,085.	09/02/22
(a)	<i>"</i> ,		(c)	()
No. from	(b)		FMV (or estimate)	(d)
Part I	Description of noncash property given		(See instructions.)	Date received
	55 SHARES OF APPLE INC. STOCK			
12				
<u> </u>				
-		\$	25,564.	02/09/23
-		-		
(a)			(-)	
No.	(b)		(c) FMV (or estimate)	(d)
from	Description of noncash property given		(See instructions.)	Date received
Part I				
	HARES OF STOCK OF VARIOUS PUBLICLY TRADED COMPANIES.			
14 _				
_			14 605	10/00/00
-		\$_	14,685.	12/23/22
(a)				
(a) No.	(b)		(c)	(d)
from	Description of noncash property given		FMV (or estimate)	Date received
Part I	Description of honcash property given		(See instructions.)	Date received
SF	HARES OF STOCK OF VARIOUS PUBLICLY TRADED COMPANIES.			
15 –				
		\$	10,216.	06/28/23
(a)			(c)	
No.	(b)		FMV (or estimate)	(d)
from	Description of noncash property given		(See instructions.)	Date received
Part I				
27	HARES OF CALLON PETROLEUM CO STOCK			
4/ 1				
<u> </u>				
		¢	13 531	08/23/22
 		\$_	13,531.	08/23/22
		\$		08/23/22
(a) No.	(b)	\$_	(c)	
(a) No.	(b) Description of noncash property given	\$	(c) FMV (or estimate)	(d)
(a) No. from	(b) Description of noncash property given	\$	(c)	
(a) No. from Part I		\$	(c) FMV (or estimate)	(d)
(a) No. from Part I	Description of noncash property given	\$	(c) FMV (or estimate)	(d)
(a) No. from Part I	Description of noncash property given	\$	(c) FMV (or estimate)	(d)

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Schedule B (Form 990) (2022)

Employer identification number

23-1352256

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Schedule B (Form 990) (2022)

Name of organization

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Name of organization

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
66	SHARES OF STOCK OF VARIOUS PUBLICLY TRADED COMPANIES		
		\$138,024.	_11/21/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
L21	307 SHARES VANGUARD TOTAL STOCK MARKET INDEX ADMIRAL FUND		
		\$19,133.	12/19/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
146	SHARES OF STOCK OF VARIOUS PUBLICLY TRADED COMPANIES.		
		\$24,678.	12/22/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Employer identification number

23-1352256

Schedule I	B (Form 990) (2022)		Page				
Name of o	organization		Employer identification number				
PENNS	YLVANIA ACADEMY OF THE	FINE ARTS	23-1352256				
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in sect	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line entry charitable, etc., contributions of \$1,000 or less	'. For organizations ss for the year. (Enter this info. once.)				
(-) N -	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			— ———				
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
		[
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<u> </u>				
		(e) Transfer of gift					
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee				
())							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u> </u>							
			— ———				
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
			<u> </u>				
		(e) Transfer of gift	I				
	Transfer 1						
	Transferee's name, address, a	וחמ צוף + 4	Relationship of transferor to transferee				
223454 11-15	5-22		Schedule B (Form 990) (2022				

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SCHEDULE C	Po	OMB No. 1545-0047					
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2022	
	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.						
Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
-		Form 990, Part IV, line 3, or For		ne 46 (Political Cam	baign Ac	tivities), then	
		plete Parts I-A and B. Do not com	•				
		1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Pa	t I-B.		
Section 527 organization	•	•					
-		Form 990, Part IV, line 4, or For nave filed Form 5768 (election und					
		nave NOT filed Form 5768 (election		•			
	•	Form 990, Part IV, line 5 (Proxy				•	
Tax) (See separate inst						· · · · ·	
	, or (6) organizat	ions: Complete Part III.					
Name of organization					Employ	ver identification number	
		VANIA ACADEMY OF				23-1352256	
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c)	or is a section 5	27 orga	anization.	
		ation's direct and indirect politica					
2 Political campaign	, ,						
3 Volunteer hours for	political campai	gn activities					
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3).			
-		incurred by the organization unde			\$		
		incurred by organization manager					
		n 4955 tax, did it file Form 4720 f					
4a Was a correction m		·					
b If "Yes," describe ir	n Part IV.						
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c),	except section	501(c)(:	3).	
1 Enter the amount d	irectly expended	by the filing organization for sec	tion 527 exempt funct	ion activities	\$ _		
2 Enter the amount o	f the filing organ	ization's funds contributed to oth	er organizations for se	ection 527			
exempt function ac					\$_		
-	-	. Add lines 1 and 2. Enter here an					
						Yes No	
•••		1120-POL for this year?) of all agation 507 pa				
		ion listed, enter the amount paid		-			
		omptly and directly delivered to a					
		additional space is needed, provid	· · · •		•		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political	
				filing organizati	on's o	contributions received and	
				funds. If none, en	:er -0	promptly and directly delivered to a separate	
						political organization.	
						If none, enter -0	
					-+		
					-+		
For Paperwork Reducti	ion Act Notice	see the Instructions for Form 99	0 or 990-F7		Sc	hedule C (Form 990) 2022	

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

Schedule C (Form 990) 202

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Schedule C (Form 990) 2022				F THE FINE A		352256 Page 2
section 501(h)).		sexemp	of under Section			
A Check if the filing organizat expenses, and share	e of excess lo	bbying exp	penditures).	Part IV each affiliated	group member's nam	e, address, EIN,
B Check if the filing organizat Limit: (The term "expend	s on Lobbyin	g Expend	itures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public o	pinion (ara	ussroots lobbvina)			
b Total lobbying expenditures to influence	-					
c Total lobbying expenditures (add lin	-	-	• • •			
d Other exempt purpose expenditures						
e Total exempt purpose expenditures	(add lines 1c	and 1d)				
f Lobbying nontaxable amount. Enter	r the amount	from the fo	bllowing table in both	n columns.		
If the amount on line 1e, column (a) or	(b) is:	The lobby	ring nontaxable am	ount is:		
Not over \$500,000		20% of the	e amount on line 1e.			
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.			· /		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.						
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000		\$1,000,00	0.			
g Grassroots nontaxable amount (ent	er 25% of line	1f)				
h Subtract line 1g from line 1a. If zero		,				
i Subtract line 1f from line 1c. If zero		•				
j If there is an amount other than zero	-					
reporting section 4911 tax for this y					[Yes No
	4-Y	'ear Avera	iging Period Under	Section 501(h)		
(Some organizations th			(h) election do not l e instructions for lir	•	f the five columns be	elow.
	Lobbyin	g Expend	itures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 201	9	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

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PENNSYLVANIA ACADEMY OF THE FINE ARTS 23-1352256 Page 3

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		X X		
d	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
		X			
					0.
	Total. Add lines 1c through 1i				••
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(ł	5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."	No" OR	(b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	SS			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
-	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions				
	t IV Supplemental Information		5		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	iot): Dort II	A lines 1 o	nd 2 (Soo	
instru	Juctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	iist), r ait ii-			
IN	FYE 2023, PAFA DID NOT PAY ANY LOBBYING COSTS BUT	STAFF	MEMBE	RS MAY	
HAV	/E PARTICIPATED IN EFFORTS TO INFLUENCE GENERAL LEGI	SLATIC	ON AT	THE	
	ATE OR FEDERAL LEVEL, NOT DEEMED LOBBYING BUT RATHER				
	FORTS IN SUPPORTING PAFA IN ITS OVERALL SUCCESS.				

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



Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Nam	e of the organization PENNSYLVANIA ACADEN	MY OF THE FINE ARTS	Employer identification number 23-1352256
Par			
	organization answered "Yes" on Form 990, Part IV, lin		
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	l vised funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		, – –
Par		ganization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		, ,
	Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
0		nanding of violations, and emotening co	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser	vation easements during the year
•			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	2	
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expension	se statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statemen	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical treater following an experiment received to be reported up for a factor of the following and t		cial gain, provide
_	the following amounts required to be reported under FASB A	-	¢
a b	Revenue included on Form 990, Part VIII, line 1		
<u>u</u>	Assets included in Form 990, Part X		Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D	Form §	990)	2022
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Sche		VANIA ACADE				23-	135225	6 Ра	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	r Other S	Similar Ass	sets _{(contil}	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that	make sigr	nificant use of	its		
	collection items (check all that apply):								
а	X Public exhibition	d	X Loan or exc	hange progra	am				
b	X Scholarly research	е							
с	X Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exemp	ot purpose in l	Part XIII.		
5	During the year, did the organization solicit o								
-	to be sold to raise funds rather than to be ma		,				Yes	X	No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		ie ii tiie eigamiiatie			o	,		
1a	Is the organization an agent, trustee, custodi		ary for contribution	s or other ass	sets not inc	cluded			
14	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII								
D		and complete the long	owing table.				Amoun	t	
•	Paginning balance					10	, ano an		
	Beginning balance					1c 1d			
	Additions during the year					10 1e			
e د	Distributions during the year					1f			
20	Ending balance Did the organization include an amount on Fo					· · · · ·	Yes		No
	-					· · · · · · · · · · · · · · · · · · ·] INO]
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i]
		(a) Current year	(b) Prior year	(c) Two year		1) Three years b	nack (a) Fou	r vears	hack
4.0	Decipping of year belonce	39,535,302.	46,134,820.	. , ,		37,873,7		,763,	
	Beginning of year balance	1,012,062.	995,365.		3,400.	297,1		,221,	
b		3,611,569.	-5,422,200.		,	181,6		, <u>221,</u> ,142,	
C	Net investment earnings, gains, and losses	5,011,505.	-5,422,200.	10,520	, , , , , , , , , , , , , , , , , , , ,	101,0	<u>05.</u>	,142,	925.
d	Grants or scholarships								
е	Other expenditures for facilities	1 471 004	2 172 692	1 660	4	1 256 2	00 1	254	764
-	and programs	1,471,984.	2,172,683.	1,666	5,334.	1,256,2	<u> </u>	,254,	/64.
t	Administrative expenses	40,000,040	20 525 202	46 124		27 006 2	<u>()</u>	072	
g	End of year balance		39,535,302.		4,820.	37,096,3	02. 37	,873,	/55.
2	Provide the estimated percentage of the curr)) held as:					
a	Board designated or quasi-endowment	1.8163	_%						
b	Permanent endowment 98.1837	%							
С		%							
	The percentages on lines 2a, 2b, and 2c show	•							
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administer	ed for the				
	organization by:							Yes	No
	(i) Unrelated organizations								<u>X</u>
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		/ment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990	, Part X, Iir	ne 10.			
	Description of property	(a) Cost or ot	• • •	or other	• •	cumulated	(d) Boo	k value	Э
		basis (investm	,	(other)	depr	eciation		•	
1a	Land			0,000.			2,50		
	Buildings		74,90	7,916.	30,39	99,099.	44,50	8,81	<u>17.</u>
с	Leasehold improvements								
d	Equipment			1,077.	5,1	<u>59,069.</u>		2,00	
е	Other			4,650.				4,65	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 1	0c.)			47,56	5,4	75.
						Sche	dule D (Forr	n 990)	2022

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Schedu	ule D (Form 990) 2022 PENNSYLVANI	A ACADEMY OF	THE FINE ARTS	23–1352256 _{Page} 3
Part				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line	e 12.
(a) De	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
• •	ancial derivatives			
	osely held equity interests			
(3) Oth				
	BENEFICIAL INTERESTS IN	12,172,907.		
<u>(B)</u>	PERPETUAL TRUSTS POOLED INVESTMENT	12,172,907.	END-OF-YEAR M	ARKEI VALUE
<u>(C)</u> (D)	FUND/HEDGE FUND	13,846,687.	END-OF-YEAR M	ARKET VALUE
(E)		15,040,007.		
(E)				
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)	26,019,594.		
	VIII Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line	e 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line	e 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> Total		- 15 \		
Part	Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	e 15.)		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Par	t X. line 25.
1.	(a) Description of liability	, , , ,	,	(b) Book value
	Federal income taxes			
(2)	OPERATING LEASE LIABILITY			19,936.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	<u> Column (b) must equal Form 990, Part X, col. (B) line</u>	,		19,936.
	bility for uncertain tax positions. In Part XIII, provide anization's liability for uncertain tax positions under			

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Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 PENNSYLVANIA ACADEMY OF THE	FIN	E ARTS	23-	1352256 Page 4	
Par	XI Reconciliation of Revenue per Audited Financial Statement	s With	n Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	17,261,238.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	3,936,648.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	210,272.			
е	Add lines 2a through 2d			2e	<u>4,146,920.</u> 13,114,318.	
3	Subtract line 2e from line 1			3	13,114,318.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	214,591.			
b	Other (Describe in Part XIII.)	4b	4,126,436.			
с	Add lines 4a and 4b			4c	4,341,027.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	17,455,345.	
Par	t XII Reconciliation of Expenses per Audited Financial Statemen	its Wi	th Expenses per H	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	17,774,499.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
	Donated services and use of facilities	2a				
	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	210,272.			
е	Add lines 2a through 2d			2e	210,272.	
3	Subtract line 2e from line 1			3	17,564,227.	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	214,591.			
b	Other (Describe in Part XIII.)	4b	4,126,436.			
С	Add lines 4a and 4b			4c	<u>4,341,027.</u> 21,905,254.	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	21,905,254.	
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part	X, line 2; Part XI,	
lines	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					
PAR	T X, LINE 2:					

PAFA	HAS	REVIE	WED	ITS	TAX	POSI	TIONS	AND	HAS	CONC	LUDE	D THZ	AT N	ЮL	IABI	LIT	Y
FOR	UNRE	COGNIZ	ED T	AX	BENEF	TTS	SHOULI) BE	RECC	RDED	REL	ATED	то	UNC	ERTA	IN '	ГАХ
POSI	TION	S TAKEI	N ON	FE	DERAI	J AND	STATE	E TA	X RET	URNS	FOR	THE	OPE	IN F	ISCA	LT	AX
YEAR	S (2	020-202	22)	OR	IS EX	VPECT	ED TO	BE	TAKEN	IN	THE	CURRI	INT	FIS	CAL	202	3
ТАХ	YEAR	•															

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PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID

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3,675,596.

210,272.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 PENNSYLVANIA ACADEMY OF THE FINE ARTS Part XIII Supplemental Information (continued)	23-1352256 Page 5
STUDENT HOUSING EXPENSE NETTED WITH TUITION AND FEES ON	
FINANCIAL STATEMENT	259,369.
TRAVEL SCHOLARSHIP EXPENESE NETTED WITH TUITION AND FEES ON	
FINANCIAL STATEM	99,500.
STUDENT EMERGENCY AID NETTED WITH TUITION AND FEES ON	
FINANCIAL STATEMENT	3,917.
OTHER EXPENSES NETTED WITH TUITION AND FEES ON FINANCIAL	
STATEMENT	88,054.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	4,126,436.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	210,272.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID	3,675,596.
STUDENT HOUSING EXPENSE NETTED WITH TUITION AND FEES ON	
FINANCIAL STATEMENT	259,369.
TRAVEL SCHOLARSHIP EXPENESE NETTED WITH TUITION AND FEES ON	
FINANCIAL STATEM	99,500.
STUDENT EMERGENCY AID NETTED WITH TUITION AND FEES ON	
FINANCIAL STATEMENT	3,917.
OTHER EXPENSES NETTED WITH TUITION AND FEES ON FINANCIAL	
STATEMENT	88,054.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	4,126,436.
FORM 990, SCHEDULE D, PART III, LINE 1A	
PART III - LINE 1A - WORKS OF ART - FOOTNOTE FROM FINANCIAL	STATEMENT
PAFA MAINTAINS A COLLECTION OF RARE AMERICAN ART THAT IS HEL	
232055 09-01-22 59	Schedule D (Form 990) 2022
200513 758275 3081.000 2022.05090 PENNSYLVANTA AG	ርልከድለሃ ለፑ ጥ 3081 በ

09200513 758275 3081.000

^{2022.05090} PENNSYLVANIA ACADEMY OF T 3081.001

23-1352256 Page 5 PENNSYLVANIA ACADEMY OF THE FINE ARTS Schedule D (Form 990) 2022 Part XIII Supplemental Information (continued) EXHIBITION. THE COLLECTION IS KEPT UNDER CURATORIAL CARE AND IS SUBJECT TO PAFA'S POLICY THAT REQUIRES THE PROCEEDS FROM THE SALES OF ACCESSIONED COLLECTION ITEMS TO BE USED ONLY TO ACQUIRE OTHER ITEMS FOR COLLECTION AND DIRECT CARE. PAFA DOES NOT RECOGNIZE THE CONTRIBUTIONS OF DONATED COLLECTION ITEMS, AS ITS COLLECTIONS ARE NOT CAPITALIZED. DURING THE YEAR ENDED JUNE 30, 2023 AND 2022, PAFA HAD DONATED ACCESSIONS WITH APPROXIMATE APPRAISED VALUES TOTALING \$68,450 AND \$97,250, RESPECTIVELY. COLLECTION ITEMS PURCHASED BUT NOT CAPITALIZED TOTALED \$672,226 AND \$515,859 DURING THE YEARS ENDED JUNE 30, 2023 AND 2022, RESPECTIVELY. IN ADDITION, PAFA RECEIVED \$50,000 FOR THE SALE OF ART WORKS DURING THE YEAR ENDED JUNE 30, 2022. THERE WAS NO SALE OF ART WORKS DURING THE YEAR ENDED JUNE 30, 2023.

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232061 10-18-22

09200513 758275 3081.000

homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II PAFA INCLUDES STATEMENTS IN ITS ADVERTISING THAT THEIR POLICY IS TO NOT DISCRIMINATE AGAINST ANY MINORITY DUE TO RACE, CREED, OR COLOR. Does the organization maintain the following? **a** Records indicating the racial composition of the student body, faculty, and administrative staff? **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? Educational policies? f Use of facilities? g Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990)

Part I

3

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е

h

PENNSYLVANIA ACADEMY OF THE FINE ARTS

bylaws, other governing instrument, or in a resolution of its governing body?

catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

Employer identification number 23-1352256

1

2

3

4a

4b

4c

4d

5a

5b

5c

5d

5e

5f

5a

5h

6a

6b

Part IV, line 13, or

Complete if the organization answered "Yes" on Form 990
Form 990-EZ, Part VI, line 48.

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,

Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the

Open to Public

YES NO

Х

Х

Х

х

х

Х

Х

Х

Х

х

х

Х

Х

Х

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х

OMB No. 1545-0047

0	h	0	\mathbf{a}	

b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.

6a Does the organization receive any financial aid or assistance from a governmental agency?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 7 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II

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

Schedule E (Form 990) 2022

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Х



Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

PAFA RECEIVES FROM TIME TO TIME FINANCIAL ASSISTANCE FROM GOVERNMENT

PROGRAMS.

Schedule E (Form 990) 2022

232062 10-18-22

SCHEDULE G	Suppleme	ntal Info	rmation Reg	garding	Fund	Iraisi	ng or Gaming A	ctiviti	ies	OMB No. 1545-0047
(Form 990)							art IV, line 17, 18, o m 990-EZ, line 6a.	or 19, or	f if the	2022
Department of the Treasury		•	Attach to F							Open to Public
Internal Revenue Service		o www.irs	.gov/Form990	for instruc	tions	and th	ne latest information			Inspection
Name of the organizatior		VANIA	ACADEMY	OF TI	HE I	TNE	E ARTS		23-135	entification number 2256
Part I Fundrais							i Form 990, Part IV, I			
required to	complete this part									
c Phone solici d In-person so 2 a Did the organization	ions email solicitations tations licitations on have a written o ed in Form 990, Pa	r oral agree art VII) or e	e f g ement with any ntity in connect	Solicitat Solicitat Special individual ion with pr	tion of tion of fundra (includ	non-g gover iising e ling of onal fu	overnment grants nment grants events ficers, directors, trus indraising services?	-	Ye	
compensated at le	ast \$5,000 by the	organizatio	on.			0				
(i) Name and addres or entity (func			(ii) Activity		(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
					Yes	No				
3 List all states in whi or licensing.	ch the organizatio	n is registe	ered or licensed	to solicit c	ontrib	utions	or has been notified	it is ex	empt from r	egistration

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

Schedule G (Form 990) 2022

232081 10-27-22

PENNSYLVANIA ACADEMY OF THE FINE ARTS 23-1352256 Page 2

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

		of fundraising event contributions and gro			÷ :	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			WINE AUCTION (event type)	(event type)	(total number)	col. (c))
Ine				(over type)		
Revenue	1	Gross receipts	515,642.			515,642.
	2	Less: Contributions	385,745.			385,745.
	3	Gross income (line 1 minus line 2)	129,897.			129,897.
	4	Cash prizes				
	5	Noncash prizes	2,500.			2,500.
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	139,331.			139,331.
ā	8	Entertainment	24 988.			24 988.
	9	Other direct expenses				24,988. 43,452.
	10	Direct expense summary. Add lines 4 through		L I		210,271.
	11	Net income summary. Subtract line 10 from li				-80,374.
	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		eported more than	1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
		-27-22			. .	edule G (Form 990) 2022

Schedule G (Form 990) 2022	PENNSYLVANIA	ACADEMY	OF '	THE FI	NE ARTS	23-1	352256	Page 3
 Does the organization conduct Is the organization a grantor, b to administer charitable apping 	eneficiary or trustee of a trust	, or a member o	f a partr	ership or ot	her entity formed		Yes Yes	No No
to administer charitable gaming 13 Indicate the percentage of gam	ning activity conducted in:							
a The organization's facility							13a	%
b An outside facility14 Enter the name and address of							13b	%
Name								
Address								
15a Does the organization have a c							Yes	No
b If "Yes," enter the amount of g			\$_		and the	amount		
of gaming revenue retained by c If "Yes," enter name and addre								
Name								
Address								
16 Gaming manager information:								
Name								
Gaming manager compensatio	n \$							
Description of services provide	d							
Director/officer	Employee	Indepen	dent co	ntractor				
17 Mandatory distributions:								
 a Is the organization required un retain the state gaming license b Enter the amount of distributio 	?						Yes	🗌 No
organization's own exempt act	•	\$	o other	exempt orga	anizations of spe			
Part IV Supplemental Inf	ormation. Provide the exp as applicable. Also provide a	lanations require				(v); and Par	t III, lines 9, 9	9b, 10b,
232083 10-27-22		6 F				Schedu	ıle G (Form	990) 2022
		65						

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Schedule G	a (Form 990)	PENNSYLVANIA	ACADEMY	OF	THE	FINE	ARTS	23-1352256	Page 4
Part IV	Supplemental In	formation (continued)							
								Schedule G (F	orm 990)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	irants and Oth vernments, an ete if the organization Go to www.irs	nd Individua	ls in the Ŭni on Form 990, Pa n 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization		NTA ACADEI	MY OF THE FI	TNE ARTS				Employer identification number 23-1352256
Part I General In	formation on Grants a							20 1002200
criteria used to a	ration maintain records t ward the grants or assis IV the organization's pro	stance?	-			-		—
Part II Grants and	d Other Assistance to I nat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ad	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

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

Schedule I (Form 990) 2022 PENNSYLVANIA ACADEMY OF THE FINE ARTS

Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

Part III

THE AMOUNT OF FUNDS DISTRIBUTED IS COMPARED WITH INDIVIDUAL STUDENT

ACCOUNTS TO INSURE A BALANCE OF FUNDS. STUDENT FINANCIAL NEED IS EVALUATED

TO INSURE STUDENTS DO NOT RECEIVE AN OVER AWARD ACCORDING TO THE GUIDELINES

OF THE FEDERAL GOVERNMENT. STUDENTS RECEIVING GRANT FUNDS ARE MONITORED FOR

ACADEMIC PROGRESS CONCERNING GRADE POINT AVERAGE AND COMPLETED NUMBER OF

COURSES ONCE A YEAR.

23-1352256

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n n	,
		Compensated Employees		20		-
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		mber
		PENNSYLVANIA ACADEMY OF THE FINE ARTS	23-1	L35225	5	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, chet)			
h	If any of the house	on line to ave absolved, did the exception follow a written policy recording powerst or				
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice			2		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's	1			
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	X Compensation					
	·	compensation consultant X Compensation survey or study				
	X Form 990 of o		ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	-	e payment or change-of-control payment?		4a	Х	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
	If "Yes" on line 5a o	or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	-				
						X
b		ation?		6b		X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section				-	<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	1 990)	2022

232111 10-18-22

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ERIC G. PRYOR	(i)	310,192.	25,000.	0.	9,154.	29,631.	373,977.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARYANNE MURPHY	(i)	202,000.	25,000.	0.	9,074.	20,067.	256,141.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA KUHNLE-BIAGAS	(i)	202,000.	0.	0.	8,074.	17,857.	227,931.	0.
CHIEF HR OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CLINT JUKKALA	(i)	202,000.	0.	0.	8,035.	17,857.	227,892.	0.
DEAN OF SCHOOL OF FINE ART	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JANE ALLSOPP	(i)	192,000.	10,000.	0.	7,138.	17,857.	226,995.	0.
VP MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RYAN BURTON-ROMERO	(i)	176,753.	0.	0.	7,065.	15,625.	199,443.	0.
DEAN OF STUDENTS AND ENROL	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MEGAN MCCARTHY	(i)	145,640.	0.	0.	5,826.	12,875.	164,341.	0.
SENIOR DIRECTOR INDIVIDUAL GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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

Schedule J (Form 990) 2022

23-1352256

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SCHEDULE K			pplemental Inf								0	OMB No.		47
(Form 990)	Co	omplete if the organ					rovide descripti	ons,)22	
Department of the Treasury Internal Revenue Service		Attach to Form 990	explanations, and). Go to www.irs.q				atest information	1.				Open to nspect		IC
Name of the organizat	tion							-	Emp	oloyer i	identifi	icatio	n num	ber
Ũ	PENNSYLVANI	A ACADEMY	OF THE FIN	NE ARTS						23-1				
Part I Bond Issu	es SE	E PART VI	FOR COLUM	N (A) CONT	TINUATI	ONS								
(a)	Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Description	on of purpose	(g) De	efeased	(h) On	behalf	(i) Po	oled
										1	of iss	suer	finan	cing
									Yes	No	Yes	No	Yes	No
	HIA AUTHORITY													
A FOR INDUS	TRIAL DEVELOPME	23-2237287	NONEAVAIL	06/17/20	2500	0000.	REFINANC	E DEBT		X		Х		Х
В														
C														
D														
Part II Proceeds														
				Α			В	С				D		
1 Amount of bond										_				
	ds legally defeased													
3 Total proceeds	of issue			25,00	0,000.									
4 Gross proceeds	in reserve funds													
5 Capitalized inter	rest from proceeds									_				
6 Proceeds in refu	unding escrows									_				
7 Issuance costs	from proceeds			30	8,397.					_				
8 Credit enhancer	ment from proceeds									_				
	expenditures from proceeds									_				
10 Capital expendi	tures from proceeds													
11 Other spent pro	ceeds									_				
12 Other unspent p										_				
13 Year of substan	tial completion				020			I		_				
				Yes	No	Yes	No	Yes	No	_	Yes	\rightarrow	No	
	s issued as part of a refunding i		-		37									
	2018, a current refunding issu				X					—		\rightarrow		
	s issued as part of a refunding i				37									
	2018, an advance refunding iss				X					—		\rightarrow		
	ocation of proceeds been mad			X						—		+		
•	ization maintain adequate bool	ks and records to sup	pport the											
final allocation of	of proceeds?		<u></u>	X										

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022 PENNSYLVANIA ACADEMY OF THE FINE ARTS

23-1352256

Page 2

Par	t III Private Business Use								
			Α		В		С		D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		x						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		x						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of								
	bond-financed property?		x						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		х						
Par	t IV Arbitrage								
			Α		В		С		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		X						
b	Exception to rebate?		X						
	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	X							

232122 10-28-22

Schedule K (Form 990) 2022 PENNSYLVANIA ACADEMY OF THE FINE ARTS

23-1352256

Page 3

rt IV Arbitrage (continued)	-		-	_	1			
	A	-	-	B I		<u> </u>		
Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
Name of provider								
Term of hedge								
Was the hedge superintegrated?								
Was the hedge terminated?								
Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
Name of provider								
Term of GIC				,		1		
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		Х						
Has the organization established written procedures to monitor the								
requirements of section 148?		Х						
rt V Procedures To Undertake Corrective Action							-	
	A			<u>B</u>		2	C)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X							
rt VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	K. See instru	uctions.					
HEDULE K, PART I, BOND ISSUES:) ISSUER NAME: PHILADELPHIA AUTHORITY FOR INDUS	STRIAL I	DEVELOP	MENT					

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

2

Complete if the organizations answered "Y	es" on Form 990, Part IV, lines 29 or 30.
Attach to Fo	orm 990

Name of the organization

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Employer identification number

ſ ΖU **Open to Public**

	PENNSYLVANIA	ACADE	MY OF THE	FINE	ARTS	23-1	352	256	
Pa	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	amou	(c) ash contribution nts reported on 0, Part VIII, line 1g	(d) Method of de noncash contribu	etermir	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	x	34		367,208,	AVERAGE HIG	H/L	าพ	
10	Securities - Closely held stock				,			•••	
11	Securities - Partnership, LLC, or								
••									
12	trust interests Securities - Miscellaneous								
13	Qualified conservation contribution -								
15									
14	Historic structures Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18									
10 19	Collectibles								
	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24		x	83		103 515	AUCTION SAL	T T	<u>אד דד</u>	.
25	Other (<u>WINE AUCTION IT</u>)		03		103,313.	AUCIION SAL		АПОТ	6
26	Other ()								
27	Other ()								
28	Other ()			L					
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive by		•••••						
	must hold for at least 3 years from the date of t								v
	exempt purposes for the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.				and a second second of the second	· · · · • 0		v	
31	Does the organization have a gift acceptance p	•	-	•		ions?	31	Х	
32a	Does the organization hire or use third parties of		•		-				
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	/ for which	n column (a) is cheo	cked,			
	describe in Part II.								

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Go to www.irs.gov/Form990 for instructions and the latest information.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.													
SCHEDULE M, LINE 33:													
COLLECTION OR ARTWORK IS NOT CAPITALIZED. PLEASE REFER TO FOOTNOTE													
FROM FINANCIAL STATEMENT FOUND IN SCHEDULE D, PART XIV WHICH													
CORRESPONDS TO SCHEDULE D, PART III - LINE 1A.													

Schedule M (Form 990) 2022 PENNSYLVANIA ACADEMY OF THE FINE ARTS

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SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

PENNSYLVANIA ACADEMY OF THE FINE ARTS



23-1352256

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

AND ART-MAKING.

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

PAFA USES THE SERVICES OF A TRUST COMPANY WHERE THREE BOARD MEMBERS ARE THOMAS N. PAPPAS AND WINSTON I. LOWE PAID DIRECTORS, DONALD R. CALDWELL, ASSETS UNDER MANAGEMENT WITH THIS INVESTMENT COMPANY TOTALED ESQUIRE. APPROXIMATELY \$30,514,000 AND \$28,077,000 AS OF JUNE 30, 2023 AND 2022, RESPECTIVELY. FOR THE YEAR ENDED JUNE 30, 2021, PAFA WAS CHARGED A 0.4% FEE FOR THIS SERVICE. FOR THE YEAR ENDED JUNE 30, 2023, THIS FEE WAS APPROXIMATELY \$121,000. IN ADDITION, THIS TRUST COMPANY PROVIDES TWO LINESOF CREDIT FOR PAFA; INTEREST EXPENSE PAID DURING THE YEAR FOR THESE LINES OF CREDIT WAS APPROXIMATELY \$70,000. ALTHOUGH THE TRUST COMPANY IN QUESTION CHARGES PAFA FOR ITS SERVICES, IT ALSO MADE SUBSTANTIAL GIFTS TO THE NET CHARGES AFTER SUCH GIFTS RESULTED IN THIS FEE BEING QUITE PAFA. THE QUESTION OF THE TRUST COMPANY'S CHARGES TO PAFA WAS SUBMITTED SMALL. TO THE FINANCE COMMITTEE, AND THEN TO THE FULL BOARD OF TRUSTEES. AFTER CONSIDERATION OF THE TRUST COMPANY'S CHARGES, THE TRUST COMPANY'S GIFTS TO PAFA, AND THE PERFORMANCE OF THE TRUST COMPANY, THE BOARD DECIDED THAT THE RELATIONSHIP WITH THE TRUST COMPANY WAS QUITE BENEFICIAL TO PAFA. PAFA WAIVED ANY TECHNICAL CONFLICT WITH THE TRUST COMPANY.

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

 THE FORM 990 IS PREPARED BY TAIT, WELLER & BAKER LLP. THE INITIAL REVIEW IS

 PERFORMED BY THE CFO. THE FORM 990 IS THEN SENT TO THE BOARD OF TRUSTEES

 FOR REVIEW. BEFORE FILING FORM 990, THE BOARD OF TRUSTEES IS REQUESTED TO

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

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Name of the organization PENNSYLVANIA ACADEMY OF THE FINE ARTS	Employer identification number 23-1352256
REVIEW THE RETURN AND SUBMIT ANY CORRECTIONS, COMMENTS OR	QUESTIONS.
FORM 990, PART VI, SECTION B, LINE 12C:	
DURING THE FISCAL YEAR, EACH MEMBER OF THE BOARD OF TRUST	EES AND EACH
SENIOR KEY EMPLOYEE COMPLETES A FORM SETTING FORTH, IF ANY	7, ANY POTENTIAL
CONFLICT OF INTEREST HE/SHE HAS WITH PAFA. SUCH COMPLETED	FORMS ARE

INTEREST IS IDENTIFIED, IT IS REFERRED TO THE APPROPRIATE COMMITTEE OF THE

RETAINED BY THE VICE-CHAIR/SECRETARY OF THE BOARD. IF ANY CONFLICT OF

BOARD, WHICH EXAMINES IT AND REFERS IT TO THE ENTIRE BOARD FOR ACTION. THE

BOARD DECIDES WHETHER SUCH CONFLICT IS TO BE WAIVED, ON THE GROUNDS THAT

THE TRANSACTION OR RELATIONSHIP IN QUESTION IS FAVORABLE TO PAFA

NOTWITHSTANDING THE CONFLICT, OR WHETHER SUCH RELATIONSHIP OR TRANSACTION

IS TO BE NEGATED.

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

THE SEVEN OFFICERS OF THE BOARD OF TRUSTEES (PAFA'S GOVERNING BODY) CONSISTING OF: THE CHAIR OF THE BOARD; THE VICE-CHAIR AND TREASURER; THE VICE-CHAIR AND SECRETARY; THE VICE-CHAIR AND ASSISTANT SECRETARY; THE VICE-CHAIR; ASSISTANT TREASURER AND ASSISTANT SECRETARY COLLECTIVELY CONSTITUTE THE COMPENSATION COMMITTEE WHICH DELIBERATES AND DECIDES ON THE COMPENSATION OF THE PRESIDENT/CEO OF THE ORGANIZATION. THE COMMITTEE STUDIES COMPARABILITY DATA OBTAINED FROM SEVERAL SOURCES AND IT MAINTAINS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION IN THE FORM OF NOTES AND MINUTES MADE BY THE BOARD CHAIR WHICH ARE MAINTAINED IN THE PRIVATE OFFICE OF THE BOARD CHAIR. IN THE PRESIDENT/CEO'S FIRST YEAR IN OFFICE, THE PRESIDENT/CEO AND PAFA ENTER INTO A WRITTEN EMPLOYMENT AGREEMENT WHICH EMBODIES THE DECISIONS ON COMPENSATION. IN EACH SUCCEEDING YEAR OF THE PRESIDENT/CEO'S TENURE, THE COMPENSATION COMMITTEE REVIEWS THE Schedule O (Form 990) 2022 232212 10-28-22 78

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Name of the organization	Employer identification number
PENNSYLVANIA ACADEMY OF THE FINE ARTS	23-1352256
COMPENSATION AND MAKES ANY NECESSARY ADJUSTMENTS. WITH RES	PECT TO
COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF PAFA, R	ECOMMENDATIONS
ARE FIRST MADE BY THE PRESIDENT/CEO (AFTER HIS INTERNAL PR	OCESS OF
CONSULTATION WITH SENIOR STAFF, INCLUDING THE CHIEF FINANC	IAL OFFICER)
WHICH ARE EMBODIED IN THE ANNUAL BUDGET, AND REVIEWED BY T	HE BOARD'S
FINANCE COMMITTEE (WHICH IS CHAIRED BY THE VICE-CHAIR AND	TREASURER OF THE
BOARD). THE ANNUAL BUDGET, WHICH EMBODIES THE COMPENSATION	OF THE
PRESIDENT/CEO (AS INITIALLY PROPOSED BY THE BOARD'S FINANC	E COMMITTEE) AND
THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES (AS I	NITIALLY PROPOSED
BY THE PRESIDENT/CEO) IS ULTIMATELY PRESENTED TO THE ENTIR	E BOARD OF
TRUSTEES BY THE BOARD'S FINANCE COMMITTEE FOR CONSIDERATION	N, POSSIBLE
AMENDMENT, AND FINALLY ADOPTION.	

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE MAINTAINED IN THE FINANCE OFFICE AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	714,320.
COLLECTION ITEMS PURCHASED BUT NOT CAPITALIZED	-672,226.
CHANGE IN MARKET VALUE OF SWAP	615,390.
TOTAL TO FORM 990, PART XI, LINE 9	657,484.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES APPROVES THE ENGAGEMENT

LETTER OF THE INDEPENDENT ACCOUNTANT, MEETS WITH AUDITORS ON A PERIODIC

BASIS THROUGHOUT THE YEAR, AND RECEIVES AND REVIEWS THE AUDIT REPORT,

WHICH	IT	PASSES	ON	FOR	REVIEW	TO	THE	FINANCE	COMMITTEE	OF	THE	BOARD	AND
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								79					

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Name of the	(Form 990) 20: organization		Page : Employer identification number
	organization	PENNSYLVANIA ACADEMY OF THE FINE ARTS	Employer identification number 23-1352256
TO THE	ENTIRE	BOARD WITH ITS COMMENTS.	
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