EXTENDED TO MAY 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2024 A For the 2023 calendar year, or tax year beginning JUL2023 and ending JUN Check if applicable C Name of organization D Employer identification number Address change PENNSYLVANIA ACADEMY OF THE FINE ARTS Name change 23-1352256 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 215-972-7600 128 NORTH BROAD STREET 26,907,423. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 19102 PHILADELPHIA, PA H(a) Is this a group return return
Application
pending F Name and address of principal officer: ERIC G. Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.PAFA.ORG J Website: H(c) Group exemption number **K** Form of organization: X Corporation Trust Other L Year of formation: 1805 M State of legal domicile: PA Association Part I Summary Briefly describe the organization's mission or most significant activities: AS THE FIRST ART MUSEUM AND Activities & Governance SCHOOL IN THE US, PAFA CELEBRATES THE TRANSFORMATIVE POWER OF ART 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 44 3 Number of voting members of the governing body (Part VI, line 1a) 3 44 Number of independent voting members of the governing body (Part VI, line 1b) 4 274 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 44 Total number of volunteers (estimate if necessary) 6 72,114 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 5,701,224. 6,217,283. Contributions and grants (Part VIII, line 1h) 8 Revenue 9,138,163. 8,361,104. Program service revenue (Part VIII, line 2g) 2,587,671. 2,391,392. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 224,566. 357,213. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 $17,4\overline{55,345}$ 17,523,271. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,675,596. 2,940,105. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,252,467. 7,300,029. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 9,977,191. 10,977,275. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 21,217,409. 21,905,254. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -4,449,909. -3,694,138. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 120,817,479. 124,275,596. Total assets (Part X, line 16) 29,361,532. 32,802,393 21 Total liabilities (Part X, line 26) 三年 91,455,947. 91,473, Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ISA KUHNLE-BIAGAS, CHIEF OPERATING OFFICER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 12/09/24 P00746867 HARRISON PEREIRA self-employed Paid TAIT, WELLER & BAKER LLP Firm's EIN 23-1144520 Preparer Firm's name TWO LIBERTY PL, 50 S. 16TH ST, STE 2900 Use Only Phone no. 215 - 979 - 8800 PHILADELPHIA, PA 19102-2529 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

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

(Expenses \$ including grants of \$ Total program service expenses 16,350,800.

) (Revenue \$

| | | | 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| • | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | <u> </u> | | |
| Ŭ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | ٣ | | |
| U | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | _ | | X |
| - | \cdot | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | l _ | | ₩ |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | _ | 37 | |
| | 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? | | | l |
| | 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 | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | $oxed{oxed}$ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Х | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| Ч | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | <u> </u> | | |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | | 116 | | 1 |
| ' | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 444 | Х | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | - 21 | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | v | |
| | Schedule D, Parts XI and XII | 12a | X | \vdash |
| 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 | 37 | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | X | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u> </u> |
| 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 | | <u> </u> |
| 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 | | <u> </u> |
| 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 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| | 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - | | | |

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| 2023) | | | |
|--------------|-------------------|--------|---------------------------------|
| Checklist of | f Required Schedu | ıles (| continued |
| | | | |
| | | | |
| | | | Checklist of Required Schedules |

| | i (continued) | | Yes | No |
|---------|---|------------|------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 163 | INO |
| 22 | | 22 | х | |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | - 25 | |
| 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 | 00 | Х | |
| 04 - | Schedule J | 23 | Λ | |
| 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 | 04- | Х | |
| | Schedule K. If "No," go to line 25a | 24a | Λ | x |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | , v |
| | any tax-exempt bonds? | 24c | | 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 | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | , . |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | 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 | | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | 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? | 200 | | x |
| h | "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 200 | | |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f | 28c | | x |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| 00 | 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? <i>If "Yes," complete</i> | <u> </u> | | |
| 02 | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| - | 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 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | 1 1 | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 165 | 4 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1 10 | Ì | I |

Form 990 (2023) PENNSYLVANIA ACADEMY OF THE FINE ARTS
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | i (continued) | | | |
|-----|--|----------------|-----|----|
| ٥- | Establishment and continuous and don Francisco WO Towns World Warrand Translations of Translat | | 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 274 | | | |
| | , | 1 | X | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b 3a | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a 3b | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 30 | | |
| 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 | | х |
| h | If "Yes," enter the name of the foreign country | 4 a | | 21 |
| b | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| 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? | 7с | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | - | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders 11a | 1 | | |
| ь | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 124 | | |
| 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 | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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 | | | |
| | excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | 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 | | |
| | If "Yes," complete Form 6069. | | | |

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.

| 800 | | | | | | X | | | | | | | |
|-----|---|---------------|-----------------------|----------|---------|-----|--|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | | | | |
| _ | | Ι. | 1 4.4 | | Yes | No | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | 44 | 4 | | | | | | | | | |
| | 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 | 1 b | 44 | 4 | | | | | | | | | |
| 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? | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7a | | | | | | | | | | | | | |
| | more members of the governing body? | | | 7a | | Х | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | | | | | | | | |
| _ | persons other than the governing body? | | | 7b | | Х | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | | | | | | | | |
| | The governing body? | - | • | 8a | х | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | | | | | | | | |
| | | | | 00 | | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real | | | 9 | | х | | | | | | | |
| Sec | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | <u> </u> | | 21 | | | | | | | |
| 000 | tion B. Policies (This Section B requests information about policies not required by the Internal Re | <u>evenue</u> | Code.) | | Yes | No | | | | | | | |
| 10- | Did the expenientian have level charters branches as efficience? | | | 10a | 162 | X | | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | | | IUa | | | | | | | | | |
| D | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | | | | |
| 44- | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | | | | |
| | 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | | | | |
| | b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | | | |
| 12a | , , , , , , , , , , , , , , , , , , , | | | | | | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | Х | | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? # "Y | Yes," d | escribe | | | | | | | | | | |
| | on Schedule O how this was done | | | 12c | X | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | | | | | | | | |
| 14 | 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 approva | al by ind | dependent | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | X | | | | | | | | |
| b | Other officers or key employees of the organization | | | 15b | Х | | | | | | | | |
| | 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 arranger | nent w | ith a | | | | | | | | | | |
| | taxable entity during the year? | | | 16a | | _X_ | | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | te its p | articipation | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | nization | ı's | | | | | | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | | | | |
| 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, at | nd 990 | -T (section 501(c)(3) | s only) | availal | ole | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain | n on Sc | hedule O) | | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | d financ | cial | | | | | | | | |
| | 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 boo | oks and | d records | | | | | | | | | | |
| | LISA KUHNLE-BIAGAS, CHIEF OPERATING OFFICER - 215-9 | | | | | | | | | | | | |
| | 128 N BROAD STREET, PHILADELPHIA, PA 19102 | | | | | | | | | | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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 n | | orga T | ınıza | | | nper | isate | | · | |
|---|-------------------|--------------------------------|--|------------------|--------------|---------------------------------|--------------|----------------------|------------------------------|-----------------|
| (A) | (B) | | | () Pos | C) | , | | (D) | (E) | (F) |
| Name and title | Average | | (do not check more box, unless person | | | | | Reportable | Reportable | Estimated |
| | hours per week | offi | , unie: cer ar | ss per ıd a d | son i | s botr or/trus | n an tee) | compensation from | compensation from related | amount of other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | r direc | | | | pe: | | organization | (W-2/1099-MISC/ | from the |
| | related | stee o | ustee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | al trus | onal tı | | oloyee | comp | | 1099-NEC) | | and related |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) ERIC G. PRYOR | line) 40.00 | 드 | 드 | JO. | - Xe | 물 등 | 요 | | | |
| PRESIDENT & CEO | 40.00 | х | | х | | | | 366,888. | 0. | 49,955. |
| (2) LISA KUHNLE-BIAGAS | 40.00 | 25 | | 25 | | | | 300,000. | . | 40,000 |
| CHIEF ADMINISTRATIVE OFFICER | 40.00 | 1 | | | х | | | 227,010. | 0. | 31,035. |
| (3) JANE ALLSOPP | 40.00 | | | | | | | 227,010. | • | 31,033. |
| CHIEF DEVELOPMENT OFFICER | 10.00 | 1 | | | | x | | 191,905. | 0. | 26,653. |
| (4) CLINT JUKKALA | 40.00 | | | | | | | | | |
| EXECUTIVE DEAN COLLEGE OF FINE ARTS | | 1 | | | | X | | 188,491. | 0. | 25,847. |
| (5) MARYANNE MURPHY | 40.00 | | | | | | | · | | , |
| CHIEF FINANCIAL OFFICER | | 1 | | | | Х | | 149,339. | 0. | 20,404. |
| (6) ANNA MARLEY | 40.00 | | | | | | | | | |
| CHIEF OF CURATORIAL AFFAIRS | | | | | | Х | | 129,080. | 0. | 18,050. |
| (7) RYAN BURTON-ROMERO | 40.00 | | | | | | | | | |
| DEAN OF STUDENTS AND ENROL | | | | | | Х | | 101,026. | 0. | 14,116. |
| (8) ANNE E. MCCOLLUM | 5.00 | | | | | | | | | |
| CHAIRMAN | | Х | | Х | | | | 0. | 0. | 0. |
| (9) SUSAN M. HENDRICKSON | 5.00 |] | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (10) CHARLES E. CHASE | 5.00 | 1 | | | | | | _ | | _ |
| ASSISTANT SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (11) WILLIAM P. HANKOWSKY | 5.00 | l | | | | | | | | |
| ASSISTANT TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (12) REGINALD M. BROWNE | 5.00 | ļ | | l | | | | | • | |
| VICE CHAIR | F 00 | Х | | Х | | | | 0. | 0. | 0. |
| (13) EMILY CAVANAUGH | 5.00 | ٠,, | | ,, | | | | | 0 | |
| VICE CHAIR | F 00 | Х | | Х | | | | 0. | 0. | 0. |
| (14) ERIC W. NOLL | 5.00 | ٠,, | | ,, | | | | _ | 0 | |
| VICE CHAIR | F 00 | Х | | Х | | | | 0. | 0. | 0. |
| (15) JOSEPH D. CULLEY | 5.00 | ₹. | | ₩. | | | | _ | 0 | _ |
| TREASURER, VICE CHAIR (16) DONALD R. CALDWELL | 5 00 | Х | - | Х | | - | | 0. | 0. | 0. |
| TRUSTEE | 5.00 | х | | | | | | 0. | 0. | _ |
| (17) JONATHAN L. COHEN | 5.00 | ┢ | \vdash | | | \vdash | | J • | 0. | 0. |
| TRUSTEE | 3.00 | Х | | | | | | 0. | 0. | 0. |
| | 1 | 122 | | l | | | | ı | • | ı |

332007 12-21-23

| | LVANIA ACA | זענ | TAT X | U | Г | тп | .C | FINE ARTS | 23-1352 | 230 Page • |
|--|--|--------------------------------|---|---------|--------------|------------------------------|--------|---|---|--|
| Part VII Section A. Officers, Directors, | Trustees, Key Emp | oloy | ees, | and | l Hiç | ghes | st Co | ompensated Employee | s (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average hours per week | box | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | than o | n an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutio nal tru ste e | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (18) MARIANNE DEAN | 5.00 | | | | | | | _ | _ | _ |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (19) KEVIN F. DONOHOE | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (20) MARK A. DOUGLAS | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (21) JILL HOLLER DUROVSIK | 5.00 | ., | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (22) ROBERT I. FRIEDMAN, ESQ. TRUSTEE | 5.00 | х | | | | | | 0. | 0. | 0. |
| (23) PIA HALLORAN | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (24) CHARLES H. HARPER | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (25) JONATHAN HIRSCH | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (26) RO KING | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,353,739. | 0. | 186,060. |
| c Total from continuation sheets to Pa | rt VII, Section A | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,353,739. | 0. | 186,060. |

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---------------------------------|---------------------|
| ALLIED UNIVERSAL SECURITY SERVICES | | |
| PO BOX 828854, PHILADELPHIA, PA 19182-8854 | SECURITY SERVICES | 835,441. |
| CLEAN TECH SERVICES INC, 114 CHESTNUT | | |
| STREET 5TH FLR, PHILADELPHIA, PA 19106 | CUSTODIAL SERVICES | 283,797. |
| RADAR NONPROFIT SOLUTIONS, 2810 N CHURCH | | |
| STREET, PMB 19231, WILMINGTON, DE | ACCOUNTING SERVICES | 278,738. |
| ELLIOT - LEWIS CORP, 2900 BLACK LAKE | | |
| PLACE, PHILADELPHIA, PA 19154 | HVAC | 252,070. |
| ATELIER FINE ARTS SERVICES, LLC | | |
| P.O. BOX 56316, PHILADELPHIA, PA 19130 | ART PRESERVATION | 247,817. |
| 2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 10 | d above) who received more than | |

SEE PART VII, SECTION A CONTINUATION SHEETS

| B 11/11 | ANIA ACA | | | | | | | | | 2256 |
|---|----------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------|----------------------------------|-----------------------|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Er | nplo | yee | s, ar | nd H | lighe | est (| Compensated Employe | es (continued) | |
| (A) | (B) | | | (C | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | | | | Reportable | Reportable | Estimated |
| | hours | (c | heck | all t | that | app | ly) | compensation | compensation | amount of |
| | per week | | | | | 9 | | from the | from related | other |
| | (list any | tor | | | | ploye | | organization | organizations (W-2/1099-MISC) | compensation from the |
| | hours for | rdirec | | | | ed em | | (W-2/1099-MISC) | () | organization |
| | related | stee o | rustee | | | ensat | | | | and related |
| | organizations | al trus | onal tr | | oloyee | comp | | | | organizations |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | line) | Ē | Ë | 10 l | \$ | 主 | Po | | | |
| (27) SUSAN KLINE KLEHR | 5.00 | | | | | | | | • | |
| TRUSTEE | F 00 | Х | | | | | | 0. | 0. | 0. |
| (28) ROBERT E. KOHLER, PH. D. | 5.00 | ., | | | | | | | 0 | |
| TRUSTEE | F 00 | Х | | | | | | 0. | 0. | 0. |
| (29) JOEL M. KOPPELMAN | 5.00 | ٠,, | | | | | | | 0 | _ |
| TRUSTEE | F 00 | Х | | | | | | 0. | 0. | 0. |
| (30) ANDREW KRESS | 5.00 | 37 | | | | | | , | • | _ |
| TRUSTEE | E 00 | Х | | | | | | 0. | 0. | 0. |
| (31) JANNIE K. LAU | 5.00 | . , | | | | | | _ | 0 | _ |
| TRUSTEE | 5.00 | Х | | | | | | 0. | 0. | 0. |
| (32) MARGUERITE LENFEST TRUSTEE | 3.00 | х | | | | | | 0. | 0. | 0. |
| (33) VALENTINE JAMES LINK | 5.00 | Λ | | | | | | 0. | 0. | U . |
| TRUSTEE | 3.00 | Х | | | | | | 0. | 0. | 0. |
| (34) WINSTON I. LOWE, ESQ. | 5.00 | Δ | | | | | | 0. | 0. | · · |
| TRUSTEE | 3.00 | Х | | | | | | 0. | 0. | 0. |
| (35) KENNETH MITCHELL | 5.00 | Λ | | | | | | 0. | 0. | · |
| TRUSTEE | 3.00 | Х | | | | | | 0. | 0. | 0. |
| (36) J.BRIEN MURPHY, M.D. | 5.00 | -25 | | | | | | • | • | · · |
| TRUSTEE | - 3.00 | Х | | | | | | 0. | 0. | 0. |
| (37) SANDRA NORCROSS | 5.00 | | | | | | | | 0. | , · |
| TRUSTEE | 3,00 | х | | | | | | 0. | 0. | 0. |
| (38) JAMES E. O'NEILL, ESQ. | 5.00 | | | | | | | | 0. | • |
| TRUSTEE | 3133 | х | | | | | | 0. | 0. | 0. |
| (39) THOMAS N. PAPPAS | 5.00 | | | | | | | | • | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (40) THEODORE O. ROGERS, JR. ESQ. | 5.00 | | | | | | | - | - | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (41) GREGORY L. SEGALL | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (42) ARLEN SHENKMAN | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (43) JUNE MARSHALL SMITH | 5.00 | | | | | | | | _ | |
| TRUSTEE | | Х | | | L | | | 0. | 0. | 0. |
| (44) RICHARD W. SNOWDEN | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (45) JOHN TOATES | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| | F 00 | 1 | I | | | | | | | |
| (46) ROBERT CLARK WILLIAMS, JR. | 5.00 | Х | | | | | | | | |

| Form 990 PENNSYLVA | ANIA ACA | DE | MY | . 0 | F | TH | Ε | FINE ARTS | 23-135 | 2256 |
|--|----------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|--------------------|-----------------|---------------|
| Part VII Section A. Officers, Directors, Tru | istees, Key En | nplo | yee | s, ar | nd H | lighe | est (| Compensated Employ | ees (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | | | | Reportable | Reportable | Estimated |
| | hours | (cl | | | | арр | ly) | compensation | compensation | amount of |
| | per | Ì | | | | Ė | <u> </u> | from | from related | other |
| | week | | | | | yee | | the | organizations | compensation |
| | (list any | ector | | | | odm | | organization | (W-2/1099-MISC) | from the |
| | hours for | ordir | a a | | | ted e | | (W-2/1099-MISC) | | organization |
| | related | stee | truste | | e e | bensa | | | | and related |
| | organizations | lal tru | onal 1 | | ploye | com | | | | organizations |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | line) | <u> </u> | Ë | J0 | Ke | Ŧ | 요 | | | |
| (47) KENNETH R. WOODCOCK | 5.00 | l | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (48) ELLIOT CLARK | 5.00 | | | | | | | | _ | _ |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (49) WILLIAM FARRELL | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (50) LYDIA HAMILTON BROWN | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (51) BRYAN P. BAUGH, M.D. | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

| | | Check if Schedule O contains a res | ponse | or note to any lin | e in this Part VIII | | | |
|--|----------|---|--|--------------------|---------------------|------------------------------------|----------------------------|---------------------------------|
| | | | | | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | | lunction revenue | business revenue | sections 512 - 514 |
| SΩ | 1 2 | a Federated campaigns 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues 1t | | | | | | |
| ဗ် ရို | | Fundraising events | | 349,366. | | | | |
| fts, | | | 1 | 7 | | | | |
| ig ic | | e Government grants (contributions) | | 863,670. | | | | |
| Sin | | _ | + | 000,0,0 | | | | |
| utic e | ' | All other contributions, gifts, grants, and | | 5,004,247. | | | | |
| 들 | | similar amounts not included above 1f | 1 | | | | | |
| out | | | \$ | 328,246. | 6 217 202 | | | |
| Og | <u> </u> | Total. Add lines 1a-1f | | | 6,217,283. | | | |
| | | | | Business Code | 6 200 040 | 5 200 040 | | |
| <u>e</u> | 2 8 | | | 611310 | 6,302,849. | 6,302,849. | | |
| e ≤ | - | CONTINUING EDUCATION | | 900099 | 955,220. | 955,220. | | |
| S c | • | RENTALS FOR EXEMPT ACT. | | 900099 | 488,908. | 488,908. | | _ |
| e a | | MUSEUM ADMISS/COLLECT | | 900099 | 352,089. | 352,089. | | _ |
| Program Service Revenue | | WOMENS BOARD REVENUE | | 900099 | 262,038. | 262,038. | | _ |
| <u>-</u> | f | All other program service revenue | | | | | | |
| | 9 | Total. Add lines 2a-2f | | | 8,361,104. | | | |
| | 3 | Investment income (including dividends | , intere | st, and | | | | |
| | | other similar amounts) | | | 1,893,563. | | | 1893563. |
| | 4 | Income from investment of tax-exempt | oond p | roceeds | | | | |
| | 5 | Royalties | | | | | | |
| | | (i) Re | eal | (ii) Personal | | | | |
| | 6 a | a Gross rents 6a 201 | ,012. | | | | | |
| | k | Less: rental expenses 6b | 0. | | | | | |
| | | | ,012. | | | | | |
| | (| Net rental income or (loss) | | | 201,012. | | | 201,012. |
| | | a Gross amount from sales of (i) Secu | rities | (ii) Other | | | | |
| | | assets other than inventory 7a 9,768 | ,697. | | | | | |
| | ŀ | Less: cost or other basis | | | | | | |
| <u>o</u> | | and sales expenses 7b 9,074 | .589. | | | | | |
| ther Revenue | , | | .108. | | | | | |
| ě | | d Net gain or (loss) | <u>, </u> | | 694,108. | | | 694,108. |
| ౼ | | a Gross income from fundraising events (not | | | , | | | , |
| £ | • | including \$ 349,366. of | | | | | | |
| 0 | | contributions reported on line 1c). See | | | | | | |
| | | Part IV, line 18 | 8a | 103,701. | | | | |
| | | | | | | | | |
| | | Less: direct expenses Net income or (loss) from fundraising ev | [| · · · · · | -130,358. | | | -130,358. |
| | | a Gross income from gaming activities. S | | <u> </u> | 200,000. | | | 100,000. |
| | 9 6 | | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gaming activit | ies | T | | | | |
| | 10 a | Gross sales of inventory, less returns | 10a | 316 000 | | | | |
| | _ | and allowances | | | | | | |
| | | Less: cost of goods sold | | 75,504. | 040 504 | 1.60 450 | FO 114 | |
| | | Net income or (loss) from sales of inven | tory | | 240,584. | 168,470. | 72,114. | |
| <u>s</u> | | V | | Business Code | 4= 0== | 45.0== | | |
| eon Ie | | MISCELLANEOUS | | 900099 | 45,975. | 45,975. | | |
| Miscellaneous Revenue | k | · | | | | | | |
| e Sel | (| | | | | | | |
| Mis | (| d All other revenue | | | | | | |
| | • | Total. Add lines 11a-11d | | | 45,975. | | | |
| | 12 | Total revenue. See instructions | | | 17,523,271. | 8,575,549. | 72,114. | 2658325. |

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

| | Check if Schedule O contains a respon | (A) | (B) | (C) | (D) |
|----|---|----------------|-----------------------------|---------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 2,940,105. | 2,940,105. | | |
| 3 | Grants and other assistance to foreign | | | | |
| • | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 713,430. | | 713,430. | |
| 6 | Compensation not included above to disqualified | • | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 5,533,769. | 4,264,176. | 710,967. | 558,626 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 121,462. | 98,248. 381,562. | 9,481. 63,680. | 13,733 53,336 41,204 |
| 9 | Other employee benefits | 498,578. | | | 53,336 |
| 0 | Payroll taxes | 432,790. | 294,770. | 96,816. | 41,204 |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 144,175. | 6,624. | 136,304. | 1,247 |
| С | Accounting | 451,160. | | 451,160. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 216,473. | | 216,473. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 1,543,805. | 625,059. | 908,253. | 10,493 18,493 |
| 12 | Advertising and promotion | 138,682. | 92,491. | 27,698. | 18,493 |
| 13 | Office expenses | 523,902. | 459,055. | 18,383. | 46,464 |
| 14 | Information technology | 433,204. | 201,927. | 224,872. | 6,405 |
| 15 | Royalties | 0 200 500 | 0 200 500 | | |
| 16 | Occupancy | 2,320,502. | 2,320,502. | 11 000 | 11 [11 |
| 7 | Travel | 157,642. | 134,239. | 11,892. | 11,511 |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 4 1 4 4 | 2 01 5 | 2 020 | 100 |
| 9 | Conferences, conventions, and meetings | 4,144. | 2,015. | 2,029. | 100 |
| .0 | Interest | 1,205,894. | 862,541. | 343,353. | |
| 21 | Payments to affiliates | 1,938,522. | 1,938,522. | | |
| 22 | Depreciation, depletion, and amortization | 483,719. | 483,719. | | |
| 23 | Insurance Other synapses Itamize synapses not solvered | 403,713. | 403,713. | | |
| 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 O.) | | | | |
| а | INSTALLATIONS | 499,141. | 499,141. | | |
| b | RENTAL EXPENSES - STUDE | 275,842. | 275,842. | | |
| c | RECEPTIONS AND ENTERTAI | 180,263. | 75,782. | 20,030. | 84,451 |
| d | MEMBERSHIP DUES AND SUB | 54,193. | 38,549. | 15,544. | 100 |
| | All other expenses | 406,012. | 355,931. | 44,683. | 5,398 |
| 25 | Total functional expenses. Add lines 1 through 24e | 21,217,409. | 16,350,800. | 4,015,048. | 851,561 |
| 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) | | | | |

| | | Check if Schedule O contains a response or not | e to any | line in this Part X | | | |
|-----------------------------|-----|---|-------------|----------------------|---------------------------------|-----|--------------------|
| | | Chicar II Contoculo C Contains a response of not | o to uny | THIS IT THIS I GIVEN | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 271,094. | 1 | 64,536. |
| | 2 | Savings and temporary cash investments | | | 2,652,018. | 2 | 11,255,096. |
| | 3 | Pledges and grants receivable, net | | | 1,283,538. | 3 | 2,067,547. |
| | 4 | Accounts receivable, net | | | 152,422. | 4 | 153,074. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | | | |
| | | 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 | | | |
| S | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 100,461. | 8 | 116,145. |
| As | 9 | B 11 | | | 241,212. | 9 | 210,733. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 83,902,143. | | | |
| | b | Less: accumulated depreciation | 10b | 37,472,604. | 47,565,475. | 10c | 46,429,539. |
| | 11 | Investments - publicly traded securities | 39,077,378. | 11 | 41,393,031. | | |
| | 12 | Investments - other securities. See Part IV, line 1 | 26,019,594. | 12 | 18,980,003. | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | | 3,454,287. | 15 | 3,605,892. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | | 120,817,479. | 16 | 124,275,596. |
| | 17 | Accounts payable and accrued expenses | | | 1,242,585. | 17 | 1,568,174. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 182,490. | 19 | 183,920. |
| | 20 | Tax-exempt bond liabilities | | | 24,666,521. | 20 | 24,150,299. |
| | 21 | Escrow or custodial account liability. Complete F | Part IV o | of Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or form | er office | er, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | antial c | ontributor, or 35% | | | |
| abi | | controlled entity or family member of any of thes | e perso | ns | | 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 | arties | 3,250,000. | 24 | 6,900,000. |
| | 25 | Other liabilities (including federal income tax, pages | yables t | o related third | | | |
| | | parties, and other liabilities not included on lines | 17-24). | Complete Part X | | | |
| | | of Schedule D | | | 19,936. | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 29,361,532. | 26 | 32,802,393. |
| " | | Organizations that follow FASB ASC 958, che | ck here | X | | | |
| ĕ | | and complete lines 27, 28, 32, and 33. | | | 45 550 444 | | 44 005 550 |
| <u>a</u> | 27 | | | | 47,773,114. | 27 | 44,207,559. |
| Ä | 28 | Net assets with donor restrictions | | | 43,682,833. | 28 | 47,265,644. |
| Ĕ | | Organizations that do not follow FASB ASC 958, check here | | | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | | | |
| ts c | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| SSe | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| Ĕ | 31 | Retained earnings, endowment, accumulated inc | | | 01 455 045 | 31 | 01 472 202 |
| Ž | 32 | Total net assets or fund balances | | | 91,455,947. | 32 | 91,473,203. |
| | 33 | Total liabilities and net assets/fund balances | | | 120,817,479. | 33 | 124,275,596. |

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|---|----------|-----|----|-----|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 17, | 52 | 3,2 | <u>71.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 21, | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -3, | 69 | 4,1 | 38. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 91, | 45 | 5,9 | 47. |
| 5 | Net unrealized gains (losses) on investments | 5 | 3, | 37 | 7,9 | 77. |
| 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 | | 33 | 3,4 | 17. |
| 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, | 47 | 3,2 | 03. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | L | 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? | | L | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | 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 | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | L | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | edule O. | | | | |
| За | 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? | | L | За | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | | l |

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Employer identification number

23-1352256

| Pε | ırt I | Reason for Public C | harity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions. | | |
|----|---|---|-----------------------------|--|------------------|-----------------|---------------------------------|----------------------------|--|
| he | organ | zation is not a private founda | | | | | | | |
| 1 | | A church, convention of chu | rches, or associatio | n of churches described | in sectio | n 170(b)(1 | 1)(A)(i). | | |
| 2 | X | A school described in section | on 170(b)(1)(A)(ii). (| Attach Schedule E (Form | າ 990).) | | | | |
| 3 | | A hospital or a cooperative h | nospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | ii). | | |
| 4 | | A medical research organiza | ition operated in cor | njunction with a hospital | described | in sectio | on 170(b)(1)(A)(iii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | | |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | |
| | | section 170(b)(1)(A)(iv). (Co | omplete Part II.) | | | | | | |
| 6 | | A federal, state, or local gov | ernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | | An organization that normall | y receives a substar | ntial part of its support fr | om a gove | ernmental | unit or from the general | public described in | |
| | | section 170(b)(1)(A)(vi). (Co | omplete Part II.) | | | | | | |
| 8 | | A community trust described | d in section 170(b)(| 1)(A)(vi). (Complete Part | t II.) | | | | |
| 9 | | An agricultural research orga | anization described | in section 170(b)(1)(A)(i | ix) operate | ed in conju | unction with a land-grant | college | |
| | | or university or a non-land-gr | rant college of agrice | ulture (see instructions). | Enter the i | name, city | , and state of the college | e or | |
| | | university: | | | | | | | |
| 10 | | An organization that normall | y receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membership fees, an | d gross receipts from | |
| | | activities related to its exem | pt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its support f | rom gross investment | |
| | | income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. | | | | | | | |
| | | See section 509(a)(2). (Complete Part III.) | | | | | | | |
| 11 | | An organization organized a | nd operated exclusi | vely to test for public saf | fety. See | section 50 | 09(a)(4). | | |
| 12 | | An organization organized a | nd operated exclusi | vely for the benefit of, to | perform tl | he functio | ns of, or to carry out the | purposes of one or | |
| | | more publicly supported org | anizations describe | d in section 509(a)(1) o | r section : | 509(a)(2). | See section 509(a)(3). (| Check the box on | |
| | | lines 12a through 12d that d | lescribes the type of | f supporting organization | and com | plete lines | 12e, 12f, and 12g. | | |
| а | 1 | Type I. A supporting organ | nization operated, su | upervised, or controlled | by its supp | oorted org | anization(s), typically by | giving | |
| | | the supported organization | n(s) the power to rec | gularly appoint or elect a | majority o | of the direc | ctors or trustees of the s | upporting | |
| | | organization. You must co | = | | | | | | |
| b |) | Type II. A supporting orga | · · | | | | | - | |
| | | control or management of | | | ame perso | ns that co | ntrol or manage the sup | ported | |
| | | organization(s). You must | | | | | | | |
| C | ; | Type III functionally integ | | | | | | ed with, | |
| | | its supported organization | | · | | | | | |
| C | ı | Type III non-functionally | | | | | • • • • • | | |
| | | that is not functionally inte | - | * . | • | | • | veness | |
| | | requirement (see instruction | • | - | | | | | |
| e | • | Check this box if the organ | | | | | Type I, Type II, Type III | | |
| | | functionally integrated, or | * * | nally integrated supporting | ng organiz | ation. | | | |
| f | | er the number of supported or | | d organization(s) | | | | | |
| Ç | | ride the following information Name of supported | (ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount of monetary | (vi) Amount of other | |
| | • | organization | V-7 | (described on lines 1-10 | in your governi | ng document? | support (see instructions) | support (see instructions) | |
| | | | | above (see instructions)) | Yes | No | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | I | I | i | I | |

(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.)

| Sec | ction A. Public Support | ,, p.ea. | | , | | | | |
|---------|---|-----------------------|---------------------|----------------------|---------------------|---------------------|-----------|--|
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| | Gifts, grants, contributions, and | (4) = 3 : 3 | (2) = 5 = 5 | (5) = 5 = 1 | (4) = 3 = 2 | (6) 2020 | (.) | |
| · | 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 | | | | | | | |
| | 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. | | | | | | | |
| Se | ction B. Total Support | | | | _ | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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 instruction | ons) | | | 12 | | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) | | |
| | organization, check this box and stop | | | | | | | |
| | ction C. Computation of Publi | | | | | | | |
| | Public support percentage for 2023 (I | | | | | 14 | % | |
| | Public support percentage from 2022 | | | | | 15 | % | |
| 16a | 33 1/3% support test - 2023. If the | | | | | | | |
| | stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| b | b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | |
| | and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 1/8 | 7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | | | | | | | |
| | | | | = | • | vi now the organiz | ation | |
| | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | | |
| t | | - | | | | | 10% Of | |
| | more, and if the organization meets the | | | | - | | | |
| 40 | organization meets the facts-and-circle | | - | • | | | | |
| 18 | Private foundation. If the organization | ni dia not check a | box on line 13, 16 | a, 100, 1/a, 0r 1/ | D, CHECK THIS DOX A | na see instructions | i | |

Schedule A (Form 990) 2023

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

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

| Sec | etion A. Public Support | ciow, picase comp | note i ait ii.j | | | | | |
|------------|--|--------------------|----------------------------|-----------------------|--------------------|--------------------|-----------|--|
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| | 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 | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| 7 <i>a</i> | Amounts included on lines 1, 2, and | | | | | | | |
| b | 3 received from disqualified persons Amounts included on lines 2 and 3 received | | | | | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| c | Add lines 7a and 7b | | | | | | | |
| 8 Sec | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| | Amounts from line 6 | (4,7 = 0 + 0 | (2) = 3 = 3 | (0) = 0 = 1 | (4) = 5 = 2 | (0) = 0 = 0 | (., | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| b | Unrelated business taxable income | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | |
| | Add lines 10a and 10b | | | | | | | |
| 11 | 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.) | | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | · · | | * | • | . , . , | • | |
| <u> </u> | check this box and stop here | - 0 | | | | | | |
| | ction C. Computation of Publi | | | | | 1 1 | | |
| | Public support percentage for 2023 (I | | • | .,, | | 15 | <u>%</u> | |
| | Public support percentage from 2022 ction D. Computation of Investigation | | | | | 16 | % | |
| | · · · · · · · · · · · · · · · · · · · | | | | | T .= T | | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> | |
| | Investment income percentage from | | | | | 18 | % 7 :t | |
| 19a | 33 1/3% support tests - 2023. If the | | | | | | | |
| b | more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| | line 18 is not more than 33 1/3%, che | ck this box and st | t op here. The orga | anization qualifies a | as a publicly supp | orted organization | | |
| 20 | Private foundation. If the organization | | | | | | ***** | |

Т..

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.)

| | Yes | No |
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| Sche | dule A (Form 990) 2023 PENNSYLVANIA ACADEMY OF THE FINE ARTS 23-13 | 35225 | 6 P | age 5 |
|------|---|-----------|-----|-------|
| Pai | | | | |
| | | | 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 | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 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. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| 0 | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | 1 | _ |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 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 | | | |
| 200 | supported organizations played in this regard. | 3 | | |
| | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions | s). | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | nstructio | | T |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described 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.

Schedule A (Form 990) 2023

2b

За

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|---------------|----------------------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 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 | | |
| Section 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-functional | lly integrate | d Type III supporting orga | nization (see |
| in about in a | , 5 | ,, ,, | , . |

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Name of org | aanization | ions. Complete Part III. | | | Employer | identification i | number |
|-------------|---|--|---------------------------|---|--------------------|--|------------------------------|
| | | VANIA ACADEMY OF | THE FINE AF | | | 3-135225 | |
| Part I-A | Complete if the ord | anization is exempt und | der section 501(c) | or is a section 52 | | | |
| 2 Politica | e a description of the organiz al campaign activity expendit | ation's direct and indirect polition ures gn activities | cal campaign activities i | in Part IV. | \$ | | |
| Part I-B | Complete if the org | anization is exempt und | ler section 501(c)(| 3). | | | |
| 1 Enter t | he amount of any excise tax | incurred by the organization un | der section 4955 | • | \$ | | |
| | | incurred by organization manag | | | | | |
| 3 If the o | organization incurred a sectio | n 4955 tax, did it file Form 4720 |) for this year? | | | Yes | No |
| 4a Was a | correction made? | | | | | Yes | No |
| b If "Yes | ," describe in Part IV. | | | · · · · · · · · | 0.11.1101 | | |
| | | anization is exempt und | | - | | | |
| | | by the filing organization for se | | | \$ | | |
| | 0 0 | ization's funds contributed to o | • | | | | |
| | | | | | \$ | | |
| | · · | . Add lines 1 and 2. Enter here | | • | • | | |
| | | 4400 DOL (| | | | | NI - |
| | | 1120-POL for this year? | | | | Yes | No |
| | | mployer identification number (E tion listed, enter the amount pa | | | | | OH |
| | , | omptly and directly delivered to | 0 0 | | | • | · a |
| | • | additional space is needed, pro | | • | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid f filing organizatio funds. If none, ente | n's cor er -0 d | (e) Amount of pontributions receipromptly and discellivered to a seppolitical organizatione, enter | ved and rectly carate ation. |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

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))

Schedule C (Form 990) 2023

f Grassroots lobbying expenditures

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 ϵ | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (a | a) | | (k | o) | |
|---|---|-----------------|--------|---------|------------|----------|--|
| of th | e lobbying activity. | Yes | ١ | 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: | | | | | | |
| | Volunteers? | | _ | X | | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | _ | X | | | |
| | Media advertisements? | | | X | | | |
| | Mailings to members, legislators, or the public? | | _ | X | | | |
| | Publications, or published or broadcast statements? | | | X 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? | Х | | Λ | | | |
| | Other activities? | Λ | | | | 0. | |
| | Total. Add lines 1c through 1i | | | | | <u> </u> | |
| | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | | | | | |
| | 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? | | | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section | 1 501(c)(s | 5). o | r sec | tion | | |
| | 501(c)(6). | | • | | | | |
| | | | | | Yes | No | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | 3 | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section | า 501(c)(| 5), o | r sec | tion | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' | No" OR | (b) F | Part I | II-A, line | 3, is | |
| | answered "Yes." | | | | | | |
| 1 | Dues, assessments and similar amounts from members | | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | al | | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | | | |
| а | Current year | | | 2a | | | |
| b | Carryover from last year | | | 2b | | | |
| | Total | | | 2c | | | |
| | | | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | | | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | olitical | | | | | |
| | expenditures next year? | | | 4 | | | |
| 5 D 21 | 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 | list); Part II- | A, lın | es 1 ar | nd 2 (see | | |
| | uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES: | | | | | | |
| LVI | TITE, DINE I, DOBBIING ACTIVITIES. | | | | | | |
| TN | FYE 2024, PAFA DID NOT PAY ANY LOBBYING COSTS BUT | STARE | ME: | MBEI | RS MAV | | |
| <u> </u> | THE 2024, TAPA DID NOT THE ANT HODDIING CODED DOT | DIALL | 1415. | بعرصي | NO IIAI | | |
| тат | E PARTICIPATED IN EFFORTS TO INFLUENCE GENERAL LEGI | STATTO | M | י ידע | тне | | |
| THE THE THE THE DESCRIPTION OF THE DESCRIPTION AT THE | | | | | | | |
| ST | STATE OR FEDERAL LEVEL, NOT DEEMED LOBBYING BUT RATHER INCIDENTAL | | | | | | |
| | TILL OI I DECIME DEVEL, NOI DEBIED DODDIINO DOI MILIUM INCIDEMINE | | | | | | |
| EFI | EFFORTS IN SUPPORTING PAFA IN ITS OVERALL SUCCESS. | | | | | | |
| | | | | | | | |

Schedule C (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Employer identification number 23-1352256

Schedule D (Form 990) 2023

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin. | | Siı | nilar Funds o | r Ac | cour | nts. Complete if the |
|-----|---|----------------------------|--------|---------------------|------------|---------------|---------------------------------|
| | Giganization anomorou Teo Giri enii eee, i arriv, iir | (a) Donor advi | ised | funds | (| b) Fun | ds 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 | | helo | l in donor advise | d fund | ls | |
| | are the organization's property, subject to the organization's | - | | | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | | |
| | for charitable purposes and not for the benefit of the donor or | | | | | | |
| | impermissible private benefit? | | | | | | |
| Par | t II Conservation Easements. Complete if the org | ganization answered "\ | Yes' | on Form 990, Pa | art IV, | line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply | y). | | | | |
| | Preservation of land for public use (for example, recreated | tion or education) | | Preservation of a | a histo | rically | important land area |
| | Protection of natural habitat | L | | Preservation of a | a certi | fied his | storic structure |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contr | ribut | ion in the form of | f a cor | nserva | |
| | day of the tax year. | | | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | | | 2a | |
| b | Total acreage restricted by conservation easements | | | | | 2b | |
| С | c Number of conservation easements on a certified historic structure included on line 2a | | | | | | |
| d | Number of conservation easements included on line 2c acqui | | | | | | |
| | on a historic structure listed in the National Register | | | | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, o | or te | minated by the o | organi | zation | 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 | | | | | | |
| | violations, and enforcement of the conservation easements it | | | | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, | anc | enforcing conse | rvatio | n ease | ements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and | enfo | rcing conservation | on eas | sement | ts during the year |
| _ | | | | | 4) (D) (') | | |
| 8 | Does each conservation easement reported on line 2d above | | | | | | □ vaa □ Na |
| • | and section 170(h)(4)(B)(ii)? | | | | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn | | | | | | |
| | organization's accounting for conservation easements. | lote to the organization | 151 | nanciai statemei | ונס נוופ | ii uesc | Tibes trie |
| Par | t III Organizations Maintaining Collections of | Art, Historical Ti | rea | sures, or Oth | er S | imila | r 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 re | ever | ue statement an | d bala | ınce st | neet works |
| | of art, historical treasures, or other similar assets held for pub | olic exhibition, education | on, o | or research in furt | heran | ce of p | oublic |
| | service, provide in Part XIII the text of the footnote to its finan | ncial statements that d | lesc | ribes these items | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its rever | nue : | statement and ba | alance | sheet | works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, | , or ı | esearch in furthe | rance | of pul | olic 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 trea | | | | | | |
| | the following amounts required to be reported under FASB A | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | | | \$ |
| b | Assets included in Form 990, Part X | | | | | | \$ |

332051 09-28-23

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

Part VI Land, Buildings, and Equipment

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

| Complete it the organization and voice 100 on 1000, 1 art 11, into 11a. Coo 1 on 1000, 1 art 17, into 10. | | | | | | | | | |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|--|--|--|--|--|
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | | | | | |
| 1a Land | | 2,500,000. | | 2,500,000. | | | | | |
| b Buildings | | 75,005,511. | 32,207,961. | 42,797,550. | | | | | |
| c Leasehold improvements | | | | | | | | | |
| d Equipment | | 5,721,747. | 5,264,643. | 457,104. | | | | | |
| e Other | | 674,885. | | 674,885. | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equa | 46,429,539. | | | | | | | | |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 PENNSYLVANI | A ACADEMY OF T | THE FINE ARTS 23 | -1352256 Page |
|--|------------------------------|---|------------------------|
| Part VII Investments - Other Securities | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | l-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) BENEFICIAL INTERESTS IN | 12 126 122 | | |
| (B) PERPETUAL TRUSTS | 13,196,130. | END-OF-YEAR MARKET | VALUE |
| (C) POOLED INVESTMENT | E E02 0E2 | | |
| (D) FUND/HEDGE FUND | 5,783,873. | END-OF-YEAR MARKET | VALUE |
| (E) | | | |
| | | | |
| (G) | | | |
| (H) | 10 000 002 | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. | 18,980,003. | | |
| Complete if the organization answered "Yes" | on Form 000 Port IV line 1 | 110 Con Form 000 Dart V line 12 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | of year market value |
| | (b) BOOK Value | (c) Method of Valuation. Cost of end | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| <u>(5)</u> (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, co | I. (B)) | | |
| Part X Other Liabilities | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | 1 |

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

Schedule D (Form 990) 2023

(6) (7) (8)

| $^{\circ}$ | 1 | 2 | | 2 | 2 | | _ | _ 1 |
|-------------|-----|----|---|---|---|---|---|--------|
| 43 - | · Т | ್ತ | כ | 4 | 4 | כ | o | Page 4 |

| Par | Complete if the experimetion applyaged Ver on Form 200, Part IV, line 129 | IS WIT | n Revenue per Re | turn | |
|-------------|---|--------|--------------------|--------|--------------------------------------|
| _ | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | 1 | 17,549,657. |
| 1 | Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | - | 11,343,031. |
| 2 | Net unrealized gains (losses) on investments | 2a | 3,377,977. | | |
| a b | Donated services and use of facilities | 2b | 3,311,3116 | - | |
| C | Recoveries of prior year grants | 2c | | - | |
| d | O. (5) 5 (10) | | 234,059. | - | |
| | Other (Describe in Part XIII.) Add lines 2a through 2d | | | 2e | 3,612,036. |
| 3 | Subtract line 2e from line 1 | | | 3 | 13,937,621. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 216,473. | | |
| b | Other (Describe in Part XIII.) | | 3,369,177. | | |
| | Add lines 4a and 4b | | | 4c | 3,585,650. |
| | | | | | |
| Par | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Stateme | nts W | ith Expenses per F | Retur | n |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 17,865,818. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | | 234,059. | | 224 252 |
| е | Add lines 2a through 2d | | | 2e | 234,059. |
| 3 | Subtract line 2e from line 1 | | | 3 | 17,631,759. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | 016 450 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | 216,473. | - | |
| b | Other (Describe in Part XIII.) | 4b | 3,369,177. | | 2 505 650 |
| | Add lines 4a and 4b | | | 4c | 3,585,650. 21,217,409. |
| 5 Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information | | | 5 | 21,211,409. |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi | | | ; Part | X, line 2; Part XI, |
| PAF | T X, LINE 2: | | | | |
| PAE | A HAS REVIEWED ITS TAX POSITIONS AND HAS CO | ONCL | UDED THAT NO | LI | ABILITY |
| FOF | UNRECOGNIZED TAX BENEFITS SHOULD BE RECORD | DED | RELATED TO U | NCE | RTAIN TAX |
| POS | ITIONS TAKEN ON FEDERAL AND STATE TAX RETU | RNS | FOR THE OPEN | FI | SCAL TAX |
| YE <i>P</i> | RS (2021-2023) OR IS EXPECTED TO BE TAKEN | IN T | HE CURRENT F | ISC | AL 2024 |
| TAX | YEAR. | | | | |
| | | | | | |
| PAF | T XI, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| יייוק | DDATCING EVDENCEC | | | | 224 050 |
| FUN | DRAISING EXPENSES | | | | 234,059. |
| PAF | T XI, LINE 4B - OTHER ADJUSTMENTS: | | | | |
| | · | | | | 2 040 105 |
| | ANCIAL AID | | | Scho | 2,940,105. dule D (Form 990) 2023 |
| JJ2U54 | 09-28-23 | | | SCHE | aare D (1 01111 330) 2023 |

| Schedule D (Form 990) 2023 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 | 275,842. |
| TRAVEL SCHOLARSHIP EXPENESE NETTED WITH TUITION AND FEES ON | |
| FINANCIAL STATEM | 67,450. |
| STUDENT EMERGENCY AID NETTED WITH TUITION AND FEES ON | |
| FINANCIAL STATEMENT | 5,158. |
| OTHER EXPENSES NETTED WITH TUITION AND FEES ON FINANCIAL | |
| STATEMENT | 80,622. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 3,369,177. |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| FUNDRAISING EXPENSES | 234,059. |
| | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| FINANCIAL AID | 2,940,105. |
| STUDENT HOUSING EXPENSE NETTED WITH TUITION AND FEES ON | |
| FINANCIAL STATEMENT | 275,842. |
| TRAVEL SCHOLARSHIP EXPENESE NETTED WITH TUITION AND FEES ON | |
| FINANCIAL STATEM | 67,450. |
| STUDENT EMERGENCY AID NETTED WITH TUITION AND FEES ON | |
| FINANCIAL STATEMENT | 5,158. |
| OTHER EXPENSES NETTED WITH TUITION AND FEES ON FINANCIAL | |
| STATEMENT | 80,622. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 3,369,177. |
| | |
| 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 HELD | D FOR PUBLIC |

Schedule D (Form 990) 2023

SCHEDULE E (Form 990)

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

C

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Employer identification number 23-1352256

| Pa | rt I | | | |
|----|--|----|-----|----|
| | | | YES | NO |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, | ١. | v | |
| _ | bylaws, other governing instrument, or in a resolution of its governing body? | 1 | X | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | Х | |
| | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | Λ | |
| 3 | 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 | | | |
| | 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 | 3 | х | |
| | PAFA INCLUDES STATEMENTS IN ITS ADVERTISING THAT THEIR POLICY | 3 | Λ | |
| | IS TO NOT DISCRIMINATE AGAINST ANY MINORITY DUE TO | | | |
| | RACE, CREED, OR COLOR. | | | |
| | | | | |
| | | | | |
| 4 | Does the organization maintain the following? | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Х | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Х | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | | | |
| | with student admissions, programs, and scholarships? | 4c | Х | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Х | |
| | If you answered "No" to any of the above, please explain. If you need more space, use Part II. | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| | Students' rights or privileges? | 5a | | Х |
| | Admissions policies? | 5b | | Х |
| | Employment of faculty or administrative staff? | 5c | | Х |
| | Scholarships or other financial assistance? | 5d | | Х |
| | Educational policies? | 5e | | Х |
| | Use of facilities? | 5f | | Х |
| g | Athletic programs? | 5g | | Х |
| | Other extracurricular activities? | 5h | | Х |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | | |
| | | | | |
| ôа | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Х | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | | X |
| | If you answered "Yes" on either line 6a or line 6b, explain on Part II. | | | |
| 7 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through | | | |
| | 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 | 7 | Х | l |

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

Schedule E (Form 990) 2023

332062 10-25-23 Schedule E (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number Name of the organization 23-1352256 PENNSYLVANIA ACADEMY OF THE FINE ARTS Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 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 gross income on Form 990-EZ.

| | | of fundraising event contributions and gro | ss income on Form 990- | EZ, lines 1 and 6b. List e | vents with gross receipt | s greater than \$5,000. |
|-----------------|------|--|-------------------------|--|--------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
| | | | WINE AUCTION | (a a. a. t a. a.) | (tatal monach an) | col. (c)) |
| ь | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 453,067. | | | 453,067. |
| | 2 | Less: Contributions | 349,366. | | | 349,366. |
| | 3 | Gross income (line 1 minus line 2) | 103,701. | | | 103,701. |
| | 4 | Cash prizes | | | | |
| S | 5 | Noncash prizes | 2,500. | | | 2,500. |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| irect E | 7 | Food and beverages | 174,938. | | | 174,938. |
| | 8 | Entertainment | 8,841. | | | 8,841. |
| | | Other direct expenses | 8,841. 47,780. | | | 8,841. 47,780. |
| | | Direct expense summary. Add lines 4 through | 9 in column (d) | | | 234,059. |
| | 11 | | ne 3, column (d) | | | -130,358. |
| Pa | rt I | | answered "Yes" on Form | 990, Part IV, line 19, or r | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | T |
| 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 | | | | |
| | • | G1 000 10 10 10 10 10 10 10 10 10 10 10 1 | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | Volunteer labor | Yes % No | Yes % No | Yes % No | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| | | | | | | |
| | | ter the state(s) in which the organization condu | | | | |
| | | the organization licensed to conduct gaming ac 'No," explain: | | | | Yes No |
| | | | | | | |
| | | ere any of the organization's gaming licenses re 'Yes," explain: | • | - | | Yes No |
| | | | | | | |

332082 09-13-23 Schedule G (Form 990) 2023

| Sch | edule G (Form 990) 2023 PENNSYLVANIA ACADEMY OF THE FINE ARTS 23-1 | 352256 | Page 3 |
|-----|--|-----------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | The organization's facility | 13a | % |
| | An outside facility | 13b | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | |
| | of gaming revenue retained by the third party \$ | | |
| С | If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | Address | | |
| 16 | Gaming manager information: | | |
| | Name | | |
| | | | |
| | Gaming manager compensation \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | |
| | | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | └─ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| _ | organization's own exempt activities during the tax year \$ | | |
| Pa | Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part | t III, lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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| Schedule G | G (Form 990) | PENNSYLVANIA | ACADEMY | OF | THE | FINE ARTS | 23-1352256 | Page 4 |
|------------|---------------------------------|---------------------|---------|----|-----|-----------|------------|--------|
| Part IV | G (Form 990) Supplemental Info | rmation (continued) | | | | | | |
| | | (continued) | | | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| | PENNSYLVAI | NIA ACADEI | MY OF THE F | INE ARTS | | | | 23-1352256 |
|--------------------|--|--------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|------------------------------------|
| Part I General I | nformation on Grants ar | nd Assistance | | | | | | |
| 1 Does the organi | zation maintain records t | o substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assis | stance, and the selectio | n |
| | award the grants or assis | | | | | | | |
| 2 Describe in Parl | : IV the organization's pro | cedures for monit | oring the use of grant | funds in the United | States. | | | |
| | nd Other Assistance to I | | | | | anization answered "Y | es" on Form 990, Part I | V, line 21, for any |
| recipient t | that received more than \$ | 5,000. Part II can | be duplicated if additi | onal space is need | ed. | | | |
| | ddress of organization overnment | (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 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Loer of section 501(c)(3) ar oer of other organizations | - | | e line 1 table | | | | |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| CHOLARSHIPS | 456 | 2,940,105. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information re | equired in Part I, lin | e 2; Part III, column | ı (b); and any other ad | Iditional information. | |
| PART I, LINE 2: | | | | | |
| THE AMOUNT OF FUNDS DISTRIBUTED IS | COMPARED | WITH IND | IVIDUAL STU | DENT | |
| ACCOUNTS TO INSURE A BALANCE OF FU | JNDS. STUD | ENT FINANC | CIAL NEED I | S EVALUATED | |
| TO INSURE STUDENTS DO NOT RECEIVE | AN OVER A | WARD ACCOR | RDING TO TH | E GUIDELINES | |
| OF THE FEDERAL GOVERNMENT. STUDENT | 'S RECEIVI | NG GRANT I | FUNDS ARE M | ONITORED FOR | |
| ACADEMIC PROGRESS CONCERNING GRADE | | | | | |
| COURSES ONCE A YEAR. | | | | | |
| COURDED UNCE A IEAK. | | | | | |

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

PENNSYLVANIA ACADEMY OF THE FINE ARTS

 $Employer\ identification\ number \\ 23-1352256$

| Pa | Part I Questions Regarding Compensation | | | |
|------------|---|------------------------------------|-----|----|
| | · | | Yes | No |
| 1 a | a Check the appropriate box(es) if the organization provided any of the following to or for | or a person listed on Form 990, | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regar | | | |
| | First-class or charter travel Housing allowa | nce or residence for personal use | | |
| | Travel for companions Payments for b | usiness use of personal residence | | |
| | Tax indemnification and gross-up payments Health or social | club dues or initiation fees | | |
| | Discretionary spending account Personal servic | es (such as maid, chauffeur, chef) | | |
| | | | | |
| b | b If any of the boxes on line 1a are checked, did the organization follow a written policy | regarding payment or | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete | Part III to explain1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses in | ncurred by all directors, | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items chec | ked on line 1a?2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compens | sation of the organization's | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods us | sed by a related organization to | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee X Written employ | ment contract | | |
| | Independent compensation consultant X Compensation | survey or study | | |
| | X Form 990 of other organizations X Approval by the | e board or compensation committee | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with re | espect to the filing | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | X | |
| b | b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| С | c Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for ea | ach item in Part III. | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete line | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay of | or accrue any compensation | | |
| | contingent on the revenues of: | | | |
| | a The organization? | <u>5a</u> | | X |
| b | b Any related organization? | <u>5b</u> | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay of | or accrue any compensation | | |
| | contingent on the net earnings of: | | | |
| а | a The organization? | 6a | | X |
| | b Any related organization? | | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | , | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a con- | tract that was subject to the | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," d | escribe in Part III8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedu | ire described in | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2023

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) | (F) Compensation 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) | 366,888. | 0. | 0. | 14,000. | 35,955. | 416,843. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) LISA KUHNLE-BIAGAS | (i) | 227,010. | 0. | 0. | 8,788. | 22,247. | 258,045. | 0. |
| CHIEF ADMINISTRATIVE OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JANE ALLSOPP | (i) | 191,905. | 0. | 0. | 7,846. | 18,807. | | 0. |
| CHIEF DEVELOPMENT OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) CLINT JUKKALA | (i) | 188,491. | 0. | 0. | 7,375. | 18,472. | | 0. |
| EXECUTIVE DEAN COLLEGE OF FINE ARTS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) MARYANNE MURPHY | (i) | 149,339. | 0. | 0. | 5,769. | 14,635. | 169,743. | 0. |
| CHIEF FINANCIAL OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Parit III Supplemental information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Employer identification number 23-1352256

| PENNSILVANIA ACADEMI OF THE FIR | | | | | | | 3-I | 334 | 430 | | |
|--|-----------------|----------|---------|---------------|---------------|-----------------|--------|--------|---------|--------|-----|
| Part I Bond Issues SEE PART VI FOR COLUMI | N (A) CONT | 'INUATI | ONS | | | | | | | | |
| (a) Issuer name (b) Issuer EIN (c) CUSIP # | (d) Date issued | (e) Issu | e price | (f) Descripti | on of purpose | (g) De | feased | (h) On | behalf | (i) Po | 00 |
| | | | | | | | | of is | suer | finan | ıci |
| | | | | | | Yes | No | Yes | No | Yes | 1 |
| PHILADELPHIA AUTHORITY | | | | | | | | | | | |
| A FOR INDUSTRIAL DEVELOPME 23-2237287 NONEAVAIL | 06/17/20 | 2500 | 0000. | REFINANC | E DEBT | | X | | Х | | : |
| | | | | | | | | | | | |
| В | | | | | | | | | | | L |
| | | | | | | | | | | | |
| С | | | | | | | | | | | L |
| | | | | | | | | | | | |
| D | | | | | | | | | | | |
| Part II Proceeds | | | | | | | | | | | |
| | Α. | | | В | С | | | | D | | |
| 1 Amount of bonds retired | | | | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | | |
| 3 Total proceeds of issue | 25,00 | 0,000. | | | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | | |
| 7 Issuance costs from proceeds | 30 | 3,397. | | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | | |
| 13 Year of substantial completion | 20 | 020 | | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | | Yes | | No | |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, | | | | | | | | | | | |
| if issued prior to 2018, a current refunding issue)? | | X | | | | | | | | | |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if | | | | | | | | | | | |
| issued prior to 2018, an advance refunding issue)? | | X | | | | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | | | | | | | \perp | | |
| 17 Does the organization maintain adequate books and records to support the | | | | | | | | | | | |
| final allocation of proceeds? | X | | | | | | | | | | |

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

Schedule K (Form 990) 2023

| Par | t III Private Business Use | | | | | | | | |
|----------|---|-----|----------|-----|----------|-----|-----------|----------|----------|
| | | | A | | В | (| С | ı | 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? | | Х | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of | | | | | | | | |
| | bond-financed property? | | Х | | | | | | |
| За | 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? | | | | | | | | |
| С | 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? | | | | | | | <u> </u> | |
| 4 | Enter the percentage of financed property used in a private business use by entities | | | | | | ŀ | | |
| | other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | <u> </u> | % |
| 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 | | | | | | <u> </u> |
| 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? | | X | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | | | | | | ŀ | | |
| | disposed of | | <u>%</u> | | % | | % | | % |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations | | | | | | | | |
| | sections 1.141-12 and 1.145-2? | | | | | | <u> </u> | | |
| 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? | | X | | | | | | |
| Par | t IV Arbitrage | | | I | | | | | |
| | | | <u> </u> | · · | <u>B</u> | | Ç | | <u> </u> |
| 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 | | | | | <u> </u> | |
| | If "No" to line 1, did the following apply? | | | | _ | | | <u> </u> | Т |
| | Rebate not due yet? | | X | | | | ' | <u> </u> | |
| | Exception to rebate? | | X | | | | | <u> </u> | |
| <u>c</u> | No rebate due? | | X | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | | | | | | 1 | |
| _ | performed | 77 | | | 1 | | | | |
| 3 | Is the bond issue a variable rate issue? | X | | | | | | | |

| Part IV Arbitrage (continued) | | | | | | | | |
|--|-------------|-----------------|----------|----|-----|----|-----|----|
| | | A | E | 3 | | 0 | |) |
| 4a 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? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the | | | | | | | | |
| requirements of section 148? | | X | | | | 1 | | 1 |
| Part V Procedures To Undertake Corrective Action | | | | | | | | |
| | | A | E | 3 | | 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 | | | | | | 1 | | 1 |
| applicable regulations? | X | | | | | | | |
| Part VI Supplemental Information. Provide additional information for responses to questions | on Schedule | e K. See instru | uctions. | | | | | |
| SCHEDULE K, PART I, BOND ISSUES: | | | | | | | | |
| (A) ISSUER NAME: PHILADELPHIA AUTHORITY FOR INDUS | TRIAL 1 | DEVELOP | MENT | | | | | |
| | | | | | | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

| | PENNSYLVANIA | ACADE | MY OF THE | FINE | ARTS | | <u> 23-1352</u> | 256 | |
|-----|---|-------------------------------|---|--------------|--|---------|--|------|----------|
| Pai | t I Types of Property | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | amoun | (c) sh contribution ts reported on , Part VIII, line 1g | | (d) d of determin ontribution ar | _ | 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 | 11 | | 198,111. | AVERAGE | HIGH/L | OW | |
| 10 | Securities - Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| | trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | |
| | Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution - Other \dots | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other (WINE AUCTION IT) | X | 79 | | 130,135. | AUCTION | SALE V | ALU! | E |
| 26 | Other () | | | | | | | | |
| 27 | Other () | | | | | | | | |
| 28 | Other () | | | | | | | | |
| 29 | Number of Forms 8283 received by the organization | zation during | the tax year for co | ontribution | s | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledge | ement | 29 | | | | |
| | | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | | | | · · | | | | |
| | must hold for at least 3 years from the date of | | | | | | | | |
| | exempt purposes for the entire holding period? | ? | | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | | |
| 31 | Does the organization have a gift acceptance p | - | · | • | | tions? | 31 | Х | <u> </u> |
| 32a | Does the organization hire or use third parties | or related or | ganizations to solid | cit, process | s, or sell noncash | | | | |
| | contributions? | | | | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which | column (a) is ched | cked, | | | |
| | describe in Part II. | | | | | | | | |

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

PENNSYLVANIA ACADEMY OF THE FINE ARTS

Employer identification number 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 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 AND THE PERFORMANCE OF THE TRUST COMPANY, THE BOARD DECIDED THAT THE RELATIONSHIP WITH THE TRUST COMPANY WAS QUITE BENEFICIAL TO 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

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

Schedule O (Form 990) 2023

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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 TRUSTEES AND EACH
SENIOR KEY EMPLOYEE COMPLETES A FORM SETTING FORTH, IF ANY, ANY POTENTIAL
CONFLICT OF INTEREST HE/SHE HAS WITH PAFA. SUCH COMPLETED FORMS ARE
RETAINED BY THE VICE-CHAIR/SECRETARY OF THE BOARD. IF ANY CONFLICT OF
INTEREST IS IDENTIFIED, IT IS REFERRED TO THE APPROPRIATE COMMITTEE OF THE
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

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization PENNSYLVANIA ACADEMY OF THE FINE ARTS 23-1352256 COMPENSATION AND MAKES ANY NECESSARY ADJUSTMENTS. WITH RESPECT TO COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF PAFA, RECOMMENDATIONS ARE FIRST MADE BY THE PRESIDENT/CEO (AFTER HIS INTERNAL PROCESS OF CONSULTATION WITH SENIOR STAFF, INCLUDING THE CHIEF FINANCIAL OFFICER) WHICH ARE EMBODIED IN THE ANNUAL BUDGET, AND REVIEWED BY THE 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 FINANCE COMMITTEE) AND THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES (AS INITIALLY PROPOSED BY THE PRESIDENT/CEO) IS ULTIMATELY PRESENTED TO THE ENTIRE BOARD OF TRUSTEES BY THE BOARD'S FINANCE COMMITTEE FOR CONSIDERATION, 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 1,023,223. COLLECTION ITEMS PURCHASED BUT NOT CAPITALIZED -861,347. CHANGE IN MARKET VALUE OF SWAP 171,541. TOTAL TO FORM 990, PART XI, LINE 9 333,417. 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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| | | organization | | YLVAN: | IA A | CADEMY | OF | THE | FINE | ARTS | Employer ide | ntification number 5 2 2 5 6 |
| то | THE | ENTIRE | BOARD | WITH | ITS | COMME | NTS. | | | | | |
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