

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: THE ACADEMY OF NATURAL SCIENCES PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1957
2a Plan sponsor's name (employer, if for a single-employer plan): THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA, THE ACADEMY OF NATURAL SCIENCES OF DREXEL UNIVERSITY
2b Employer Identification Number (EIN): 23-1352000
2c Plan Sponsor's telephone number: 215-299-1000
2d Business code (see instructions): 712100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	249
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	20
	6a(2)	17
	6b	155
	6c	62
	6d	234
	6e	12
	6f	246
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE ACADEMY OF NATURAL SCIENCES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA</u>	D Employer Identification Number (EIN) <u>23-1352000</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>16145059</u>
	b Actuarial value	2b	<u>16400377</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>163</u>	<u>12299365</u>
	b For terminated vested participants	<u>66</u>	<u>2546877</u>
	c For active participants	<u>20</u>	<u>1233517</u>
	d Total	<u>249</u>	<u>16079759</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.05 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>200000</u>
	c Target normal cost	6c	<u>200000</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>08/05/2025</u>	Date
	<u>J. STEVEN PAK</u>	<u>23-05793</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>215-246-6000</u>	Telephone number (including area code)
	<u>1900 MARKET STREET FLOOR 8 PHILADELPHIA, PA 19103-3527</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.65</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		459045
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17</u> %		23733
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		482778
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.99 %
15	Adjusted funding target attainment percentage	15	101.99 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/15/2024	158500	0					
07/15/2024	158500	0					
10/15/2024	158500	0					
01/15/2025	158500	0					
			Totals ▶	18(b)	634000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	613657
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	200000
b Excess assets, if applicable, but not greater than line 31a	31b	200000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	613657

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	613657
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE ACADEMY OF NATURAL SCIENCES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	D Employer Identification Number (EIN) 23-1352000	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD GROUP, INC.

23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TOWERS WATSON PENNSYLVANIA, INC.

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	39750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

PNC BANK

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 51 27 50	TRUSTEE	28504	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

USI ADVISORS, INC

95 GLASTONBURY BLVD
SUITE 102
GLASTONBURY, CT 06033-6503

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	25526	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

USI CONSULTING GROUP

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 38 15 50 17 64	RECORDKEEPER	14792	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	9566	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE ACADEMY OF NATURAL SCIENCES PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA</u>	D Employer Identification Number (EIN) <u>23-1352000</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF II US IG INTERMEDIATE CORPO</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6913417-206</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3317668</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF II US INTERMEDIATE TREASURY</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6913417-180</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2107709</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF II US INV GRADE CORP LONG B</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6913417-120</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5313304</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF II US LONG TREASURY PORTFOL</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6913417-173</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1042180</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE ACADEMY OF NATURAL SCIENCES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	D Employer Identification Number (EIN) 23-1352000

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	206500	158500
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	20227	10445
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	5748	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	11780861
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15933129	4682016
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	16165604	16631822
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	70322	67490
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	70322	67490
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16095282	16564332

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	634000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		634000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	230516	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	15710	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	28846	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	7388	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		167033
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		864116
c Other income	2c		1438
d Total income. Add all income amounts in column (b) and enter total	2d		1891355

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1279119	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1279119
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	9566	
(5) Investment advisory and investment management fees	2i(5)	25526	
(6) Bank or trust company trustee/custodial fees	2i(6)	28504	
(7) Actuarial fees	2i(7)	39750	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	39840	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		143186
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1422305

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		469050
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4078656.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE ACADEMY OF NATURAL SCIENCES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	D Employer Identification Number (EIN) 23-1352000	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 25-1211909

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

The Academy of Natural Sciences Pension Plan

Financial Statements as of and for the years ended
December 31, 2024 and 2023,
Supplemental Schedules as of and for the year ended
December 31, 2024, and
Report of Independent Auditors

The Academy of Natural Sciences Pension Plan

Index

December 31, 2024 and 2023

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*Note: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”) have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of The Academy of Natural Sciences Pension Plan

Opinion

We have audited the accompanying financial statements of The Academy of Natural Sciences Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and



therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 ("supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion, the information in the



accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PricewaterhouseCoopers LLP
Philadelphia, Pennsylvania
October 14, 2025

The Academy of Natural Sciences Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value:		
Mutual funds	\$ 4,682,016	\$ 15,933,129
Collective trust funds	11,780,861	-
Real assets fund	-	5,748
Total investments, at fair value	<u>16,462,877</u>	<u>15,938,877</u>
Receivables:		
Contribution receivable	158,500	206,500
Dividend Receivable	<u>10,445</u>	<u>20,227</u>
Total receivables	<u>168,945</u>	<u>226,727</u>
Total assets	<u>16,631,822</u>	<u>16,165,604</u>
Liabilities		
Accrued expenses	67,492	70,322
Net assets available for benefits	<u>\$ 16,564,330</u>	<u>\$ 16,095,282</u>

The accompanying notes are an integral part of these financial statements.

The Academy of Natural Sciences Pension Plan
Statements of Changes in Net Assets Available for Benefits
For the Plan Year Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to Net Assets		
Investment income:		
Net appreciation in fair value of investments	\$ 1,025,400	\$ 1,438,250
Dividends	198,539	473,319
Capital Gains Distribution	31,976	49,765
Other Income	<u>1,438</u>	<u>14,029</u>
Net investment income	1,257,353	1,975,363
Contributions	<u>634,000</u>	<u>826,000</u>
Total additions	<u>1,891,353</u>	<u>2,801,363</u>
Deductions from Net Assets		
Benefits paid directly to participants	1,279,119	1,476,477
Administrative expenses	<u>143,186</u>	<u>281,304</u>
Total deductions	<u>1,422,305</u>	<u>1,757,781</u>
Increase in Net Assets	469,048	1,043,582
Net Assets Available for Benefits		
Beginning of year	<u>16,095,282</u>	<u>15,051,700</u>
End of year	<u>\$ 16,564,330</u>	<u>\$ 16,095,282</u>

The accompanying notes are an integral part of these financial statements.

The Academy of Natural Sciences Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan

The following brief description of the Academy of Natural Sciences Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan sponsored by The Academy of Natural Sciences of Philadelphia (the “Academy”), a non-profit subsidiary of Drexel University. Its investment portfolio is determined and overseen by the Investment Committee of the University.

The Plan was frozen to new participants on December 31, 2009. Plan participants were given an option to participate in the new defined contribution 403(b) plan effective January 1, 2010. This Plan covers all full-time employees of the Academy with a minimum of one year of service prior to it being frozen. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Any employee, retired employee or former employee who participated in the Plan on December 31, 2009, and who had rights to benefits at that time, continues to be a member of the Plan as of January 1, 2010, but will no longer accrue further benefits.

Employer Contributions

The Academy makes contributions to the Plan from which the Plan benefits are paid. The minimum required amount of the Academy’s contributions are actuarially determined each year based on a comparison of the Plan’s funding target to the actuarial value of assets.

Benefits

Effective January 1, 2022, the Academy made certain amendments to the Plan that include:

- Reflecting the provisions of the Setting Every Community Up for Retirement Enhancement Act of 2019 (the “SECURE Act”).
- Allowing for the payment of in-service retirement benefits for participants who have reached normal retirement age.
- Clarifying the term “separation from service.”
- Providing for the treatment of benefits for participants who are non-responsive or cannot be located.

Participants with five or more years of service as of the date the plan was frozen are fully vested.

Eligible participants are entitled to annual pension benefits beginning at normal retirement age (65) equal to (1) minus (2) but not less than \$600 where:

- (1) 2% of final average annual compensation multiplied by years of credited service up to 25 years; plus .5% of final average annual compensation multiplied by years of credited service in excess of 25 years.
- (2) Past Social Security benefit multiplied by the ratio of past years of credited service, up to 25 years, to years of credited service at termination, up to 25 years; plus 2% of present Social Security benefit multiplied by the difference between a participant’s years of credited service, up to 25 years and past years of credited service up to 25 years.

The Academy of Natural Sciences Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan (continued)

Final average compensation is defined as the highest average annual compensation received by a participant for any five consecutive calendar years, disregarding compensation for calendar years after 2009.

The Plan permits early retirement at age 55 with ten or more years of vested service. The annual benefit calculated is equal to the actuarial equivalent of the accrued benefit computed as noted above but based on final average compensation and years of credited service at date of determination and based on past and present Social Security benefits, assuming such date of determination is the termination date.

The Plan also allows for a lump sum distribution for any participant whose employment terminates with the Academy on or after January 1, 1985, and the lump sum present value of the participant's vested accrued benefit is \$5,000 or less. The lump sum benefit payment is made within 60 days of the end of the Plan year in which the employment terminates.

Death Benefits

If an active employee dies while eligible for vesting and was married throughout the one-year period before the employee's death, a death benefit is paid to the employee's spouse. The benefit payable to the spouse is equal to the amount which would have been paid to the employee if they retired on the later of their date of death or the date of their earliest possible retirement, having elected a 50% joint and survivor annuity with the spouse named as the survivor.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated Plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Funding Policy

The Plan's funding policy is for the Academy to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2024 and 2023, the Academy made contributions of \$634,000 and \$826,000, respectively. The Academy's contributions for 2024 and 2023 exceeded minimum funding requirements of ERISA.

The Academy of Natural Sciences Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

2. Summary of Significant Accounting Policies (Continued)

Administrative Expenses

The Plan's expenses are paid by the Plan or the Academy, as provided by the Plan document. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. The Plan reimburses the Academy for administrative expenses that are paid directly by the Academy and are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Benefits Paid

Benefit payments to participants are recorded upon distribution.

Valuation of Investments and Income Recognition

Investments are stated at fair value, as defined by Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee of Drexel University determines the Plan's valuation policies.

The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation in the fair value of its investments which consist of the realized gains or losses and the unrealized appreciation on those investments.

Purchases and sales of securities are recorded on a trade date basis. Investment income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

3. Fair Value Measurements

FASB ASC 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs other than quoted prices included within Level 1 that are either directly or indirectly observable for the asset or liability, including quoted prices for similar assets or liabilities in active markets, inputs other than quoted prices that are observable for the asset or liability and inputs that are derived from observable market data by correlation or other means.
Level 3	Unobservable inputs for the asset or liability, including situations where there is little, if any, market activity for the asset or liability. Instruments categorized in Level 3 primarily consist of trusts and annuities.

The Academy of Natural Sciences Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Fair Value Measurements (Continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets at fair value.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Real Asset Funds: Valued at the NAV of shares held by the Plan at year end as a practical expedient.

Collective Trust Funds: Valued at the NAV of shares held by the Plan at year end as a practical expedient.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Academy believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables present the financial instruments carried at fair value as of December 31, 2024 and 2023 according to the valuation hierarchy defined above:

Assets at fair value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 4,682,016	\$ -	\$ -	\$ 4,682,016
*Investments measured at net asset value	-	-	-	11,780,861
	<u>\$ 4,682,016</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,462,877</u>

Assets at fair value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 15,933,129	\$ -	\$ -	\$ 15,933,129
*Investments measured at net asset value	-	-	-	5,748
	<u>\$ 15,933,129</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 15,938,877</u>

*In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The Academy of Natural Sciences Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

3. Fair Value Measurements (Continued)

The following tables summarize investments measured at fair value based on the NAV per share used as a practical expedient as of December 31, 2024 and 2023:

	December 31, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency (if Eligible)	Redemption Notice Period (If Applicable)
Collective trust funds:				
WTC-CIF II US IG Intermediate Corporate Fund	\$ 3,317,668	N/A	Daily	N/A
WTC-CIF II US Long Treasury Fund	1,042,180	N/A	Daily	N/A
WTC-CIF II US Intermediate Treasury Fund	2,107,709	N/A	Daily	N/A
WTC-CIF II US INV Grade Corp Long Bond Fund	5,313,304	N/A	Daily	N/A
	<u>\$ 11,780,861</u>	<u>-</u>		
	December 31, 2023			
	Fair Value	Unfunded Commitments	Redemption Frequency (if Eligible)	Redemption Notice Period (If Applicable)
Real assets fund:				
Verdis Real Assets Fund, LP	\$ 5,748	-	Not Eligible	N/A
	<u>\$ 5,748</u>	<u>-</u>		

4. Actuarial Valuation

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined with the assistance of an actuary from Willis Towers Watson. The amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected valuation date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2024 are as follows:

Cost Method – Unit Credit Cost Method

Interest Rate – 6.50% as of January 1, 2024

Mortality Basis – PRI-2012 mortality tables for employees and annuitants projected on a generational basis using Scale MP-2021 as of January 1, 2024.

Retirement Age – Age 65, or age on valuation date if greater than 65

The Academy of Natural Sciences Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

4. Actuarial Valuation (Continued)

The actuarial gains of \$85,323 were driven by changes in demographic data for participants in the Plan.

The changes in plan assumptions of \$596,385 were driven by the increase in the discount rate from 6.00% at January 1, 2023 to 6.50% at January 1, 2024.

On October 1, 2025, the University approved a resolution to terminate the plan effective on or around February 28, 2026. Accordingly, different actuarial assumptions and other factors might be applicable going forward in determining the actuarial present value of accumulated Plan benefits. The computations of the actual present value of accumulated Plan benefits were made as of January 1, 2024.

The actuarial present value of accumulated Plan benefits as of the beginning of the Plan year beginning January 1, 2024 were as follows:

	<u>January 1, 2024</u>
Vested benefits	
Participants currently receiving payments	\$ 11,142,804
Other participants	<u>3,225,455</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 14,368,259</u>
	<u>January 1, 2023 - January 1, 2024</u>
Actuarial present value of accumulated plan benefits at January 1, 2023	<u>\$ 15,632,163</u>
Increase (decrease) during the year attributable to:	
Decrease in discount period	894,281
Benefits paid	(1,476,477)
Actuarial gains	(85,323)
Change in plan assumptions	<u>(596,385)</u>
Net decrease	<u>(1,263,904)</u>
Actuarial present value of accumulated plan benefits at January 1, 2024	<u>\$ 14,368,259</u>

The Academy of Natural Sciences Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

5. Termination of Plan

The Academy has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Upon termination, the net assets of the Plan will be allocated and distribution will be made in accordance with the provisions of ERISA, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”), a U.S. Governmental agency, up to the applicable limitations.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All non-vested benefits.

Benefits to be provided via contracts under which the Academy is obligated to pay the benefits would be excluded for allocation purposes.

Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination.

Whether all participants receive their benefits upon Plan termination will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated November 7, 2016, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (“the Code”) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan is qualified and the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Sponsor has analyzed tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2021.

The Academy of Natural Sciences Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change would materially affect the amounts in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions, it is at least reasonably possible that changes in the near term would be material to the financial statements.

8. Related-Party Transactions

Certain Plan investments are deposits in a money market account managed by PNC Bank. PNC Bank is a custodian and trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

As mentioned in Note 2, plan administrative expenses are paid for by the Plan or by the Plan sponsor on behalf of the Plan. Expenses incurred by the Plan sponsor are reimbursed by the Plan. As of the plan year ended December 31, 2024 and 2023, the administrative expenses paid by the Plan Sponsor on behalf of the Plan were \$25,048 and \$178,630.

9. Service Providers

The Plan engages various service providers, including actuaries, investment managers, record keepers, and custodians, to ensure effective administration and management of the Plan assets. The services and related providers are listed below:

Trustee and custodian – PNC Bank

Actuarial services – Willis Towers Watson

Investment advisory – USI Advisors

Plan administration and recordkeeping – USI Consulting Group

10. Subsequent Events

Subsequent events have been evaluated through October 14, 2025, the date the financial statements were available to be issued. On September 17 and October 1, 2025, the Academy's Board of Trustees and the Drexel University Board of Trustees each respectively approved the termination of the Plan. The effective date of the plan termination will be on or around February 28, 2026. The Academy expects to complete the plan termination through a combination of lump-sum distributions to participants who elect to receive such payments and the purchase of annuity contracts from an insurance company for the remaining participants. The financial impact of the plan termination cannot be reasonably estimated at this time as it will depend on participant elections, discount rates, and annuity pricing at the time of the termination and distribution dates.

The Academy of Natural Sciences Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

10. Subsequent Events (continued)

Management has determined that no subsequent events occurred that require recognition or disclosure in the financial statements other than as disclosed above.

Supplemental Schedules

The Academy of Natural Sciences Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
as of December 31, 2024

(a) Party in Interest	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Artisan International Value Fund	Mutual fund	\$ 837,118	\$ 1,277,969
	Federated Treasury Obligation Institutional Shares Fund	Mutual fund	297,126	297,126
	Vanguard 500 Index Fund	Mutual fund	665,549	1,759,957
	Vanguard Reit Index Fund	Mutual fund	777,657	794,378
	Vanguard Extended Market Fund	Mutual fund	292,472	552,586
	Total Mutual Funds		<u>2,869,922</u>	<u>4,682,016</u>
	WTC-CIF II US IG Intermediate Corporate Fund	Collective trust fund	3,261,145	3,317,668
	WTC-CIF II US Long Treasury Fund	Collective trust fund	1,041,844	1,042,180
	WTC-CIF II US Intermediate Treasury Fund	Collective trust fund	2,064,247	2,107,709
	WTC-CIF II US INV Grade Corp Long Bond Fund	Collective trust fund	5,246,592	5,313,304
	Total Collective Trust Funds		<u>11,613,828</u>	<u>11,780,861</u>
	Total Funds		<u>\$ 14,483,750</u>	<u>\$ 16,462,877</u>

**The Academy of Natural Sciences Pension Plan
 Schedule H, Line 4(j) – Schedule of Reportable Transactions
 for the year ended December 31, 2024**

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net Gain or (Loss)
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Individual Transactions in Excess of 5% of Plan Assets

See attached schedules

Series of Transactions in Excess of 5% of Plan Assets

See attached schedules

Detail

5% Report by asset-single transaction

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Valuation		Threshold
							Cost of asset	Previous annual market	Net gain/loss
FEDERATED HERMES TREASURY OBLIGATIONS FUND FUND #68 TOIXX ERISA & DISC IRA	PUR	04/26/24	10,935,844.190	\$10,935,844.19	\$0.00	\$0.00	\$10,935,844.19	\$10,935,844.19	\$0.00
FEDERATED HERMES TREASURY OBLIGATIONS FUND FUND #68 TOIXX ERISA & DISC IRA	SAL	04/29/24	11,246,501.020	11,246,501.02	0.00	0.00	11,246,501.02	11,246,501.02	\$0.00
WTC-CIF II US IG INTERMEDIATE CORPORATE (SERIES 1)	PUR	04/29/24	3,150,000.000	3,150,000.00	0.00	0.00	3,150,000.00	3,150,000.00	\$0.00
WTC-CIF II US LONG TREASURY (SERIES 1)	PUR	04/29/24	1,012,500.000	1,012,500.00	0.00	0.00	1,012,500.00	1,012,500.00	\$0.00
WTC-CIF II US INTERMEDIATE TREASURY (SERIES 1)	PUR	04/29/24	2,025,000.000	2,025,000.00	0.00	0.00	2,025,000.00	2,025,000.00	\$0.00
WTC-CIF II US INV GRADE CORP LONG BOND (SERIES 1)	PUR	04/29/24	5,062,500.000	5,062,500.00	0.00	0.00	5,062,500.00	5,062,500.00	\$0.00
ARTISAN INTERNATIONAL VALUE FUND INSTITUTIONAL CLASS FD # 1672	SAL	04/26/24	35,412.262	1,675,000.00	0.00	0.00	1,068,190.00	1,627,547.56	\$606,810.00
COLUMBIA CONVERTIBLE SECURITIES CL I3	SAL	04/26/24	41,098.907	840,883.64	0.00	0.00	1,176,708.53	855,265.60	-\$335,824.89
VAN ECK CM COMMODITY INDEX FUND	SAL	04/26/24	15,406.366	1,126,667.55	0.00	0.00	1,173,540.01	1,038,697.20	-\$46,872.46
VANGUARD INTM TERM INVESTMENT GRADE ADMR FD#571	SAL	04/26/24	360,022.681	2,995,388.71	0.00	0.00	3,535,283.52	3,124,554.32	-\$539,894.81
VANGUARD 500 INDEX #540 ADM	SAL	04/26/24	2,413.438	1,125,000.00	0.00	0.00	487,727.41	1,062,218.44	\$637,272.59

Detail

5% Report by asset-single transaction (continued)

								Valuation	Threshold
								\$15,959,103.21	\$797,955.16
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
VOYA SECURITIZED CREDIT FUND	SAL	04/26/24	127,719.924	1,173,746.10	0.00	0.00	1,173,526.30	1,175,137.44	\$219.80
5 PURCHASES FOR				\$22,185,844.19	TOTAL ISSUE AGGREGATE			\$42,369,031.21	
7 SALES FOR				\$20,183,187.02					

Detail

5% Report by asset-aggregate

								Valuation	Threshold
								\$15,959,103.21	\$797,955.16
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
ARTISAN INTERNATIONAL VALUE FUND	SAL	04/26/24	35,412.262	\$1,675,000.00	\$0.00	\$0.00	\$1,068,190.00	\$1,627,547.56	\$606,810.00
INSTITUTIONAL CLASS FD # 1672	PUR	09/16/24	253.775	12,934.91	0.00	0.00	12,934.91	12,934.91	0.00
	PUR	11/29/24	656.736	31,976.48	0.00	0.00	31,976.48	31,976.48	0.00
2 PURCHASES FOR				\$44,911.39	TOTAL ISSUE AGGREGATE			\$1,719,911.39	
1 SALES FOR				\$1,675,000.00					
COLUMBIA CONVERTIBLE SECURITIES	PUR	03/22/24	267.036	\$5,554.36	\$0.00	\$0.00	\$5,554.36	\$5,554.36	\$0.00
CL I3	SAL	04/26/24	41,098.907	840,883.64	0.00	0.00	1,176,708.53	855,265.60	- 335,824.89
1 PURCHASES FOR				\$5,554.36	TOTAL ISSUE AGGREGATE			\$846,438.00	
1 SALES FOR				\$840,883.64					
VAN ECK CM COMMODITY INDEX FUND	SAL	04/26/24	15,406.366	\$1,126,667.55	\$0.00	\$0.00	\$1,173,540.01	\$1,038,697.20	- \$46,872.46
0 PURCHASES FOR				\$0.00	TOTAL ISSUE AGGREGATE			\$1,126,667.55	
1 SALES FOR				\$1,126,667.55					
VANGUARD INTM TERM INVESTMENT	PUR	01/02/24	1,265.899	\$10,988.01	\$0.00	\$0.00	\$10,988.01	\$10,988.01	\$0.00
GRADE ADMR FD#571	PUR	02/01/24	1,295.597	11,206.92	0.00	0.00	11,206.92	11,206.92	0.00
	PUR	03/01/24	1,339.053	11,368.56	0.00	0.00	11,368.56	11,368.56	0.00
	PUR	04/01/24	1,357.079	11,630.17	0.00	0.00	11,630.17	11,630.17	0.00
	SAL	04/26/24	360,022.681	2,995,388.71	0.00	0.00	3,535,283.52	3,124,554.32	- 539,894.81
4 PURCHASES FOR				\$45,193.66	TOTAL ISSUE AGGREGATE			\$3,040,582.37	
1 SALES FOR				\$2,995,388.71					
VANGUARD 500 INDEX #540	PUR	03/25/24	18.824	\$9,090.12	\$0.00	\$0.00	\$9,090.12	\$9,090.12	\$0.00
ADM	SAL	04/26/24	2,413.438	1,125,000.00	0.00	0.00	487,727.41	1,062,218.44	637,272.59
	PUR	07/01/24	12.384	6,238.61	0.00	0.00	6,238.61	6,238.61	0.00
	PUR	09/30/24	10.859	5,749.44	0.00	0.00	5,749.44	5,749.44	0.00
	SAL	11/27/24	287.403	160,000.00	0.00	0.00	58,676.09	126,637.29	101,323.91
	PUR	12/24/24	10.200	5,621.83	0.00	0.00	5,621.83	5,621.83	0.00

Detail

5% Report by asset-aggregate (continued)

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Valuation	Threshold
								annual market	Net gain/loss
							\$15,959,103.21	\$797,955.16	
4 PURCHASES FOR				\$26,700.00	TOTAL ISSUE AGGREGATE		\$1,311,700.00		
2 SALES FOR				\$1,285,000.00					
VOYA SECURITIZED CREDIT FUND	PUR	01/02/24	481.834	\$4,432.88	\$0.00	\$0.00	\$4,432.88	\$4,432.88	\$0.00
	PUR	02/01/24	458.610	4,265.08	0.00	0.00	4,265.08	4,265.08	0.00
	PUR	03/01/24	436.872	4,045.44	0.00	0.00	4,045.44	4,045.44	0.00
	PUR	04/01/24	467.104	4,339.40	0.00	0.00	4,339.40	4,339.40	0.00
	SAL	04/26/24	127,719.924	1,173,746.10	0.00	0.00	1,173,526.30	1,175,137.44	219.80
4 PURCHASES FOR				\$17,082.80	TOTAL ISSUE AGGREGATE		\$1,190,828.90		
1 SALES FOR				\$1,173,746.10					
FEDERATED HERMES TREASURY OBLIGATIONS FUND FUND #68 TOIXX	SAL	01/02/24	102,340.880	\$102,340.88	\$0.00	\$0.00	\$102,340.88	\$102,340.88	\$0.00
ERISA & DISC IRA	SAL	01/10/24	6,192.600	6,192.60	0.00	0.00	6,192.60	6,192.60	0.00
	PUR	01/12/24	206,500.000	206,500.00	0.00	0.00	206,500.00	206,500.00	0.00
	SAL	01/18/24	9,500.000	9,500.00	0.00	0.00	9,500.00	9,500.00	0.00
	PUR	01/24/24	295.840	295.84	0.00	0.00	295.84	295.84	0.00
	SAL	01/26/24	7,035.710	7,035.71	0.00	0.00	7,035.71	7,035.71	0.00
	SAL	02/01/24	104,065.080	104,065.08	0.00	0.00	104,065.08	104,065.08	0.00
	SAL	02/08/24	6,334.000	6,334.00	0.00	0.00	6,334.00	6,334.00	0.00
	SAL	02/27/24	550.000	550.00	0.00	0.00	550.00	550.00	0.00
	SAL	03/01/24	108,265.450	108,265.45	0.00	0.00	108,265.45	108,265.45	0.00
	PUR	03/04/24	3,957.160	3,957.16	0.00	0.00	3,957.16	3,957.16	0.00
	SAL	04/01/24	105,543.950	105,543.95	0.00	0.00	105,543.95	105,543.95	0.00
	SAL	04/12/24	9,500.000	9,500.00	0.00	0.00	9,500.00	9,500.00	0.00
	PUR	04/15/24	158,500.000	158,500.00	0.00	0.00	158,500.00	158,500.00	0.00
	SAL	04/17/24	1,030.920	1,030.92	0.00	0.00	1,030.92	1,030.92	0.00
	PUR	04/26/24	10,935,844.190	10,935,844.19	0.00	0.00	10,935,844.19	10,935,844.19	0.00
	SAL	04/29/24	11,246,501.020	11,246,501.02	0.00	0.00	11,246,501.02	11,246,501.02	0.00
	SAL	04/30/24	3,236.870	3,236.87	0.00	0.00	3,236.87	3,236.87	0.00
	SAL	05/01/24	102,139.830	102,139.83	0.00	0.00	102,139.83	102,139.83	0.00
	SAL	05/13/24	7,307.070	7,307.07	0.00	0.00	7,307.07	7,307.07	0.00
	SAL	06/03/24	105,042.950	105,042.95	0.00	0.00	105,042.95	105,042.95	0.00
	SAL	07/01/24	105,538.420	105,538.42	0.00	0.00	105,538.42	105,538.42	0.00
	PUR	07/05/24	7,480.450	7,480.45	0.00	0.00	7,480.45	7,480.45	0.00

Detail

5% Report by asset-aggregate (continued)

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Valuation	Threshold
								Previous annual market	Net gain/loss
							\$15,959,103.21	\$797,955.16	
	PUR	07/15/24	158,500.000	158,500.00	0.00	0.00	158,500.00	158,500.00	0.00
	SAL	07/17/24	12,715.400	12,715.40	0.00	0.00	12,715.40	12,715.40	0.00
	PUR	07/22/24	1,438.220	1,438.22	0.00	0.00	1,438.22	1,438.22	0.00
	SAL	07/26/24	7,722.210	7,722.21	0.00	0.00	7,722.21	7,722.21	0.00
	SAL	08/01/24	110,524.720	110,524.72	0.00	0.00	110,524.72	110,524.72	0.00
	SAL	08/05/24	6,334.000	6,334.00	0.00	0.00	6,334.00	6,334.00	0.00
	PUR	08/09/24	1,965.860	1,965.86	0.00	0.00	1,965.86	1,965.86	0.00
	SAL	09/03/24	109,992.300	109,992.30	0.00	0.00	109,992.30	109,992.30	0.00
	PUR	09/04/24	1,250.820	1,250.82	0.00	0.00	1,250.82	1,250.82	0.00
	SAL	09/10/24	184,067.930	184,067.93	0.00	0.00	184,067.93	184,067.93	0.00
10 PURCHASES FOR				\$11,475,732.54	TOTAL ISSUE AGGREGATE		\$23,937,213.85		
23 SALES FOR				\$12,461,481.31					
WTC-CIF II US IG INTERMEDIATE	PUR	04/29/24	3,150,000.000	\$3,150,000.00	\$0.00	\$0.00	\$3,150,000.00	\$3,150,000.00	\$0.00
1 PURCHASES FOR				\$3,150,000.00	TOTAL ISSUE AGGREGATE		\$3,150,000.00		
0 SALES FOR				\$0.00					
WTC-CIF II US LONG TREASURY	PUR	04/29/24	1,012,500.000	\$1,012,500.00	\$0.00	\$0.00	\$1,012,500.00	\$1,012,500.00	\$0.00
1 PURCHASES FOR				\$1,012,500.00	TOTAL ISSUE AGGREGATE		\$1,012,500.00		
0 SALES FOR				\$0.00					
WTC-CIF II US INTERMEDIATE	PUR	04/29/24	2,025,000.000	\$2,025,000.00	\$0.00	\$0.00	\$2,025,000.00	\$2,025,000.00	\$0.00
1 PURCHASES FOR				\$2,025,000.00	TOTAL ISSUE AGGREGATE		\$2,025,000.00		
0 SALES FOR				\$0.00					
WTC-CIF II US INV GRADE CORP	PUR	04/29/24	5,062,500.000	\$5,062,500.00	\$0.00	\$0.00	\$5,062,500.00	\$5,062,500.00	\$0.00
1 PURCHASES FOR				\$5,062,500.00	TOTAL ISSUE AGGREGATE		\$5,062,500.00		
0 SALES FOR				\$0.00					

Detail

5% Report by asset-aggregate (continued)

							Valuation	Threshold	
							\$15,959,103.21	\$797,955.16	
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
FEDERATED HERMES TREASURY	PUR	09/10/24	184,067.930	\$184,067.93	\$0.00	\$0.00	\$184,067.93	\$184,067.93	\$0.00
OBLIGATION PREMIER SHARES FUND	SAL	10/01/24	106,986.710	106,986.71	0.00	0.00	106,986.71	106,986.71	0.00
TOPXX #576	PUR	10/09/24	174.500	174.50	0.00	0.00	174.50	174.50	0.00
	PUR	10/15/24	158,500.000	158,500.00	0.00	0.00	158,500.00	158,500.00	0.00
	PUR	10/24/24	2,456.610	2,456.61	0.00	0.00	2,456.61	2,456.61	0.00
	SAL	10/28/24	6,988.270	6,988.27	0.00	0.00	6,988.27	6,988.27	0.00
	PUR	10/30/24	416.940	416.94	0.00	0.00	416.94	416.94	0.00
	SAL	11/01/24	105,837.000	105,837.00	0.00	0.00	105,837.00	105,837.00	0.00
	PUR	11/04/24	657.030	657.03	0.00	0.00	657.03	657.03	0.00
	SAL	11/07/24	19,427.600	19,427.60	0.00	0.00	19,427.60	19,427.60	0.00
	PUR	11/13/24	1,576.960	1,576.96	0.00	0.00	1,576.96	1,576.96	0.00
	SAL	11/20/24	11,315.500	11,315.50	0.00	0.00	11,315.50	11,315.50	0.00
	PUR	11/27/24	330,000.000	330,000.00	0.00	0.00	330,000.00	330,000.00	0.00
	PUR	11/29/24	191.660	191.66	0.00	0.00	191.66	191.66	0.00
	SAL	12/02/24	106,038.260	106,038.26	0.00	0.00	106,038.26	106,038.26	0.00
	PUR	12/03/24	533.560	533.56	0.00	0.00	533.56	533.56	0.00
	SAL	12/09/24	25,048.000	25,048.00	0.00	0.00	25,048.00	25,048.00	0.00
	PUR	12/27/24	191.660	191.66	0.00	0.00	191.66	191.66	0.00
11 PURCHASES FOR				\$678,766.85	TOTAL ISSUE AGGREGATE		\$1,060,408.19		
7 SALES FOR				\$381,641.34					

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	1	2	0	0	0	0	0	0	0	0	3
45-49	0	0	2	1	0	0	0	0	0	0	0	3
50-54	0	1	1	1	0	0	0	0	0	0	0	3
55-59	0	0	0	0	1	0	0	0	0	0	0	1
60-64	0	1	2	2	2	1	0	0	0	0	0	8
65-69	0	0	1	0	0	1	0	0	0	0	0	2
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	3	8	4	3	2	0	0	0	0	0	20

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: The Academy of Natural Sciences of Philadelphia Pension Plan
 EIN / PN: 23-1352000/001
 Plan Sponsor: Academy of Natural Sciences of Philadelphia
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods - Contributions

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
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Annual rates of increase:

- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Plan-related expenses: \$200,000

Plan Name: The Academy of Natural Sciences of Philadelphia Pension Plan
EIN / PN: 23-1352000/001
Plan Sponsor: Academy of Natural Sciences of Philadelphia
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SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Single blended table of rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- **Disabled** None

Termination Rates varying by age (sample rates shown below)

Age	Rate
25	0.154
35	0.041
45	0.026
55	0.026

Disability None

Retirement Age 65 or age on valuation date if greater than 65.

Benefit commencement date:

- Preretirement death benefit Immediate upon death
- Deferred vested benefit Age 65
- Disability benefit Not applicable
- Retirement benefit Immediate upon retirement

Form of payment Single Life Annuity

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SCHEDULE SB ATTACHMENTS

Percent married	70%
Spouse age	Wife three years younger than husband
Covered pay	Annual rate of pay as of the valuation date
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	WTW has reviewed the plan provisions with The Academy and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Plan Name: The Academy of Natural Sciences of Philadelphia Pension Plan
EIN / PN: 23-1352000/001
Plan Sponsor: Academy of Natural Sciences of Philadelphia
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. No data adjustments were made and we are unaware of any data adjustments made by the data provider.

Assumptions Rationale - Significant Demographic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Retirement	Retirement assumption represents a best estimate of future experience and is informed by prior experience.
Termination	Termination rates represent a best estimate of future experience.
Benefit commencement date – deferred vested benefit	Assumption represents a best estimate of future experience and is informed by past experience.
Benefit commencement date – retirement benefit	Assumption represents a best estimate of future experience and is informed by past experience.
Form of payment	Assumption represents the best estimate of future experience.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Plan Name: The Academy of Natural Sciences of Philadelphia Pension Plan
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SCHEDULE SB ATTACHMENTS

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest base table and mortality improvement scale, as required by guidance issued by IRS under IRC §430.
- Plan-related administrative expense estimate decreased from \$290,000 to \$200,000.

Plan Name: The Academy of Natural Sciences of Philadelphia Pension Plan
EIN / PN: 23-1352000/001
Plan Sponsor: Academy of Natural Sciences of Philadelphia
Valuation Date: January 1, 2024

Plan Name: The Academy of Natural Sciences
Plan Sponsor: Academy of Natural Sciences
EIN: 23-1352000 **PN:** 001

Schedule H, Line 4(j) - Schedule of Reportable Transactions
for the year ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net Gain or (Loss)
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Individual Transactions in Excess of 5% of Plan Assets

See attached schedules

Series of Transactions in Excess of 5% of Plan Assets

See attached schedules

Plan Name: The Academy of Natural Sciences
Plan Sponsor: Academy of Natural Sciences
EIN: 23-1352000 **PN:** 001



Schedule H, Line 4(j) - Schedule of Reportable Transactions
for the year ended December 31, 2024

**ACADEMY NATURAL SCIENCES DB PENS
DB TRUST STATEMENT**

Account number 20-35-002-***8744
January 1, 2024 - December 31, 2024

Detail

5% Report by asset-single transaction

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Valuation	Threshold
								Previous annual market	Net gain /loss
FEDERATED HERMES TREASURY OBLIGATIONS FUND FUND #68 TOIXX ERISA & DISC IRA	PUR	04/26/24	10,935,844.190	\$10,935,844.19	\$0.00	\$0.00	\$10,935,844.19	\$15,959,103.21	\$797,955.16
FEDERATED HERMES TREASURY OBLIGATIONS FUND FUND #68 TOIXX ERISA & DISC IRA	SAL	04/29/24	11,246,501.020	11,246,501.02	0.00	0.00	11,246,501.02	11,246,501.02	\$0.00
WTC-CIF II US IG INTERMEDIATE CORPORATE (SERIES 1)	PUR	04/29/24	3,150,000.000	3,150,000.00	0.00	0.00	3,150,000.00	3,150,000.00	\$0.00
WTC-CIF II US LONG TREASURY (SERIES 1)	PUR	04/29/24	1,012,500.000	1,012,500.00	0.00	0.00	1,012,500.00	1,012,500.00	\$0.00
WTC-CIF II US INTERMEDIATE TREASURY (SERIES 1)	PUR	04/29/24	2,025,000.000	2,025,000.00	0.00	0.00	2,025,000.00	2,025,000.00	\$0.00
WTC-CIF II US INV GRADE CORP LONG BOND (SERIES 1)	PUR	04/29/24	5,062,500.000	5,062,500.00	0.00	0.00	5,062,500.00	5,062,500.00	\$0.00
ARTISAN INTERNATIONAL VALUE FUND INSTITUTIONAL CLASS FD # 1672	SAL	04/26/24	35,412.262	1,675,000.00	0.00	0.00	1,068,190.00	1,627,547.56	\$606,810.00
COLUMBIA CONVERTIBLE SECURITIES CL I3	SAL	04/26/24	41,098.907	840,883.64	0.00	0.00	1,176,708.53	855,265.60	-\$335,824.89
VAN ECK CM COMMODITY INDEX FUND	SAL	04/26/24	15,406.366	1,126,667.55	0.00	0.00	1,173,540.01	1,038,697.20	-\$46,872.46
VANGUARD INTM TERM INVESTMENT GRADE ADMR FD#571	SAL	04/26/24	360,022.681	2,995,388.71	0.00	0.00	3,535,283.52	3,124,554.32	-\$539,894.81
VANGUARD 500 INDEX #540 ADM	SAL	04/26/24	2,413.438	1,125,000.00	0.00	0.00	487,727.41	1,062,218.44	\$637,272.59

Plan Name: The Academy of Natural Sciences
Plan Sponsor: Academy of Natural Sciences
EIN: 23-1352000 **PN:** 001



Schedule H, Line 4(j) - Schedule of Reportable Transactions
for the year ended December 31, 2024

**ACADEMY NATURAL SCIENCES DB PENS
DB TRUST STATEMENT**

Account number 20-35-002-***8744
January 1, 2024 - December 31, 2024

Detail

5% Report by asset-single transaction (continued)

							Valuation	Threshold	
							\$15,959,103.21	\$797,955.16	
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
VOYA SECURITIZED CREDIT FUND	SAL	04/26/24	127,719.924	1,173,746.10	0.00	0.00	1,173,526.30	1,175,137.44	\$219.80
5 PURCHASES FOR				\$22,185,844.19	TOTAL ISSUE AGGREGATE		\$42,369,031.21		
7 SALES FOR				\$20,183,187.02					

Plan Name: The Academy of Natural Sciences
Plan Sponsor: Academy of Natural Sciences
EIN: 23-1352000 **PN:** 001



Schedule H, Line 4(j) - Schedule of Reportable Transactions
for the year ended December 31, 2024

**ACADEMY NATURAL SCIENCES DB PENS
DB TRUST STATEMENT**

Account number 20-35-002-***8744
January 1, 2024 - December 31, 2024

Detail

5% Report by asset-aggregate

								Valuation	Threshold
								\$15,959,103.21	\$797,955.16
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain /loss
ARTISAN INTERNATIONAL VALUE FUND	SAL	04/26/24	35,412.262	\$1,675,000.00	\$0.00	\$0.00	\$1,068,190.00	\$1,627,547.56	\$606,810.00
INSTITUTIONAL CLASS FD # 1672	PUR	09/16/24	253.775	12,934.91	0.00	0.00	12,934.91	12,934.91	0.00
	PUR	11/29/24	656.736	31,976.48	0.00	0.00	31,976.48	31,976.48	0.00
2 PURCHASES FOR				\$44,911.39	TOTAL ISSUE AGGREGATE		\$1,719,911.39		
1 SALES FOR				\$1,675,000.00					
COLUMBIA CONVERTIBLE SECURITIES CL I3	PUR	03/22/24	267.036	\$5,554.36	\$0.00	\$0.00	\$5,554.36	\$5,554.36	\$0.00
	SAL	04/26/24	41,098.907	840,883.64	0.00	0.00	1,176,708.53	855,265.60	- 335,824.89
1 PURCHASES FOR				\$5,554.36	TOTAL ISSUE AGGREGATE		\$846,438.00		
1 SALES FOR				\$840,883.64					
VAN ECK CM COMMODITY INDEX FUND	SAL	04/26/24	15,406.366	\$1,126,667.55	\$0.00	\$0.00	\$1,173,540.01	\$1,038,697.20	- \$46,872.46
0 PURCHASES FOR				\$0.00	TOTAL ISSUE AGGREGATE		\$1,126,667.55		
1 SALES FOR				\$1,126,667.55					
VANGUARD INTM TERM INVESTMENT GRADE ADMR FD#571	PUR	01/02/24	1,265.899	\$10,988.01	\$0.00	\$0.00	\$10,988.01	\$10,988.01	\$0.00
	PUR	02/01/24	1,295.597	11,206.92	0.00	0.00	11,206.92	11,206.92	0.00
	PUR	03/01/24	1,339.053	11,368.56	0.00	0.00	11,368.56	11,368.56	0.00
	PUR	04/01/24	1,357.079	11,630.17	0.00	0.00	11,630.17	11,630.17	0.00
	SAL	04/26/24	360,022.681	2,995,388.71	0.00	0.00	3,535,283.52	3,124,554.32	- 539,894.81
4 PURCHASES FOR				\$45,193.66	TOTAL ISSUE AGGREGATE		\$3,040,582.37		
1 SALES FOR				\$2,995,388.71					
VANGUARD 500 INDEX #540 ADM	PUR	03/25/24	18.824	\$9,090.12	\$0.00	\$0.00	\$9,090.12	\$9,090.12	\$0.00
	SAL	04/26/24	2,413.438	1,125,000.00	0.00	0.00	487,727.41	1,062,218.44	637,272.59
	PUR	07/01/24	12.384	6,238.61	0.00	0.00	6,238.61	6,238.61	0.00
	PUR	09/30/24	10.859	5,749.44	0.00	0.00	5,749.44	5,749.44	0.00
	SAL	11/27/24	287.403	160,000.00	0.00	0.00	58,676.09	126,637.29	101,323.91
	PUR	12/24/24	10.200	5,621.83	0.00	0.00	5,621.83	5,621.83	0.00

Plan Name: The Academy of Natural Sciences
Plan Sponsor: Academy of Natural Sciences
EIN: 23-1352000 **PN:** 001



Schedule H, Line 4(j) - Schedule of Reportable Transactions
for the year ended December 31, 2024

**ACADEMY NATURAL SCIENCES DB PENS
DB TRUST STATEMENT**

Account number 20-35-002-***8744
January 1, 2024 - December 31, 2024

Detail

								Valuation	Threshold
								\$15,959,103.21	\$797,955.16
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
4 PURCHASES FOR				\$26,700.00	TOTAL ISSUE AGGREGATE		\$1,311,700.00		
2 SALES FOR				\$1,285,000.00					
VOYA SECURITIZED CREDIT FUND	PUR	01/02/24	481.834	\$4,432.88	\$0.00	\$0.00	\$4,432.88	\$4,432.88	\$0.00
	PUR	02/01/24	458.610	4,265.08	0.00	0.00	4,265.08	4,265.08	0.00
	PUR	03/01/24	436.872	4,045.44	0.00	0.00	4,045.44	4,045.44	0.00
	PUR	04/01/24	467.104	4,339.40	0.00	0.00	4,339.40	4,339.40	0.00
	SAL	04/26/24	127,719.924	1,173,746.10	0.00	0.00	1,173,526.30	1,175,137.44	219.80
4 PURCHASES FOR				\$17,082.80	TOTAL ISSUE AGGREGATE		\$1,190,828.90		
1 SALES FOR				\$1,173,746.10					
FEDERATED HERMES TREASURY OBLIGATIONS FUND FUND #68 TOIXX	SAL	01/02/24	102,340.880	\$102,340.88	\$0.00	\$0.00	\$102,340.88	\$102,340.88	\$0.00
	SAL	01/10/24	6,192.600	6,192.60	0.00	0.00	6,192.60	6,192.60	0.00
	PUR	01/12/24	206,500.000	206,500.00	0.00	0.00	206,500.00	206,500.00	0.00
	SAL	01/18/24	9,500.000	9,500.00	0.00	0.00	9,500.00	9,500.00	0.00
	PUR	01/24/24	295.840	295.84	0.00	0.00	295.84	295.84	0.00
	SAL	01/26/24	7,035.710	7,035.71	0.00	0.00	7,035.71	7,035.71	0.00
	SAL	02/01/24	104,065.080	104,065.08	0.00	0.00	104,065.08	104,065.08	0.00
	SAL	02/08/24	6,334.000	6,334.00	0.00	0.00	6,334.00	6,334.00	0.00
	SAL	02/27/24	550.000	550.00	0.00	0.00	550.00	550.00	0.00
	SAL	03/01/24	108,265.450	108,265.45	0.00	0.00	108,265.45	108,265.45	0.00
	PUR	03/04/24	3,957.160	3,957.16	0.00	0.00	3,957.16	3,957.16	0.00
	SAL	04/01/24	105,543.950	105,543.95	0.00	0.00	105,543.95	105,543.95	0.00
	SAL	04/12/24	9,500.000	9,500.00	0.00	0.00	9,500.00	9,500.00	0.00
	PUR	04/15/24	158,500.000	158,500.00	0.00	0.00	158,500.00	158,500.00	0.00
	SAL	04/17/24	1,030.920	1,030.92	0.00	0.00	1,030.92	1,030.92	0.00
	PUR	04/26/24	10,935,844.190	10,935,844.19	0.00	0.00	10,935,844.19	10,935,844.19	0.00
	SAL	04/29/24	11,246,501.020	11,246,501.02	0.00	0.00	11,246,501.02	11,246,501.02	0.00
	SAL	04/30/24	3,236.870	3,236.87	0.00	0.00	3,236.87	3,236.87	0.00
	SAL	05/01/24	102,139.830	102,139.83	0.00	0.00	102,139.83	102,139.83	0.00
	SAL	05/13/24	7,307.070	7,307.07	0.00	0.00	7,307.07	7,307.07	0.00
	SAL	06/03/24	105,042.950	105,042.95	0.00	0.00	105,042.95	105,042.95	0.00
	SAL	07/01/24	105,538.420	105,538.42	0.00	0.00	105,538.42	105,538.42	0.00
	PUR	07/05/24	7,480.450	7,480.45	0.00	0.00	7,480.45	7,480.45	0.00

Plan Name: The Academy of Natural Sciences
Plan Sponsor: Academy of Natural Sciences
EIN: 23-1352000 **PN:** 001



Schedule H, Line 4(j) - Schedule of Reportable Transactions
for the year ended December 31, 2024

**ACADEMY NATURAL SCIENCES DB PENS
DB TRUST STATEMENT**

Account number 20-35-002-***8744
January 1, 2024 - December 31, 2024

Detail

								Valuation	Threshold
								\$15,959,103.21	\$797,955.16
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
	PUR	07/15/24	158,500.000	158,500.00	0.00	0.00	158,500.00	158,500.00	0.00
	SAL	07/17/24	12,715.400	12,715.40	0.00	0.00	12,715.40	12,715.40	0.00
	PUR	07/22/24	1,438.220	1,438.22	0.00	0.00	1,438.22	1,438.22	0.00
	SAL	07/26/24	7,722.210	7,722.21	0.00	0.00	7,722.21	7,722.21	0.00
	SAL	08/01/24	110,524.720	110,524.72	0.00	0.00	110,524.72	110,524.72	0.00
	SAL	08/05/24	6,334.000	6,334.00	0.00	0.00	6,334.00	6,334.00	0.00
	PUR	08/09/24	1,965.860	1,965.86	0.00	0.00	1,965.86	1,965.86	0.00
	SAL	09/03/24	109,992.300	109,992.30	0.00	0.00	109,992.30	109,992.30	0.00
	PUR	09/04/24	1,250.820	1,250.82	0.00	0.00	1,250.82	1,250.82	0.00
	SAL	09/10/24	184,067.930	184,067.93	0.00	0.00	184,067.93	184,067.93	0.00
10 PURCHASES FOR				\$11,475,732.54	TOTAL ISSUE AGGREGATE		\$23,937,213.85		
23 SALES FOR				\$12,461,481.31					
WTC-CIF II US IG INTERMEDIATE	PUR	04/29/24	3,150,000.000	\$3,150,000.00	\$0.00	\$0.00	\$3,150,000.00	\$3,150,000.00	\$0.00
1 PURCHASES FOR				\$3,150,000.00	TOTAL ISSUE AGGREGATE		\$3,150,000.00		
0 SALES FOR				\$0.00					
WTC-CIF II US LONG TREASURY	PUR	04/29/24	1,012,500.000	\$1,012,500.00	\$0.00	\$0.00	\$1,012,500.00	\$1,012,500.00	\$0.00
1 PURCHASES FOR				\$1,012,500.00	TOTAL ISSUE AGGREGATE		\$1,012,500.00		
0 SALES FOR				\$0.00					
WTC-CIF II US INTERMEDIATE	PUR	04/29/24	2,025,000.000	\$2,025,000.00	\$0.00	\$0.00	\$2,025,000.00	\$2,025,000.00	\$0.00
1 PURCHASES FOR				\$2,025,000.00	TOTAL ISSUE AGGREGATE		\$2,025,000.00		
0 SALES FOR				\$0.00					
WTC-CIF II US INV GRADE CORP	PUR	04/29/24	5,062,500.000	\$5,062,500.00	\$0.00	\$0.00	\$5,062,500.00	\$5,062,500.00	\$0.00
1 PURCHASES FOR				\$5,062,500.00	TOTAL ISSUE AGGREGATE		\$5,062,500.00		
0 SALES FOR				\$0.00					

Plan Name: The Academy of Natural Sciences
Plan Sponsor: Academy of Natural Sciences
EIN: 23-1352000 **PN:** 001



Schedule H, Line 4(j) - Schedule of Reportable Transactions
for the year ended December 31, 2024

**ACADEMY NATURAL SCIENCES DB PENS
DB TRUST STATEMENT**

Account number 20-35-002-***8744
January 1, 2024 - December 31, 2024

Detail

5% Report by asset-aggregate (continued)

								Valuation	Threshold	
								\$15,959,103.21	\$797,955.16	
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss	
FEDERATED HERMES TREASURY	PUR	09/10/24	184,067.930	\$184,067.93	\$0.00	\$0.00	\$184,067.93	\$184,067.93	\$0.00	
OBLIGATION PREMIER SHARES FUND	SAL	10/01/24	106,986.710	106,986.71	0.00	0.00	106,986.71	106,986.71	0.00	
TOPXX #576	PUR	10/09/24	174.500	174.50	0.00	0.00	174.50	174.50	0.00	
	PUR	10/15/24	158,500.000	158,500.00	0.00	0.00	158,500.00	158,500.00	0.00	
	PUR	10/24/24	2,456.610	2,456.61	0.00	0.00	2,456.61	2,456.61	0.00	
	SAL	10/28/24	6,988.270	6,988.27	0.00	0.00	6,988.27	6,988.27	0.00	
	PUR	10/30/24	416.940	416.94	0.00	0.00	416.94	416.94	0.00	
	SAL	11/01/24	105,837.000	105,837.00	0.00	0.00	105,837.00	105,837.00	0.00	
	PUR	11/04/24	657.030	657.03	0.00	0.00	657.03	657.03	0.00	
	SAL	11/07/24	19,427.600	19,427.60	0.00	0.00	19,427.60	19,427.60	0.00	
	PUR	11/13/24	1,576.960	1,576.96	0.00	0.00	1,576.96	1,576.96	0.00	
	SAL	11/20/24	11,315.500	11,315.50	0.00	0.00	11,315.50	11,315.50	0.00	
	PUR	11/27/24	330,000.000	330,000.00	0.00	0.00	330,000.00	330,000.00	0.00	
	PUR	11/29/24	191.660	191.66	0.00	0.00	191.66	191.66	0.00	
	SAL	12/02/24	106,038.260	106,038.26	0.00	0.00	106,038.26	106,038.26	0.00	
	PUR	12/03/24	533.560	533.56	0.00	0.00	533.56	533.56	0.00	
	SAL	12/09/24	25,048.000	25,048.00	0.00	0.00	25,048.00	25,048.00	0.00	
	PUR	12/27/24	191.660	191.66	0.00	0.00	191.66	191.66	0.00	
11 PURCHASES FOR				\$678,766.85	TOTAL ISSUE AGGREGATE			\$1,060,408.19		
7 SALES FOR				\$381,641.34						

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan The ACADEMY OF NATURAL SCIENCES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	D Employer Identification Number (EIN) 23-1352000	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value.....	2a		16,145,059
b Actuarial value.....	2b		16,400,377
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	163	12,299,365	12,299,365
b For terminated vested participants	66	2,546,877	2,546,877
c For active participants.....	20	1,233,517	1,233,517
d Total.....	249	16,079,759	16,079,759
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.05%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	200,000	
c Target normal cost.....	6c	200,000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	J. Steven Pak <div style="text-align: center;"> Signature of actuary </div>	<div style="text-align: center;"> Date 2305793 Most recent enrollment number 215-246-6000 Telephone number (including area code) </div>
J. Steven Pak Type or print name of actuary		
WILLIS TOWERS WATSON US LLC Firm name		
1900 Market Street Floor 8 PHILADELPHIA PA 19103-3527 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 200,000

b Excess assets, if applicable, but not greater than line 31a **31b** 200,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			613,657
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36).....			613,657
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			0
40 Unpaid minimum required contributions for all years			0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

Each participant is assumed to retire at a single retirement age 65 (Normal Retirement Age) or current age if older.

Plan Name: The Academy of Natural Sciences of Philadelphia Pension Plan
EIN / PN: 23-1352000/001
Plan Sponsor: Academy of Natural Sciences of Philadelphia
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Academy of Natural Sciences of Philadelphia
EIN/PN	23-1352000/001
Plan Name	The Academy of Natural Sciences of Philadelphia Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	J. Steven Pak
Enrollment Number	23-05793

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective date	January 1, 1957. Amended as of December 31, 2009.
Covered employees	All Participants of the plan in effect as of December 31, 1983 shall remain Participants. All other employees shall become plan Participants upon the later of attainment of age 25 (attainment of age 21, effective January 1, 1985) and the first anniversary of employment. The plan was closed to new entrants as of December 31, 2009.

Definitions

Compensation	<p>All compensation received by an employee during the calendar year through December 31, 2009.</p> <p>If the total compensation is over the Social Security wage base for the year, bonuses, overtime, etc., are included only until such total compensation equals the Social Security wage base.</p>
Final average annual compensation	The annual average of the highest five consecutive calendar years of Compensation received by a Participant during the last 10 years immediately preceding the earlier of termination or retirement. Final average compensation was frozen on December 31, 2009.
Years of service	<p>(i) Prior to January 1, 1976: All continuous service (years and completed months) as a full-time employee of The Academy.</p> <p>(ii) On or after January 1, 1976: For each calendar year commencing after 1975, an employee will be credited with one Year of Service for each year in which he has completed 1,000 or more hours of service.</p>

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SCHEDULE SB ATTACHMENTS

- Years of credited service**
- (i) Prior to January 1, 1976: All continuous service (years and completed months) as a full-time employee of The Academy.
 - (ii) On or after January 1, 1976: Participants are credited with one Year of Credited Service for each calendar year after 1975 during which they have completed 1,000 or more hours of service.

Credited service was frozen as of December 31, 2009.

Past years of credited service Years of Credited Service prior to January 1, 1980

Years of vesting service Years of Service excluding Years of Service ending prior to the attainment of age 22 (age 18 if the Participant has at least one hour of service after January 1, 1985).

Past social security benefit The maximum annual Primary Insurance Amount payable at age 65 under the Federal Social Security Act in effect December 31, 1964 multiplied by the ratio of Years of Credited Service at termination to Years of Credited Service at Normal Retirement Date.

Present social security benefit The estimated annual Primary Insurance Amount payable to a Participant at the later of age 65 or actual retirement age under the Social Security Act, as amended, in effect on the earlier of his retirement date, the date his employment with the employer ceases, or December 31, 2009, assuming that his compensation for the calendar year preceding such termination or retirement continues unchanged until the date on which his Present Social Security Benefit would be fully payable.

For Participants who terminate prior to normal retirement date or December 31, 2009, this amount is multiplied by the ratio, not to exceed one, of (i) to (ii):

- (i) the greater of the Participant's Years of Credited Service or 25 years;
- (ii) the Years of Credited Service the Participant would have accrued at Normal Retirement Date.

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SCHEDULE SB ATTACHMENTS

Pension Benefits at Normal Retirement

Participants eligible First day of the month coincident with or next following age 65 and 5 years of service.

Pension benefit An annual benefit equal to the greater of (i) or (ii) but not less than (iii):

(i) (1) minus (2) below:

(1) 2% of Final Average Annual Compensation multiplied by Years of Credited Service up to 25 years

plus

1/2% of Final Average Annual Compensation multiplied by Years of Credited Service in excess of 25 years.

(2) Past Social Security Benefit multiplied by the ratio of Past Years of Credited Service, up to 25 years, to Years of Credited Service at termination, up to 25 years

plus

2% of Present Social Security Benefit multiplied by the difference between a Participant's Years of Credited Service, up to 25 years, and Past Years of Credited Service, up to 25 years.

(ii) The Participant's accrued benefit determined as of December 31, 1979: (1) minus (2) below:

(1) 2% of Final Average Annual Compensation as of January 1, 1980 multiplied by Past Years of Credited Service up to 25.

(2) Maximum annual Primary Insurance Amount payable at age 65 under the Federal Social Security Act in effect December 31, 1964.

(iii) Minimum annual benefit: \$600

For all participants, benefits were frozen as of December 31, 2009.

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SCHEDULE SB ATTACHMENTS

Pension Benefit at Postponed Retirement

Participants eligible	All Participants who retire after their normal retirement dates.
Pension benefit	The Pension Benefit, but based on Final Average Compensation and Years of Credited Service at postponed retirement date.

Pension Benefit at Early Retirement

Participants eligible	All Participants who have attained age 55 and have completed 10 or more Years of Vesting Service.
Pension benefit payable at normal retirement date	The Pension Benefit, but based on Final Average Compensation and Years of Credited Service at date of termination.
Pension benefit payable at early retirement date	The actuarial equivalent of the benefit payable at normal retirement date, using 7% interest and the 1971 TPF & C Mortality Table with a 2-year setback.

Vested Benefits

Participants eligible	All Participants who have completed five or more Years of Vesting Service or attained normal retirement age.
Vested pension benefit payable at normal retirement date	Pension Benefit, but based on Final Average Compensation and Years of Credited Service at date of termination.
Early commencement of benefits	If the Participant completed 10 or more Years of Vesting Service prior to termination, the Participant may elect to have a benefit, actuarially reduced from normal retirement date, commence on or after the attainment of age 55.

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SCHEDULE SB ATTACHMENTS

Preretirement Spouse's Death Benefits

Spouses eligible	Spouses of active Participants who die while eligible for vesting who were married throughout the one-year period before the Participant's death.
Spouse's benefit	The amount which would have been payable to the spouse had the Participant retired on the later of his date of death or the date of his earliest possible retirement, having elected a 50% joint and survivor annuity with the spouse named as the survivor.
Duration of benefit	Monthly payments will begin as of the first day of the month following the Participant's death or, if later, as of the first day of any month following the date of his earliest possible retirement, and will continue for the spouse's life.

Other Plan Provisions

Disability benefit	None
Employee contributions	None
Forms of payment	<p>Normal form for single Participants is a life annuity. Married Participants receive the basic benefits described above actuarially reduced to provide for a 50% contingent annuitant option with the spouse as the contingent annuitant.</p> <p>All Participants may elect any of the following optional forms of payment:</p> <ul style="list-style-type: none">• Life annuity• 50%, 66 2/3%, 75% and 100% contingent annuitant options• 10-year certain and continuous option• The single life annuity is converted to an optional form of payment using 7% interest and the 1971 TPF & C Mortality Table with a 2-year setback for members and a 4-year setback for beneficiaries.

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SCHEDULE SB ATTACHMENTS

Maximum on benefits and pay

As required by the Employee Retirement Income Security Act of 1974.

Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

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Plan Name: Academy of Natural Sciences Pension Plan
Plan Sponsor: The Academy of Natural Sciences Pension Plan

EIN/PN: 23-1352000 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024

(a) Party in Interest	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Artisan International Value Fund	Mutual fund	\$ 837,118	\$ 1,277,969
	Federated Treasury Obligation Institutional Shares Fund	Mutual fund	297,126	297,126
	Vanguard 500 Index Fund	Mutual fund	665,549	1,759,957
	Vanguard Reit Index Fund	Mutual fund	777,657	794,378
	Vanguard Extended Market Fund	Mutual fund	292,472	552,586
	Total Mutual Funds		<u>2,869,922</u>	<u>4,682,016</u>
	WTC-CIF II US IG Intermediate Corporate Fund	Collective trust fund	3,261,145	3,317,668
	WTC-CIF II US Long Treasury Fund	Collective trust fund	1,041,844	1,042,180
	WTC-CIF II US Intermediate Treasury Fund	Collective trust fund	2,064,247	2,107,709
	WTC-CIF II US INV Grade Corp Long Bond Fund	Collective trust fund	5,246,592	5,313,304
	Total Collective Trust Funds		<u>11,613,828</u>	<u>11,780,861</u>
	Total Funds		<u>\$ 14,483,750</u>	<u>\$ 16,462,877</u>