(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

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

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

Open to Public

OMB No. 1545-0047

| Α | For the | 2019 calendar year, or tax year beginning and | ending | - | |
|--------------------------------|---------------------------|--|--------------|-------------------------------------|------------------------------------|
| В | Check if applicable | C Name of organization | | D Employer identific | cation number |
| | Addres | PEN AMERICAN CENTER, INC. | | | |
| | Name change | Doing business as | | 13-34478 | 88 |
| L | Initial return | | Room/suite | E Telephone number | |
| | Final return/ termin- | 588 BROADWAY | 303 | (212)334 | |
| _ | ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 14,214,860. |
| Ļ | Amend return | NEW TORK, NI TOUTZ-3240 | | H(a) Is this a group re | |
| | Applica tion pendin | | | for subordinates | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| | | mpt status: X 501(c)(3) | or 527 | 1 | list. (see instructions) |
| | | e: ► WWW • PEN • ORG organization: X Corporation Trust Association Other ► | 1. 1/ | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other Summary | L Year | of formation: 1909 N | State of legal domicile: NY |
| | T 4 . | Briefly describe the organization's mission or most significant activities: PEN A | MERTC | AN CENTER | TNC TS AN |
| Governance | 1 1 | ASSOCIATION OF WRITERS AND OTHERS IN THE | TITTER | ARY COMMINITY | TY WORKING |
| nar | 2 | Check this box if the organization discontinued its operations or dispose | | | |
| Ver | 3 1 | Number of voting members of the governing body (Part VI, line 1a) | | 1 1 | 36 |
| Ğ | 4 1 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 36 |
| တို | | otal number of individuals employed in calendar year 2019 (Part V, line 2a) | | | 65 |
| Ìţį | | otal number of volunteers (estimate if necessary) | | | 123 |
| Activities & | | otal unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| ⋖ | | Net unrelated business taxable income from Form 990-T, line 39 | | | 0. |
| | | | | Prior Year | Current Year |
| <u>o</u> | 8 (| Contributions and grants (Part VIII, line 1h) | | 9,417,007. | 11,435,239. |
| Revenue | 9 F | Program service revenue (Part VIII, line 2g) | | 317,956. | 277,624. |
| ě | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 128,134. | 531,874. |
| | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 33,802. | 45,190. |
| | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 9,896,899. | 12,289,927. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 719,874. | 779,988. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | <u> </u> |
| Ses | 15 5 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 4,027,416. | 5,090,221. |
| Expenses | 16a l | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Ä | b | Total fundraising expenses (Part IX, column (D), line 25) 1,044,38 | | 3,339,581. | 3,577,763. |
| | 17 (| Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 8,086,871. | 9,447,972. |
| | | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,810,028. | 2,841,955. |
| 700 | 19 | Revenue less expenses. Subtract line 18 from line 12 | Po | ginning of Current Year | End of Year |
| Net Assets or Fund Balances | 20 | otal assets (Part X, line 16) | | 9,951,939. | 12,976,954. |
| ASS | 21 | otal assets (Part X, line 16) otal liabilities (Part X, line 26) | | 473,489. | 628,932. |
| Net : | 22 1 | Net assets or fund balances. Subtract line 21 from line 20 | | 9,478,450. | 12,348,022. |
| P | art II | Signature Block | | | , , - |
| Unc | ler penal | ties of perjury, I declare that I have examined this return, including accompanying schedules | and statem | ents, and to the best of my | / knowledge and belief, it is |
| true | , correct | , and complete. Declaration of preparer (other than officer) is based on all information of wh | ich preparer | has any knowledge. | |
| | | 6(00 | | 11/01/20 | 20 |
| Sig | ın | Signature of officer | | Date | |
| He | | SUZANNE NOSSEL, CHIEF EXECUTIVE OFFICE | ΞR | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Oate Check Check If | PTIN |
| Pai | - + | FREDERICK MARTENS | | self-employe | P00298107 |
| | | Firm's name LUTZ AND CARR, CPAS LLP | | Firm's EIN 🕨 | 13-1655065 |
| Use | Only | Firm's address 551 FIFTH AVENUE, SUITE 400 | | | 0 600 0000 |
| | | NEW YORK, NY 10176 | | Phone no.21 | 2-697-2299 |
| Ma | y the IR | S discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

671, 449. including grants of \$ 376, 275.) (Revenue \$ 62,468. 4c (Code:) (Expenses \$ LITERARY AWARDS

SINCE 1963, THE PEN AMERICA LITERARY AWARDS HAVE HONORED MANY OF THE MOST OUTSTANDING VOICES IN LITERATURE ACROSS DIVERSE GENRES, INCLUDING FICTION, POETRY, SCIENCE WRITING, ESSAYS, SPORTS WRITING, BIOGRAPHY, CHILDREN'S LITERATURE, AND DRAMA. WITH THE HELP OF OUR PARTNERS, PEN AMERICA CONFERS OVER 20 DISTINCT AWARDS, FELLOWSHIPS, GRANTS AND PRIZES EACH YEAR, AWARDING NEARLY \$350,000 TO WRITERS AND TRANSLATORS.

Other program services (Describe on Schedule O.)

2,533,102 • including grants of \$

174,839.) (Revenue \$ 3,656.)

Total program service expenses ▶

7,520,878.

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-------------|---|-----|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | х | |
| • | If "Yes," complete Schedule A | 2 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | 21 | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 3 | | |
| 7 | during the tax year? If "Yes," complete Schedule C, Part II | 4 | х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| Ū | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | x |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | x |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 7 | | |
| 8 | | 8 | | x |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | 0 | | 25 |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 3 | | |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | 10 | | |
| ••• | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | 37 | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | 37 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 140 | -25 | |
| 13 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | -:- | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | Х | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

Page 4

Form 990 (2019) PEN AMERICAN CENTE Part IV | Checklist of Required Schedules (continued)

| | Cite and a stream of contained | | 1 | T |
|------|---|------------|----------|--------------|
| 00 | Did the appropriation was at least 65 000 of small and the sociation of a decreasing individuals are | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 20 | x | |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 22 | 1 | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | | 23 | х | |
| 24 a | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| 214 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | l |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | l | | 7.7 |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| _ | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 200 | | x |
| h | "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? | 200 | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| - | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | <u> </u> | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | X |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pai | Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance | <u> </u> | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 319 | | | |
| b | | _ | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| | | | | |

932004 01-20-20

Form 990 (2019) PEN AMERICAN CENTER, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| 2a first the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, tool or the calendary are arriangly with or within the year covered by this return. b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file gene instructions). 3a Did the organization have unrelated businesses gross income of \$1,000 or more during the yea? 3b If "Yes," has in filed a Form 990-T for this year? If "Yo! or line 3b, provide an explanation on Schedule O. 3b If "Yes," share the name of the foreign country. 5a If "Yes," and the the name of the foreign country. 5a Was the organization are foreign country. 5a Was the organization are party to a prohibited tax shelter transaction? 5b If "Yes," and the same of the foreign country. 5c If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or charitable contributions? 6c If "Yes to line 5a or 5b, did the organization in fell of membrane that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as make party as a combination of the payor? 7ra If yes," did the organization nember of Forms 82822 filed during the year 8 If yes, "did the organization nember of Forms 82822 filed during the year? 9 If yes," did the organization received any some payments, di | | | | Yes | No |
|---|-----|---|------------|-----|-----------------|
| b If a least one is reported on line 2a, did the organization file all required to e-file (see instructions) Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a | | filed for the calendar year ending with or within the year covered by this return 2a 65 | | | |
| 3a Dix Brown the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes', his it filed a Form 9907 for this year? If Whi? to file all, your provide an explanation on Schedule O. 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, securities account, or other financial accountly or the foreign country. 5c If Yes' is lone for the present of the foreign country. 5c If Yes' is lone far of the organization in the Form 8881 for the scancion at any time during the tax year? 5c If Yes' is lone far of so, did the organization the Form 8881 for the organization in the organization the organization the organization in the organization and the organization in the organization o | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | X | |
| b If Yes, "has it flied a Form 990 T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorly over, a financial account? 4b If Yes, "inter the name of the foreign country Second on the calendar year, did the organization as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Lid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes' to line Sa or Sb, did the organization file Form 888617 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes," did the organization notify the done of the value of the goods or services provided? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes," indicate the number of Forms 8282 fleed during the year 10 bid the organization received an ocntribution of care shows the section 170(c). 8 b Vas, indicate the number of Forms 8282 fleed during the year 10 bid the organization received an ocntribution of care, boats, simplanes, or other vehicles, did the organization flee form 1808 organization 180 organization received an ocntribution of care, boats, simplanes, or other vehicles, did the organization flee a form 1098 C? 8 Sponsoring organization received an ocntribution of underly to pay premiums on a per | | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country P | За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | X |
| the intrancial account in a foreign country (such as a bank account, securities account, or other financial account)? b if 1'Yes, 'returt the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I 'Yes' to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction? 5c I 'Yes' to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction? 5c I 'Yes' to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction? 5c I 'Yes' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organization stat was that may receive deductible contributions under section 170(c). 8 If 'Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 b If 'Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 b If Yes, 'did the organization netwee the symaps or the donor of the value of the goods or services provided? 8 b If I 'Yes, 'did the organization netwee the symaps or the donor of the value of the goods or services provided? 9 b If the organization netwee any parametric access of tangible personal property for which it was required to the Form 8282? 10 bit the organization netwee the contribution of unified the year? 11 b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization the a Form 8282 are equired? 11 b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization the parameter of the section 82 to t | b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| b If "Yes," enter the name of the foreign country ▶ Sae instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b ID did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line Sar of Sb, did the organization file Form 88867? 5c If "Yes' shelt the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor off the value of the goods or services provided? 9d If "Yes," indicate the number of Forms 8282 filed during the year 1 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X 7 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to adnor, donor advised fund maintained by the sponsoring organization make a distribution to adnor, donor advised fund maintained by the sponsoring organization make a distribution to adnor, donor advised fund maintained by the sponsoring organization make a distribution to adnor, donor advised, or related person? 10 Section 501(c | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
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| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 5 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 16 Yes," complete Form 4720, Schedule O. | _ | | | | |
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| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a | 12a | | 12a | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. | b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
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| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. | | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? | b | | | | |
| Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O. | | | | | |
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| Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | | | X |
| excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | b | | 14b | | |
| If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 15 | | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | 15 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | | | v |
| | 16 | | 16 | | _ <u>^</u> |
| | | If "Yes," complete Form 4720, Schedule O. | Form | 000 | (2010) |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|--|----------|----------|------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 1a 156 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 36 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Х | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Х | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | ,, |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ NY , MA , CA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(Section 501)) | B)s only | /) avail | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are | nd fina | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | THE ORGANIZATION - (212) 334-1660 | | | |
| | 588 BROADWAY, SUITE 303, NEW YORK, NY 10012 | | | |

932006 01-20-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week | box | not c , unle | Pos heck ss pe | more rson i | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--------------------------------|--|--------------------------------|-----------------------|----------------------|----------------|------------------------------|----------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JENNIFER EGAN | 4.00 | | | | | | | _ | | |
| PRESIDENT | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (2) MARKUS DOHLE | 1.00 | ١ | | | | | | | | • |
| EXECUTIVE VICE-PRESIDENT | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (3) MASHA GESSEN | 1.00 | ļ | | | | | | | | |
| VICE PRESIDENT | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (4) TRACY HIGGINS | 1.00 | ١ | | | | | | | | 0 |
| VICE PRESIDENT | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (5) YVONNE MARSH | 1.00 | ١ | | | | | | | | • |
| TREASURER | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (6) AYAD AKHTAR | 1.00 | ١,, | | ,, | | | | | | • |
| SECRETARY | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (7) JENNIFER FINNEY BOYLAN | 1.00 | ١ | | | | | | | | • |
| TRUSTEE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (8) JOHN CHAO | 1.00 | ١,, | | | | | | | | • |
| TRUSTEE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (9) BRIDGET COLMAN | 1.00 | ١,, | | | | | | | | 0 |
| TRUSTEE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (10) GABRIELLA DE FERRARI | 1.00 | ٠,, | | | | | | | _ | 0 |
| TRUSTEE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (11) ROXANNE DONOVAN | 1.00 | ٠,, | | | | | | | _ | 0 |
| TRUSTEE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (12) LAUREN EMBREY | 1.00 | . , | | | | | | | _ | 0 |
| TRUSTEE | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (13) JEANMARIE FENRICH | 1.00 | . , | | | | | | | 0. | 0 |
| TRUSTEE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (14) TOM HEALY | 1.00 | X | | | | | | 0. | 0. | 0. |
| TRUSTEE | 1 00 | ┝ | _ | \vdash | <u> </u> | | \vdash | 0. | 0. | U • |
| (15) JAMES HANNAHAM TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. |
| (16) ELIZABETH HEMMERDINGER | 1.00 | ┢ | | | | | | 0. | 0. | 0. |
| TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) ZACHARY KARABELL | 1.00 | ┢ | | \vdash | | - | | 0. | 0. | 0. |
| TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| 020007 01 00 00 | ı | 72 | | | <u> </u> | | | | <u> </u> | Form 990 (2010) |

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|--|--|--------------------------------|-----------------------|-----------------|--------------|--|------------------|--|--|------------------------|--|----------------|
| Part VII Section A. Officers, Directors, To | rustees, Key Em | ploy | /ees | , an | d Hi | ighe | st C | ompensated Employe | es (continued) | | | |
| (A) | (B) | | | | C) | | | (D) | (E) | | (F) | |
| Name and title | Average hours per week | box | not o , unle | check ess pe | erson | than | th an | Reportable compensation from | Reportable compensation from related | an | stimate mount o other | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | com fr org an | npensa rom the ganizati id relate anizatio | e ion ed |
| (18) SEAN KELLY | 1.00 | | | | | | | _ | _ | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | | | 0 |
| (19) PATRICIA FILI-KRUSHEL TRUSTEE | 1.00 | x | | | | | | 0. | 0. | | | 0 |
| (20) MIN JIN LEE | 1.00 | | | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | | | 0 |
| (21) FRANKLIN LEONARD | 1.00 | Į., | | | | | | 0. | 0. | | | ^ |
| TRUSTEE | 1.00 | Х | - | _ | - | - | _ | 0. | 0. | | | 0 |
| (22) MARGARET MUNZER LOEB TRUSTEE | 1.00 | $ _{\mathbf{x}}$ | | | | | | 0. | 0. | | | 0 |
| (23) DINAW MENGESTU | 1.00 | | | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | | | 0 |
| (24) SEVIL MIYHANDAR TRUSTEE | 1.00 | x | | | | | | 0. | 0. | | | 0 |
| (25) PAUL MULDOON | 1.00 | ^ | - | | - | \vdash | - | 0. | · · | | | |
| TRUSTEE | 1.00 | x | | | | | | 0. | 0. | | | 0 |
| (26) ALEXANDRA MUNROE | 1.00 | | | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | | | 0 |
| 1b Subtotal | | | | | | | | 0. | 0. | | | 0 |
| c Total from continuation sheets to Part | t VII, Section A | | | | | | \triangleright | 1,539,883. | 0. | | 7,0 | |
| d Total (add lines 1b and 1c) | | | | | | | | 1,539,883. | 0. | 14 | 7,0 | 49 |
| 2 Total number of individuals (including bu | ut not limited to th | | | | | | ho re | eceived more than \$100 | 0,000 of reportable | | | |
| compensation from the organization | <u> </u> | | | | | | | | | | | 1 |
| 3 Did the organization list any former office | cer, director, trust | ee, | key (| emp | loye | e, o | r hig | hest compensated emp | oloyee on | | Yes | No |
| line 1a? If "Yes," complete Schedule J fo | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the | e sum of reportab | le c | omp | ensa | atior | n an | d oth | ner compensation from | the organization | | | |
| and related organizations greater than \$ | 150,000? If "Yes, | , " cc | mpl | ete S | Sche | edul | e J f | or such individual | | 4 | X | |
| 5 Did any person listed on line 1a receive | | | | | , | | | • | | | | |
| rendered to the organization? If "Yes," c | omplete Schedu | le J | for s | uch | pers | son | | | | 5 | $oxed{oxed}$ | X |
| Section B. Independent Contractors | | | | | | | | | | | | |

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

| (B) Description of services | (C) Compensation |
|-----------------------------|---------------------------------------|
| COMMUNICATION CONSULTING | 134,750. |
| | |
| | |
| | |
| | |
| | Description of services COMMUNICATION |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

| Form 990 PEN AMER | ICAN CEI | A.T.I | ΞR, | ,] | LNC | <u> </u> | | | 13-344 | 7888 |
|---|---------------------|----------------------|----------------------|---------|--------------|------------------------------|----------|---------------------------------|-----------------|--------------------------|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Eı | mple | oyee | s, a | nd F | ligh | est | Compensated Employ | ees (continued) | |
| (A) | | (D) (E) (F) | | | | | | | | |
| Name and title | (B) Average | | | Pos | ition | ı | | Reportable | Reportable | Estimated |
| | hours | (c | heck | all t | that | арр | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | <u>ا</u> | | | | loyee | | the | organizations | compensation |
| | (list any hours for | director | | | | д еш | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | related | ee or | stee | | | nsate | | (** 2) 1000 (**100) | | and related |
| | organizations | trust | nal fru | | oyee | ompe | | | | organizations |
| | below | ndividual trustee or | nstitutional trustee | cer | Key employee | Highest compensated employee | Former | | | |
| | line) | lpul | Inst | Officer | Key | Hig | Pu | | | |
| (27) CHRISTIAN OBERBECK | 1.00 | | | | | | | _ | _ | _ |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (28) GREGORY PARDLO | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (29) MICHAEL PIETSCH | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (30) MARVIN PUTNAM | 1.00 | ١ | | | | | | | • | |
| TRUSTEE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (31) THERESA REBECK | 1.00 | ,, | | | | | | | 0 | • |
| TRUSTEE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (32) ALIX RITCHIE | 1.00 | ,, | | | | | | | 0 | 0 |
| TRUSTEE | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| (33) ANDREW SOLOMON | 1.00 | X | | | | | | 0. | 0. | 0. |
| TRUSTEE (24) TAGOR METGRERG | 1.00 | ^ | | | | | | 0. | 0. | 0. |
| (34) JACOB WEISBERG | 1.00 | X | | | | | | 0. | 0. | 0. |
| TRUSTEE (35) JAIME WOLF | 1.00 | ^ | | | | | | 0. | 0. | 0. |
| TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (36) HANYA YANAGIHARA | 1.00 | 25 | | | | | | 0. | 0. | 0. |
| TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. |
| (37) SUZANNE NOSSEL | 40.00 | = | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | | 1 | | x | | | | 423,478. | 0. | 21,790. |
| (38) DRUSILLA MENAKER | 40.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | | 1 | | x | | | | 206,935. | 0. | 21,656. |
| (39) OLAKUNLE APAMPA | 40.00 | | | | | | | , | | , |
| CHIEF FINANCIAL OFFICER | | 1 | | х | | | | 165,491. | 0. | 19,578. |
| (40) CHIP ROLLEY | 40.00 | | | | | | | - | | - |
| SENIOR DIRECTOR, LITERARY PROGRAMS | | 1 | | | | Х | | 160,042. | 0. | 16,087. |
| (41) DEBORAH WILSON | 40.00 | | | | | | | | | |
| CHIEF DEVELOPMENT OFFICER | | | | | | Х | | 156,888. | 0. | 14,653. |
| (42) SUMMER LOPEZ | 40.00 | | | | | | | | | |
| SENIOR DIRECTOR, FREE EXPRESSION | | | | | | Х | | 151,016. | 0. | 18,471. |
| (43) THOMAS MELIA | 40.00 | | | | | | | | | |
| SENIOR DIRECTOR, WASHINGTON | | | | | | Х | | 142,533. | 0. | 7,800. |
| (44) MICHELLE MEYERING | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR, LOS ANGELES | | | | | | Х | | 133,500. | 0. | 27,014. |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | 1 | | | | | | <u> </u> | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 1,539,883. | | 147,049. |
| Total to Part VII, Section A, line 1c | | | | | | | | 1,339,003. | | 14/,04 |

| Pa | rt V | / | Statement of Revenue | | | | | |
|--|-------------|----------------------------|---|--|----------------------------------|--|--------------------------------------|---|
| | | | Check if Schedule O contains a response | or note to any lin- | e in this Part VIII | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | | b d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f | 402,109. 2,697,108. 362,637. 7,973,385. 110,204. | 11,435,239. | | | 360110113 312 - 314 |
| Program Service Revenue | 2 | a b c d e f | TICKET SALES/PROGRAM FEES PROGRAM MANAGEMENT FEE All other program service revenue Total. Add lines 2a-2f | 900099 561000 | 142,827. 134,797. 277,624. | 142,827. 134,797. | | |
| | 3 4 5 | а | Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond properties Royalties (i) Real Gross rents 6a | est, and | 106,040. | | | 106,040. |
| | | c d a | Less: rental expenses 6b | (ii) Other | | | | |
| Other Revenue | 8 | d | and sales expenses 7b 1,339,740. Gain or (loss) 7c 425,834. Net gain or (loss) 6ross income from fundraising events (not including \$ 2,697,108. of contributions reported on line 1c). See | | 425,834. | | | 425,834. |
| | 9 | c a | Part IV, line 18 8a Less: direct expenses 8b Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a | 585,193. | 0. | | | |
| | 10 | c a b | Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b Net income or (loss) from sales of inventory | > | | | | |
| Miscellaneous Revenue | 11 | a b c | OTHER INCOME All other revenue | Business Code 900099 | 45,190. | | | 45,190. |
| Σ | | | Total. Add lines 11a-11d | | 45,190. | | | |
| | 12 | | Total revenue. See instructions | | 12,289,927. | 277,624. | 0. | 577,064. |

Part IX | Statement of Functional Expenses

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

| 36011 | on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor | · | | | X |
|----------|---|----------------|--------------------------|---------------------------------|-------------------------|
| Doı | not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| 7b, | Bb, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 2,500. | 2,500. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 609,414. | 609,414. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 168,074. | 168,074. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 858,928. | 448,842. | 253,647. | 156,439 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 2 445 042 | 0.044.605 | 155 000 | 400 040 |
| 7 | Other salaries and wages | 3,445,013. | 2,844,695. | 177,008. | 423,310. |
| 8 | Pension plan accruals and contributions (include | 00 600 | 00 154 | 2 264 | 0 1 5 1 |
| | section 401(k) and 403(b) employer contributions) | 99,689. | 89,174. 281,675. | 2,364. | 8,151, 59,250, |
| 9 | Other employee benefits | 366,300. | , | 25,375. | |
| 10 | Payroll taxes | 320,291. | 251,068. | 31,317. | 37,906. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | C 040 | C 740 | 100 | |
| b | Legal | 6,840. | 6,740. | 100. | |
| | Accounting | 69,811. | | 69,811. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 1,071,079. | 852,573. | 99,072. | 110 /3/ |
| | column (A) amount, list line 11g expenses on Sch O.) | 1,0/1,0/9. | 032,373. | 99,012. | 119,434 |
| 12 | Advertising and promotion | 558,233. | 417,510. | 73,329. | 67,394 |
| 13 | Office expenses | 330,233. | 417,510• | 13,329. | 07,334 |
| 14 | Information technology | | | | |
| 15 | Royalties | 547,174. | 406,747. | 72,458. | 67,969 |
| 16 | Occupancy | 503,121. | 421,631. | 58,131. | 23,359 |
| 17 | Travel | 303,121. | 421,031. | 30,131. | 23,337 |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | 451,869. | 399,701. | 7,377. | 44,791 |
| 19 20 | Conferences, conventions, and meetings Interest | 101,000 | 333,7010 | 7,3774 | , I J L (|
| 21 | Interest Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 79,548. | 61,190. | 7,653. | 10,705 |
| 23 | | . 5 , 5 2 0 0 | , | .,,,,,,, | _0,,00 |
| 24 | Insurance Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | OTHER PROGRAM EXPENSE | 189,645. | 189,645. | | |
| b | BOOK PURCHASE/DISTRIB | 24,138. | 23,956. | 182. | |
| c | - | | | | |
| d | | | | | |
| | All other expenses | 76,305. | 45,743. | 4,886. | 25,676 |
| 25 | Total functional expenses. Add lines 1 through 24e | 9,447,972. | 7,520,878. | 882,710. | 1,044,384 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | reported in column (b) John costs nom a combined | l | 1 | l l | |
| | educational campaign and fundraising solicitation. | | | | |

| Pa | rt X | Balance Sheet | | | | | |
|-----------------------------|------|--|------------|-----------------------|---------------------------------|--|---------------------------|
| | | Check if Schedule O contains a response or no | te to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,705,528. | 1 | 3,768,104. |
| | 2 | Savings and temporary cash investments | | | 149,639. | 2 | 149,759. |
| | 3 | Pledges and grants receivable, net | | | 2,907,821. | 3 | 2,963,273. |
| | 4 | Accounts receivable, net | | | 4 | | |
| | 5 | Loans and other receivables from any current of | | | | | |
| | | trustee, key employee, creator or founder, subs | tantial o | contributor, or 35% | | | |
| | | controlled entity or family member of any of the | | 5 | | | |
| | 6 | Loans and other receivables from other disqual | | | | | |
| | | under section 4958(f)(1)), and persons describe | d in sec | ction 4958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 111,149. | 9 | 190,765. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 1,049,972. | | | |
| | b | Less: accumulated depreciation | 10b | 797,887. | 249,431. | | 252,085 |
| | 11 | Investments - publicly traded securities | | 4,742,412. | 11 | 5,414,312. | |
| | 12 | Investments - other securities. See Part IV, line | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 85,959. | 15 | 238,656 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 9,951,939. | 16 | 12,976,954. |
| | 17 | Accounts payable and accrued expenses | | | 265,263. | 17 | 440,614. |
| | 18 | Grants payable | 72,901. | 18 | 71,251. | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| es | 22 | Loans and other payables to any current or form | | | | | |
| ij | | trustee, key employee, creator or founder, subs | | | | | |
| Liabilities | | controlled entity or family member of any of the | | _ | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrel | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on line | s 17-24) | . Complete Part X | 125 225 | | 117 067 |
| | | of Schedule D | | — | 135,325. 473,489. | 25 | 117,067. 628,932. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 4/3,409. | 26 | 020,932. |
| S | | Organizations that follow FASB ASC 958, che | eck ner | e ▶ 🔼 | | | |
| ğ | 07 | and complete lines 27, 28, 32, and 33. | | | 2,523,311. | 27 | 3,745,557. |
| 3ale | 27 | Net assets without donor restrictions | 6,955,139. | 28 | 8,602,465. | | |
| ĕ | 28 | Net assets with donor restrictions | | | 0,,,,,,,,,,, | 28 | 0,002,403. |
| Ē | | Organizations that do not follow FASB ASC 9 | oo, cne | eck nere | | | |
| ō | | and complete lines 29 through 33. | | | | | |
| ets | 29 | Capital stock or trust principal, or current funds | | | | 29 30 | |
| Ass | 30 | Paid-in or capital surplus, or land, building, or e- | | | | | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | | | 9,478,450. | 31 32 | 12,348,022. |
| Z | 32 | Total liabilities and not assets (fund balances | | 1 | 9,951,939. | 32 | 12,976,954. |
| | 33 | Total liabilities and net assets/fund balances | | | J, JJI, JJJ. | ა პ | Farm 900 (2010 |

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization PEN AMERICAN CENTER, INC. 13-3447888 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|---------------------|----------------------|------------------------|----------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🖊 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🖊 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) | |
| | organization, check this box and stop | here | | | | | > |
| | ction C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2019 (li | | | | | 14 | % |
| 15 | Public support percentage from 2018 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3 % support test - 2019. If the o | - | | | | | |
| | stop here. The organization qualifies a | | | | | | |
| b | 33 1/3% support test - 2018. If the o | | | | | | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fact | | | - | • | - | |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances test | - | | | | | |
| | more, and if the organization meets th | | • | | • | | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box | and see instructior | <u>ns</u> |

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

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

| Se | ction A. Public Support | , | , | | | | |
|------|--|------------------------------|--------------------------|----------------------|--------------------|--------------------|-----------------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 4348221. | 6549175. | 7204502. | 9417007. | 11435239. | 38954144. |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 116,688. | 140,815. | 251,628. | 317,956. | 277,624. | 1104711. |
| 3 | Gross receipts from activities that | , , , , , | ., | , , , | , , , , , , | , - | |
| J | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | 4464909. | 6689990. | 7456130. | 9734963. | 11712863. | 40058855. |
| 78 | A Amounts included on lines 1, 2, and 3 received from disqualified persons | 555,308. | 412,663. | 764,429. | 1415226. | 1455350. | 4602976. |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| | Add lines 7a and 7b | 555,308. | 412,663. | 764,429. | 1415226. | 1455350. | 4602976. |
| | Public support. (Subtract line 7c from line 6.) | · | · | · | | | 35455879. |
| | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | 4464909. | 6689990. | 7456130. | 9734963. | 11712863. | 40058855. |
| 10a | a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 33,545. | 55,690. | 65,890. | 108,642. | 106,040. | 369,807. |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| (| Add lines 10a and 10b | 33,545. | 55,690. | 65,890. | 108,642. | 106,040. | 369,807. |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 52,034. 4550488. | 13,205. 6758885. | 13,795. 7535815. | 33,802. | | 158,026. 40586688. |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for check this box and stop here | | | | - | | zation, |
| Se | ction C. Computation of Publ | | rcentage | | | | |
| | Public support percentage for 2019 (l | | | column (fl) | | 15 | 87.36 % |
| | Public support percentage from 2018 | | • | | | 16 | 88.58 % |
| | ction D. Computation of Inves | | | | | | 70 |
| | Investment income percentage for 20 | | | ne 13. column (fl) | | 17 | .91 % |
| | Investment income percentage from 2 | | | | | 18 | .86 % |
| | a 33 1/3% support tests - 2019. If the | | | | | | |
| | more than 33 1/3%, check this box a | | | | | | ▶ X |
| k | 33 1/3% support tests - 2018. If the | | | | | | and |
| | line 18 is not more than 33 1/3%, che | eck this box and st e | op here. The orga | nization qualifies a | s a publicly suppo | orted organization | ▶□ |
| 20 | Private foundation If the organization | n did not chack a | hay an line 14 10 | or 10h chock th | is boy and soo ins | structions | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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| 9c | |
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| 10a | |
| 10b | |

| Par | t IV | Supporting Organizations (continued) | | | |
|------------------|---------|---|----------|-----|-----|
| | | | | Yes | No |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | |
| а | A pers | son who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below | , the governing body of a supported organization? | 11a | | |
| b | A fam | ily member of a person described in (a) above? | 11b | | |
| С | A 35% | 6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec ⁻ | tion E | 3. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | e directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regula | rly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax ye | ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | contro | olled the organization's activities. If the organization had more than one supported organization, | | | |
| | descri | be how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organi | izations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | e organization operate for the benefit of any supported organization other than the supported | | | |
| | • | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | In how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | vised, or controlled the supporting organization. | 2 | | |
| Sec | tion (| C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | nagement of the supporting organization was vested in the same persons that controlled or managed | _ | | |
| 800 | | pported organization(s). D. All Type III Supporting Organizations | 1 | | |
| <u> </u> | LIOII L | 7. All Type III oupporting Organizations | | Yes | No |
| 1 | Did th | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | 163 | 140 |
| • | | ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organ | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the or | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By rea | ason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | signifi | cant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | incom | e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | orted organizations played in this regard. | 3 | | |
| Sec | | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | • | | |
| а | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions | | |
| 2 | | ties Test. Answer (a) and (b) below. | | Yes | No |
| а | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | supported organizations and explain how these activities directly furthered their exempt purposes, he organization was responsive to those supported organizations, and how the organization determined | | | |
| | | nese activities constituted substantially all of its activities. | 2a | | |
| b | | e activities described in (a) constitute activities that, but for the organization's involvement, one or more | <u> </u> | | |
| 5 | | organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | | ns for the organization's position that its supported organization(s) would have engaged in these | | | |
| | | ies but for the organization's involvement. | 2b | | |
| 3 | | t of Supported Organizations. Answer (a) and (b) below. | | | |
| | | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | | es of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | | e organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | | supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Orgai | nizations | |
|------|--|-------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | g trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. Al |
| | other Type III non-functionally integrated supporting organizations must co | mplete Se | ections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integrat | ed Type III supporting org | anization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Par | ^ব V │ Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|-------|---|-------------------------------|--|---|
| Secti | ion D - Distributions | | <u> </u> | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | ns | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsive | Э | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

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

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

| Tax |) (see separate instructions), then | | | | |
|-----|---|-------------------------------------|-------------------------|-----------------------|---|
| | Section 501(c)(4), (5), or (6) organiza | tions: Complete Part III. | | | |
| Nan | ne of organization | | _ | Er | nployer identification number |
| | | RICAN CENTER, IN | | | 13-3447888 |
| Pa | art I-A Complete if the org | ganization is exempt und | er section 501(c) | or is a section 52 | organization. |
| | | | | | |
| | Provide a description of the organizer | · · | 1 0 | | |
| | Political campaign activity expendi | | | | * \$ |
| 3 | Volunteer hours for political campa | ign activities | | | |
| Pa | art I-B Complete if the ord | ganization is exempt und | er section 501(c) |)(3). | |
| 1 | Enter the amount of any excise tax | • | | | \$ |
| 2 | Enter the amount of any excise tax | incurred by organization manage | ers under section 495 | 5 | * \$ |
| 3 | If the organization incurred a section | on 4955 tax, did it file Form 4720 | for this year? | | Yes No |
| | a Was a correction made? | | | | |
| b | If "Yes," describe in Part IV. | | | | |
| Pa | art I-C Complete if the org | ganization is exempt und | er section 501(c) | , except section 50 | 01(c)(3). |
| 1 | Enter the amount directly expende | d by the filing organization for se | ction 527 exempt fund | ction activities | \$ |
| 2 | Enter the amount of the filing organ | nization's funds contributed to ot | her organizations for s | section 527 | |
| | exempt function activities | | | | ^ \$ |
| 3 | Total exempt function expenditures | | | , | |
| | line 17b | | | > | * \$ |
| | Did the filing organization file Form | • | | | |
| 5 | Enter the names, addresses and en | • • | • | | ~ ~ |
| | made payments. For each organization contributions received that were presented that were presented to the contributions are contributions. | · | | | • |
| | political action committee (PAC). If | | | | arate segregated fund of a |
| | (a) Name | (b) Address | | (d) Amount paid from | m (e) Amount of political |
| | (a) Name | (b) Address | (c) EIN | filing organization's | |
| | | | | funds. If none, enter | .0 promptly and directly |
| | | | | | delivered to a separate political organization. |
| | | | | | If none, enter -0 |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

| section 501(h)). | ganization is exe | mpt under sectio | n 501(c)(3) and fil | ed Form 5/68 (ei | ection under |
|---|---|------------------------------------|---------------------------|--|------------------------------------|
| A Check ► if the filing organiza | ation belongs to an aff | iliated group (and list ir | n Part IV each affiliated | group member's nam | e, address, EIN, |
| expenses, and sha | re of excess lobbying | expenditures). | | | |
| B Check ► if the filing organiza | ation checked box A a | nd "limited control" pro | ovisions apply. | | |
| | its on Lobbying Expe ditures" means amou | nditures unts paid or incurred. |) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to infl | uence public opinion (| (grassroots lobbying) | | 0. | |
| b Total lobbying expenditures to infl | uence a legislative bo | dy (direct lobbying) | | 0. | |
| c Total lobbying expenditures (add l | ines 1a and 1b) | | | 0. | |
| d Other exempt purpose expenditur | es | | | 9,447,972. | |
| e Total exempt purpose expenditure | 9,447,972. | | | | |
| f Lobbying nontaxable amount. Ent | er the amount from th | e following table in bot | h columns. | 622,399. | |
| If the amount on line 1e, column (a) | or (b) is: The lob | bying nontaxable am | ount is: | | |
| Not over \$500,000 | 20% of | the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,00 | 0,000 \$100,00 | 00 plus 15% of the exc | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | 500,000 \$175,00 | 00 plus 10% of the exc | ess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17 | \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. | | | | |
| Over \$17,000,000 | | | | | |
| | | | | 155 600 | |
| g Grassroots nontaxable amount (er | , | | | 155,600. | |
| h Subtract line 1g from line 1a. If zer | , | | | 0. | |
| i Subtract line 1f from line 1c. If zer | , | | | 0. | |
| j If there is an amount other than ze reporting section 4911 tax for this | | line 1i, did the organiz | | | Yes No |
| | 4-Year Ave | eraging Period Under | Section 501(h) | | |
| (Some organizations t | | ` ' | • | of the five columns b | elow. |
| | <u> </u> | ate instructions for li | | | |
| | Lobbying Expe | nditures During 4-Yea | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | 417,726. | 479,743. | 554,344. | 622,399. | 2,074,212. |
| b Lobbying ceiling amount | | | | | |
| (150% of line 2a, column(e)) | | | | | 3,111,318. |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | 104,432. | 119,936. | 138,586. | 155,600. | 518,554. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 777,831. |
| | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Ye | (a) | | (b) | | |
|--|------------|-------------------------------|------------|---------|--|
| | s I | No | Amo | unt | |
| During the year, did the filing organization attempt to influence foreign, national, state, or | | | | | |
| local legislation, including any attempt to influence public opinion on a legislative matter | | | | | |
| or referendum, through the use of: | | | | | |
| a Volunteers? | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| c Media advertisements? | | | | | |
| d Mailings to members, legislators, or the public? | | | | | |
| e Publications, or published or broadcast statements? | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i Other activities? | | | | | |
| j Total. Add lines 1c through 1i | | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | \ <u>\</u> | | -4: | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 | 11(C)(5), | or se | ction | | |
| 501(c)(6). | | | Yes | No | |
| 4 W 1 1 1 1 1 (00) | | | 162 | NO | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the pric Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 | | 3 | otion | | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." 1 Dues, assessments and similar amounts from members | | Part | III-A, lin | e 3, is | |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | 1 4 1 | | | |
| 2 Cection 102(c) nondeductible lobbying and political experiences (do not include amounts of political | | 1 | | | |
| evnences for which the section 507(f) tay was naid) | | 1 | | | |
| expenses for which the section 527(f) tax was paid). | | | | | |
| a Current year | | 2a | | | |
| a Current year b Carryover from last year | | 2a 2b | | | |
| a Current year b Carryover from last year c Total | | 2a 2b 2c | | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 2a 2b | | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess | | 2a 2b 2c | | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political | | 2a 2b 2c 3 | | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | | 2a 2b 2c 3 | | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) | | 2a 2b 2c 3 | | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information | l | 2a 2b 2c 3 4 5 | and 2 (coo | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Interest of the part II-A (a | l | 2a 2b 2c 3 4 5 | and 2 (see | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information | l | 2a 2b 2c 3 4 5 | and 2 (see | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Interest of the part II-A (a | l | 2a 2b 2c 3 4 5 | and 2 (see | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Interest of the part II-A (a | l | 2a 2b 2c 3 | and 2 (see | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Interest of the part II-A (a | l | 2a 2b 2c 3 | and 2 (see | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Interest of the part II-A (a | l | 2a 2b 2c 3 | and 2 (see | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Interest of the part II-A (a | l | 2a 2b 2c 3 | and 2 (see | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Interest of the part II-A (a | l | 2a 2b 2c 3 | and 2 (see | | |
| a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Interest of the part II-A (a | l | 2a 2b 2c 3 | and 2 (see | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PEN AMERICAN CENTER, INC.

Employer identification number 13-3447888

| Pai | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds or | Accounts. Complete if the |
|--------|--|--|---------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line 6. | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised for | unds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be used | d only |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose conf | ferring |
| | impermissible private benefit? | | Yes No |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, Part | IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (for example, recrea | | storically important land area |
| | Protection of natural habitat | Preservation of a ce | rtified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali- | fied conservation contribution in the form of a | |
| | day of the tax year. | | Held at the End of the Tax Year |
| | Total number of conservation easements | | |
| | Total acreage restricted by conservation easements | | |
| | Number of conservation easements on a certified historic str | | 2c |
| a | Number of conservation easements included in (c) acquired | | |
| • | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the org | anization during the tax |
| 4 | year Number of states where property subject to conservation as | coment is leasted | |
| 4 5 | Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe | | |
| 3 | violations, and enforcement of the conservation easements i | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| Ū | b | Thanding of violations, and emoroning conscive | ation casements daming the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation | easements during the year |
| - | ▶ \$ | aming of the latter, and otherwing content and | cacee aag a.e yea. |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h)(4 |)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | • | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footi | - | |
| | organization's accounting for conservation easements. | | |
| Pai | t III Organizations Maintaining Collections o | f Art, Historical Treasures, or Othe | r Similar Assets. |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 58, not to report in its revenue statement and b | palance sheet works |
| | of art, historical treasures, or other similar assets held for pul | blic exhibition, education, or research in furthe | rance of public |
| | service, provide in Part XIII the text of the footnote to its final | ncial statements that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 95 | 58, to report in its revenue statement and balar | nce sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furtherar | nce of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar assets for financial gain | n, provide |
| | the following amounts required to be reported under FASB A | | |
| | Revenue included on Form 990, Part VIII, line 1 | | · · · · · · · · · · · · · · · · · · · |
| | Assets included in Form 990, Part X | | |
| LHA | For Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | Schedule D (Form 990) 2019 |

932051 10-02-19

| | t III Organizations Maintaining C | Collections of Ar | | ageurae or | Other | | | 4 / 0 0 0 | | ge ∠ |
|----------|--|------------------------|-----------------------|------------------|-------------------------|--------------|---------|---------------|---------|-------------|
| | | | | | | | | LS(CONUIN | uea) | |
| 3 | Using the organization's acquisition, accessing | on, and other records | s, check any or the | iollowing that i | nake sigi | illicant use | OFICE | | | |
| | collection items (check all that apply): | | | | | | | | | |
| a | Public exhibition | d | | hange program | | | | | | |
| b | Scholarly research | е | U Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | in Parl | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | 7 | | |
| D | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Pai | t IV Escrow and Custodial Arran | - | te if the organizatio | n answered "Ye | es" on Fo | orm 990, P | art IV, | line 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | | 7 | | |
| | on Form 990, Part X? | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | | | |
| | | | | | | | | Amount | | |
| С | Beginning balance | | | | | 1c | | | | |
| d | Additions during the year | | | | | 1d | | | | |
| е | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for escrow or cu | ustodial accour | nt liability | ? | L | Yes | Ш | No |
| <u>b</u> | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Pai | t V Endowment Funds. Complete in | f the organization and | swered "Yes" on Fo | rm 990, Part IV | [/] , line 10. | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years b | oack (d) | Three years | s back | (e) Four | years b | ack |
| 1a | Beginning of year balance | 1,488,624. | 1,634,167. | 1,493, | 480. | 1,438 | ,101. | 1, | 506,4 | 29. |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | 297,576. | -69,543. | 207, | 187. | 130 | 679. | | -8,0 | 28. |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | 71,100. | 76,000. | 66, | 500. | 75 | ,300. | | 60,3 | 00. |
| f | Administrative expenses | · | • | | | | | | | |
| g | End of year balance | 1,715,100. | 1,488,624. | 1,634, | 167. | 1,493 | 480. | 1, | 438,1 | 01. |
| 2 | Provide the estimated percentage of the curr | | | | <u> </u> | · · · | | | | |
| а | Board designated or quasi-endowment | •00 | % | ,, | | | | | | |
| b | Permanent endowment ► 47.72 | % | - / - | | | | | | | |
| c | Term endowment ► 52.28 | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| За | Are there endowment funds not in the posse | | tion that are held a | nd administere | d for the | organizatio | n | | | |
| | by: | 3- | | | | 9 | | Г | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | X |
| | (ii) Related organizations | | | | | | | 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are the related organizations | tions listed as requir | ed on Schedule R2 | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | OD | | |
| | t VI Land, Buildings, and Equipm | | Willett fallas. | | | | | | | |
| | Complete if the organization answered | | Part IV line 11a S | See Form 990 F | Part X lin | a 10 | | | | |
| | | (a) Cost or ot | | | | umulated | | (d) Book | volue | |
| | Description of property | basis (investm | ' ' | | | ciation | | (u) DOOK | value | |
| | Land | <u> </u> | Dasis | (Strict) | depie | JUIGLIOIT | | | | |
| | Land | | | | | | | | | |
| b | Buildings | | 55 | 2,535. | 10 | 7,844 | + | 1// | 1,69 | 1 |
| C | Leasehold improvements | | | 4,042. | | 86,966 | | 74.5 T.4.5 | 7,07 | <u> </u> |
| d | Equipment | | | 3 305 | | 10,900 | • | 60 | | |

Schedule D (Form 990) 2019

252,085.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| | AN CENTER, INC | . 13 | -3447888 Page 3 |
|--|-------------------------------|---|------------------------|
| Part VII Investments - Other Securities. Complete if the organization answered "Yes | a" on Form 000 Part IV line | 11h Son Form 000 Port V line 12 | |
| (a) Description of security or category (including name of security) | | (c) Method of valuation: Cost or end | d-of-vear market value |
| (A) E1 | | (0) | |
| (1) Financial derivatives (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | • | | |
| Part VIII Investments - Program Related. | • | | |
| Complete if the organization answered "Yes | s" on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | • | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes | s" on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a | a) Description | | (b) Book value |
| <u>(1)</u> | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) I | ine 15.) | > | |
| Part X Other Liabilities. | " F 000 D 1 N / I' | 11 11(O E 000 D 1 V II 05 | _ |
| Complete if the organization answered "Yes | s" on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes (2) DEFERRED RENT | | | 117,067. |
| (-) | | | 117,007. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2019

117,067.

| Par | rt XI | Reconciliation of Revenue per Audited Financial Statem | ents With Reve | enue per Return. | |
|----------------------|---------|--|-----------------------|-------------------|---------|
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | | |
| 1 | Total | revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amou | nts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net u | nrealized gains (losses) on investments | 2a | | |
| b | Donat | red services and use of facilities | . 2b | | |
| С | | veries of prior year grants | | | |
| d | | (Describe in Part XIII.) | | | |
| е | | nes 2a through 2d | | 2e | |
| 3 | Subtr | act line 2e from line 1 | | 3 | |
| 4 | | nts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Invest | ment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other | (Describe in Part XIII.) | 4b | | |
| | | nes 4a and 4b | | 4c | |
| 5 | Total | revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |
| Pai | rt XII | Reconciliation of Expenses per Audited Financial Staten | nents With Exp | enses per Return. | |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | | |
| 1 | Total | expenses and losses per audited financial statements | | 1 | |
| 2 | | nts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | | red services and use of facilities | _ 2a | | |
| | | year adjustments | | | |
| С | | losses | | | |
| d | Other | (Describe in Part XIII.) | | | |
| е | | nes 2a through 2d | • | 2e | |
| 3 | Subtr | act line 2e from line 1 | | 3 | |
| 4 | | nts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Invest | ment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | | (Describe in Part XIII.) | | | |
| | | nes 4a and 4b | | 4c | |
| 5 | Total | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | |
| Pai | rt XIII | Supplemental Information. | | | |
| ines P A F | 2d and | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, land Part XII, lines 2d and 4b. Also complete this part to provide any ad | ditional information. | | |
| | | GANIZATION'S ENDOWMENT FUNDS ARE DONOF IC LITERARY AWARDS. | R DESIGNAT | ED ENDOWMENTS 1 | ro fund |
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59739072

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

PEN AMERICAN CENTER, INC.

13-3447888

| FEN AMERICAN CE | | | | 13-344700 | |
|--|-------------------------------------|---|---|--|--|
| | | Activities Ou | tside the United States. Complet | te if the organization answered " | Yes" on |
| Form 990, Part IV | | | | | _ |
| | • | | ds to substantiate the amount of its gra | · — | |
| the grantees' eligibility for | or the grants or a | assistance, and | the selection criteria used to award the | grants or assistance? X | Yes No |
| = | cribe in Part V the | e organization's | procedures for monitoring the use of its | grants and other assistance out | side the |
| United States. | | | | | |
| | | | an be duplicated if additional space is no | | |
| (a) Region | (b) Number of offices in the region | employees, agents, and independent contractors | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| EAST ASIA AND THE | | in the region | | | |
| | | | | | |
| PACIFIC - AUSTRALIA, | | | | | |
| BRUNEI, BURMA, | | | GRANTS TO RECIPIENTS IN THE | | |
| CAMBODIA, | 0 | 0 | REGION | | 125,767. |
| EUROPE (INCLUDING | | | | | |
| ICELAND & GREENLAND) | | | GRANTS TO RECIPIENTS IN THE | | |
| - ALBANIA, ANDORRA, | | | REGION & INTERNATIONAL PEN | | |
| AUSTRIA, BELGIUM | 0 | 0 | DUES | | 32,800. |
| SUB-SAHARAN AFRICA | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 3,500. |
| CENTRAL ASIA | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 5,000. |
| WESTERN ASIA | 0 | 0 | GRANTS TO RECIPIENTS IN THE | | 1,007. |
| | | | | | |
| | | | | | |
| 0 - 0 | 0 | 0 | | | 169 074 |
| 3 a Subtotalb Total from continuation | | 0 | | | 168,074. |
| sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 168,074. |
| | | | | | |

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

Schedule F (Form 990) 2019

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|----------------------------|---|--|-----------------------|--------------------------|---------------------------------|--|---------------------------------------|--|
| | | EUROPE (INCLUDING | STRENGTHENING | | | | | |
| | | ICELAND & | EURASIAN PEN CENTERS | | | | | |
| | | GREENLAND) - | PROJECT AND STATUTORY | | | | | |
| | | ALBANIA, ANDORRA, | ACTIVITIES | 12,000. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE | | | | | | |
| | | PACIFIC - | | | | | | |
| | | AUSTRALIA, | CENTER DEVELOPMENT | | | | | |
| | | BRUNEI, BURMA, | ACTIVITIES | 122,267. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | ANNUAL DUES | 14 300 | WIRE TRANSFER | 0. | | |
| | | GREENLAND / | ANNOAL DOES | 14,300. | WIRE TRANSFER | 0. | | |
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| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt |
|---|--|
| | by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter |
| 3 | Enter total number of other organizations or entities |

| | 3 |
|--|---|
| | 0 |

0.

WESTERN ASIA

PEN AMERICAN CENTER, INC. 13-3447888 Schedule F (Form 990) 2019 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (f) Amount of (h) Method of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region valuation (book, FMV, appraisal, other) recipients cash grant cash disbursement noncash noncash assistance assistance SOUTH ASIA -AFGHANISTAN. BANGLADESH, EMERGENCY SUPPORT GRANT BHUTAN, INDIA, 2 2,500.WIRE TRANSFER 0 EUROPE (INCLUDING ICELAND & GREENLAND) -EMERGENCY SUPPORT GRANT ALBANIA, ANDORRA 2 3,500 WIRE TRANSFER 0 EAST ASIA AND THE EMERGENCY SUPPORT GRANT PACIFIC 1 1,000 WIRE TRANSFER 0 EMERGENCY SUPPORT GRANT WEST AFRICA 1,500 WIRE TRANSFER 0. 1 EMERGENCY SUPPORT GRANT SOUTH AFRICA 2,000 WIRE TRANSFER 1 0.

1,007.CHECK

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EMERGENCY SUPPORT GRANT

Page 4

Schedule F (Form 990) 2019 Part IV Foreign Forms

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

Schedule F (Form 990) 2019

Part V | Supplemental Information

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

| PART | I, | ${	t LINE}$ | 2 : |
|------|----|-------------|-----|
|------|----|-------------|-----|

DUES ARE PAID TO PEN'S INTERNATIONAL UMBRELLA ORGANIZATION, INTERNATIONAL WHICH PROVIDES THE ORGANIZATION WITH AN ANNUAL REPORT TO SUBSTANTIATE THE USE OF FUNDS.

THE ORGANIZATION AWARDS LITERARY PRIZES TO INDIVIDUALS BASED ON ARTISTIC MERIT IN RECOGNITION OF SIGNIFICANT ACCOMPLISHMENTS IN THE FIELD. THEREFORE, SINCE THE AWARDS AND PRIZES ARE NOT MADE TO FUND SPECIFIC PROJECTS OR ACTIVITIES OF THE RECIPIENTS, THE ORGANIZATION DOES NOT MONITOR THE EXPENDITURES OF THE RECIPIENTS. AWARDS ARE GIVEN TO INDIVIDUALS OF PROVEN MERIT FOR THEIR PERSONAL USE. TRANSLATION FUND GRANTS, INCLUDED AS PART OF LITERARY AWARDS, ARE AWARDED BASED ON A PROPOSAL AND SAMPLE TRANSLATION INTO ENGLISH OF A PREVIOUSLY-UNTRANSLATED HALF OF THE GRANT IS FUNDED UPFRONT AND THE REMAINDER IS FUNDED AT WORK. THE COMPLETION OF THE TRANSLATION.

EMERGENCY GRANTS MADE TO INDIVIDUALS OUTSIDE THE US ARE BASED ON SUBSTANTIATED AND/OR IMMEDIATE NEED, GENERALLY FOR TEMPORARY LIVING EXPENSES OR FOR LEGAL EXPENSES.

59739072

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 13-3447888 PEN AMERICAN CENTER, INC.

| Part I Fundraising Activities. required to complete this par | Complete if the organization answe | red "Y | es" or | n Form 990, Part IV, | line 17. Form 990-EZ | filers are not |
|--|--|---|---|--|--|---|
| 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the compensated at least \$5,000 by the | sed funds through any of the following and Solicitates and Solicitates and Solicitates are virule and solicitates. The solicitates are solicitated and Solicitates are solicitated and Solicitates. Solicitates are solicitated and Solicitates are solicitat | ion of ion of fundra (includ | non-g gover lising o ding o ional f | overnment grants nment grants events fficers, directors, true undraising services? | stees, or Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have co or con contribu | trol of | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
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| Fotal | | | • | | | |
| List all states in which the organization or licensing. | on is registered or licensed to solicit o | contrib | utions | s or has been notified | d it is exempt from re | egistration |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

| Pä | iπ | of fundraising events. Complete if the | • | · | | · |
|-----------------|------|--|------------------------------|--|--------------------|--|
| | | | (a) Event #1 PEN LITERARY | (b) Event #2 PEN LITFEST | (c) Other events | (d) Total events (add col. (a) through |
| | | | GALA | GALA | (total number) | col. (c)) |
| ne | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 2,424,207. | 416,666. | 441,428. | 3,282,301. |
| | 2 | Less: Contributions | 1,983,617. | 285,439. | 428,052. | 2,697,108. |
| | 3 | Gross income (line 1 minus line 2) | 440,590. | 131,227. | 13,376. | 585,193. |
| | 4 | Cash prizes | | | | |
| es | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| irect E | 7 | Food and beverages | 300,498. | 95,124. | 13,376. | 408,998. |
| | 8 | Entertainment | 0. | | | |
| | 9 | Other direct expenses | 140,092. | 36,103. | | 176,195. |
| | 10 | | n 9 in column (d) | | > | 585,193. |
| | | Net income summary. Subtract line 10 from li | ne 3, column (d) | | > | 0. |
| Pa | rt I | | answered "Yes" on Form | n 990, Part IV, line 19, or | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | · | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 | Gross revenue | | | | |
| <u>ر</u> | 2 | Cash prizes | | | | |
| pense | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| Ω | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | ∟∟ No | ∟ No | ∟∟ No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | > | |
| a | En | ter the state(s) in which the organization condu | icts daming activities: | | | |
| | | the organization licensed to conduct gaming a | _ | states? | | Yes No |
| | | No," explain: | | | | |
| | _ | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | • | - | year? | Yes No |
| | _ | | | | | |
| | | | | | | |

Schedule G (Form 990 or 990-EZ) 2019

| Sch | edule G (Form 990 or 990 EZ) 2019 PEN AMERICAN CENTER, INC. 13- | 3447888 | Page 3 |
|-----|--|-------------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | ☐ No |
| 12 | Indicate the percentage of gaming activity conducted in: | , | |
| | | 120 | 0/ |
| | The organization's facility | | <u>%</u> |
| | An outside facility | 13b | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | |
| | of gaming revenue retained by the third party \$\bigs\sum_{ | | |
| | If "Yes," enter name and address of the third party: | | |
| | The 103, Cited hame and address of the tillia party. | | |
| | Name ▶ | | |
| | | | |
| | Address - | | |
| 16 | Gaming manager information: | | |
| | Name ▶ | | |
| | Consider manager company and the North Consider Nor | | |
| | Gaming manager compensation \$ | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | |
| | | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | └── No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year ▶ \$ | | |
| Pa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F | art III, lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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| Schedule 6 | G (Form 990 or 990-EZ) | PEN AMERICAN CENT | ER, INC. | 13-3447888 Page 4 |
|------------|---|--------------------|----------|-------------------|
| Part IV | G (Form 990 or 990-EZ) Supplemental Info | mation (continued) | | Ğ |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

| Name o | Employer identification number $13-3447888$ | | | | | | | |
|------------|---|----------------------|------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|---------------------------------------|
| Part I | PEN AMERI General Information on Grants a | | | | | | | 10 011/000 |
| 1 D | oes the organization maintain records | to substantiate th | e amount of the grant | s or assistance, the | e grantees' eligibilit | ty for the grants or ass | sistance, and the selec | tion |
| | riteria used to award the grants or assi | | | | - | | | |
| 2 D | escribe in Part IV the organization's pro | ocedures for mon | itoring the use of gran | t funds in the Unite | ed States. | | | |
| Part I | Grants and Other Assistance to | Domestic Organ | izations and Domest | ic Governments. | Complete if the org | anization answered "\ | es" on Form 990, Par | t IV, line 21, for any |
| | recipient that received more than | \$5,000. Part II car | n be duplicated if addi | tional space is nee | ded. | | | |
| 1 (a | a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | | |
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| | nter total number of section 501(c)(3) a | | | | | | | |

Page 2

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

PEN AMERICAN CENTER, INC.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|---------------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| ITERARY AWARDS | 32 | 332,569. | 0. | | |
| | | | | | |
| PRISON WRITING CONTEST PRIZE | 36 | 85,205. | 0. | | |
| | | | | | |
| PRANSLATION GRANTS | 19 | 43,706. | 0. | | |
| | | | | | |
| RITER'S FUND GRANT | 43 | 60,800. | 0. | | |
| | | | | | |
| PRESS FREEDOM INCENTIVE FUND | 34 | 87,134. | 0. | | |

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

PART I, LINE 2:

THE ORGANIZATION AWARDS LITERARY PRIZES TO INDIVIDUALS BASED ON ARTISTIC

MERIT IN RECOGNITION OF SIGNIFICANT ACCOMPLISHMENTS IN THE FIELD.

THEREFORE, SINCE THE AWARDS AND PRIZES ARE NOT MADE TO FUND SPECIFIC

PROJECTS OR ACTIVITIES OF THE RECIPIENTS, THE ORGANIZATION DOES NOT MONITOR

THE EXPENDITURES OF THE RECIPIENTS. AWARDS ARE GIVEN TO INDIVIDUALS OF

PROVEN MERIT FOR THEIR PERSONAL USE. TRANSLATION FUND GRANTS, INCLUDED AS

PART OF LITERARY AWARDS, ARE AWARDED BASED ON A PROPOSAL AND SAMPLE

TRANSLATION INTO ENGLISH OF A PREVIOUSLY-UNTRANSLATED WORK. HALF OF THE

| Part IV Supplemental Information |
|---|
| GRANT IS FUNDED UPFRONT AND THE REMAINDER IS FUNDED AT THE COMPLETION OF |
| THE TRANSLATION. |
| |
| EMERGENCY GRANTS ARE MADE TO WRITERS, WITH WHOM PEN SHARES A COMMUNITY, FOR |
| IMMEDIATE CASH NEEDS THAT ARE DOCUMENTED IN A WRITTEN APPLICATION. THE |
| ORGANIZATION'S WRITER'S FUND COMMITTEE MEETS QUARTERLY TO REVIEW |
| APPLICATIONS FROM WRITERS IN NEED. GRANTS ARE PROVIDED TO THOSE WITH |
| IMMEDIATE, SUBSTANTIATED NEED. THE WRITER'S FUND COMMITTEE MAINTAINS |
| RECORDS OF APPLICATIONS. |
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SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

PEN AMERICAN CENTER, INC. **Employer identification number** 13-3447888

| Pa | rt I Questions Regarding Compensation | | | |
|----|---|----------|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | 4- | | Х |
| a | Receive a severance payment or change-of-control payment? | 4a 4b | | X |
| D | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 40 4c | | X |
| C | Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 40 | | |
| | The storage of lines 44-6, list the persons and provide the applicable amounts for each item in Fart III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| Ŭ | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | Х |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | i |

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

Schedule J (Form 990) 2019

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

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

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

| | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|------------------------------------|------------------|--------------------------|---|---|-------------------------|------------------------------------|--------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | benefits | (B)(I)-(D) | reported as deferred on prior Form 990 |
| (1) SUZANNE NOSSEL | (i) | 373,478. | 50,000. | 0. | 19,600. | 2,190. | 445,268. | 0. |
| CHIEF EXECUTIVE OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) DRUSILLA MENAKER | (i) | 166,935. | 40,000. | 0. | 11,900. | 9,756. | 228,591. | 0. |
| CHIEF OPERATING OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) OLAKUNLE APAMPA | (i) | 160,491. | 5,000. | 0. | 11,463. | 8,115. | 185,069. | 0. |
| CHIEF FINANCIAL OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) CHIP ROLLEY | (i) | 155,042. | 5,000. | 0. | 4,789. | 11,298. | 176,129. | 0. |
| SENIOR DIRECTOR, LITERARY PROGRAMS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) DEBORAH WILSON | (i) | 151,888. | 5,000. | 0. | 4,850. | 9,803. | 171,541. | 0. |
| CHIEF DEVELOPMENT OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) SUMMER LOPEZ | (i) | 141,016. | 10,000. | 0. | 9,996. | 8,475. | 169,487. | 0. |
| SENIOR DIRECTOR, FREE EXPRESSION | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) THOMAS MELIA | (i) | 142,533. | 0. | 0. | 7,000. | 800. | 150,333. | 0. |
| SENIOR DIRECTOR, WASHINGTON | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) MICHELLE MEYERING | (i) | 113,500. | 20,000. | 0. | 2,850. | 24,164. | | 0. |
| EXECUTIVE DIRECTOR, LOS ANGELES | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization PEN AMERICAN CENTER, INC. **Employer identification number** 13-3447888

| Pai | rt I Types of Property | | | | | | | |
|----------|--|-----------------|-------------------------|---------------------------------------|-------------------|-----------------|-------|----|
| | | (a) Check if | (b) Number of | (c) Noncash contributior | (d Method of d | | ina | |
| | | applicable | contributions or | amounts reported on | noncash contrib | | | s |
| _ | Art. Martin of art | | items contributed | Form 990, Part VIII, line | 1g | | | |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | X | 5 | 110 20 | 4.FAIR MARKE | Π 17 7 . | T.TTE | |
| 9 | Securities - Publicly traded | | , , | 110,20 | 4. PAIN MARKE. | L VA. | 0015 | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| 40 | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| 44 | Historic structures Qualified conservation contribution - Other | | | | | | | |
| 14 15 | **** | | | | | | | |
| | Real estate - Residential Real estate - Commercial | | | | | | | |
| 16 17 | | | | | | | | |
| 18 | Real estate - Other | | | | | | | |
| 19 | Collectibles Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other () | | | | | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organization | zation durin | g the tax year for o | ontributions | | | | |
| | for which the organization completed Form 828 | 33, Part IV, | Donee Acknowled | gement 29 | | | 0 | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | y contribution | on any property rep | oorted in Part I, lines 1 th | rough 28, that it | | | |
| | must hold for at least three years from the date | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | | | | | 31 | | X |
| 32a | Does the organization hire or use third parties | or related or | rganizations to soli | cit, process, or sell nonc | ash | | | |
| | contributions? | | | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of propert | y for which column (a) is | checked, | | | |
| | describe in Part II. | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932142 09-27-19

Schedule M (Form 990) 2019

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2019
Open to Public

Open to Public Inspection

Name of the organization

PEN AMERICAN CENTER, INC.

Employer identification number 13-3447888

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

TO DEFEND FREE EXPRESSION, ADVANCE LITERATURE, AND FOSTER INTERNATIONAL

LITERARY FELLOWSHIP.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE 15TH ANNIVERSARY OF UNITED STATES' LEADING INTERNATIONAL LITERARY FESTIVAL CONSISTS OF 70+ EVENTS ACROSS NYC, INCLUDING A KEYNOTE LECTURE BY BOOKER PRIZE-WINNING INDIAN NOVELIST ARUNDHATI ROY AT THE APOLLO THEATER. PROGRAMMING INCLUDES EVENTS WITH LAURIE ANDERSON, FATIMAH ASGHAR, RAS BARAKA, REVEREND DR. WILLIAM BARBER II, ELIF BATUMAN, JERICHO BROWN, CAROLE CADWALLADR, MARY H.K. CHOI, KWAME DAWES, JENNIFER EGAN, DAVE EGGERS, NAJAT EL HACHMI, CAROLIN EMCKE, ISAAC FITZGERALD, MASHA GESSEN, SUE HALPERN, ISABELLA HAMMAD, MOHAMMED HANIF, JUAN FELIPE HERRERA, SHEILA HETI, CHRISTOS IKONOMOU, MARLON JAMES, BILL T. JONES, YUSEF KOMUNYAKAA, EDOUARD LOUIS, YONGEY MINGYUR RINPOCHE, AJA MONET, SCHOLASTIQUE MUKASONGA, H.M. NAQVI, TOMMY ORANGE, MORGAN PARKER, INES PEDROSA, RODRIGO REY ROSA, DOUGLAS RUSHKOFF, SONIA SANCHEZ, ELIF SHAFAK, JESSE PARIS SMITH, DOMENICO STARNONE, ELIZABETH STREB, KARA SWISHER, COLM TOIBIN, TARA WESTOVER, SHOSHANA ZUBOFF, AND MORE; LINEUP ALSO INCLUDES BRIDGETT M. DAVIS, RODRIGO FRESAN, SHIORI ITO, NIVIAQ KORNELIUSSEN, LIAO YIWU, MA JIAN, GEORGE PACKER, PHILIPPE PETIT, DANI SHAPIRO, PAJTIM STATOVCI, MIRIAM TOEWS, AND RAUL ZURITA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC PROGRAMS; CONTENT AND OUTREACH; MEMBERSHIP; BRANCHES; PRISON

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization
PEN AMERICAN CENTER, INC.
Employer identification number
13-3447888

WRITING; PEN AMERICA JOURNAL; WRITERS FUND.

EXPENSES \$ 2,533,102. INCLUDING GRANTS OF \$ 174,839. REVENUE \$ 3,656.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION. THE MEMBERSHIP OF PEN IS

COMPOSED OF POETS, PLAYWRIGHTS, EDITORS, ESSAYISTS, NOVELISTS, SHORT STORY

WRITERS, BIOGRAPHERS, HISTORIANS, PHILOSOPHERS, CRITICS, TRANSLATORS, AND

OTHERS SIMILARLY ENGAGED. THE QUALIFICATION FOR MEMBERSHIP IS ACKNOWLEDGED

ACHIEVEMENT IN THE LITERARY FIELD OR OTHER DISTINGUISHED SERVICE TO THE

LITERARY COMMUNITY. A SEPARATE ASSOCIATE MEMBERSHIP CATEGORY IS CONFERRED

UPON STUDENTS, NON-QUALIFYING WRITERS, AND INDIVIDUALS WHO SUPPORT PEN'S

GOALS. ASSOCIATE MEMBERSHIP CARRIES NO VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A:

PEN AMERICAN CENTER IS A MEMBERSHIP ORGANIZATION WITH APPROXIMATELY 7,000

CURRENT MEMBERS. THE MEMBERSHIP, IN ITS ANNUAL MEETING GENERALLY HELD IN

MARCH OF EACH YEAR, ELECTS PEN'S GOVERNING BODY. ACCORDING TO OUR BY-LAWS:

- "THE AFFAIRS AND PROPERTY OF PEN SHALL BE MANAGED BY ITS GOVERNING BOARD,

 THE BOARD OF TRUSTEES, WHO ARE LEGALLY RESPONSIBLE AS FIDUCIARIES TO SEE

 THAT PEN CARRIES OUT ITS PROGRAMS IN FULFILLMENT OF ITS CHARITABLE

 PURPOSES..."
- "THE ANNUAL MEETING OF PEN MEMBERS, FOR THE ELECTION OF TRUSTEES, OF

 CORPORATE OFFICERS, AND OF MEMBER COMMITTEE CHAIRS, THE RECEIPT OF REPORTS

 AND THE CONDUCT OF SUCH OTHER BUSINESS AS MAY COME BEFORE THE MEETING,

 SHALL BE HELD DURING THE FIRST SIX MONTHS OF THE FISCAL YEAR."

FORM 990, PART VI, SECTION A, LINE 7B:

59739072

Name of the organization
PEN AMERICAN CENTER, INC.
Employer identification number
13-3447888

ONLY TO THE EXTENT OF BY-LAW CHANGES.

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

THE CHIEF FINANCIAL OFFICER, THE CHIEF OPERATING OFFICER, THE CHIEF

EXECUTIVE OFFICER AND THE AUDIT COMMITTEE REVIEWED A DRAFT OF FORM 990. THE

FINAL FORM 990 IS THEN PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AT EACH MARCH BOARD MEETING (FIRST MEETING OF THE YEAR), THE CONFLICT OF

INTEREST POLICY IS CIRCULATED PRIOR TO THE MEETING AND RETURNED BY EACH

TRUSTEE TO THE CHIEF EXECUTIVE OFFICER. IN ADDITION, EACH DIRECTOR-LEVEL

STAFF MEMBER MUST SIGN A CONFLICT OF INTEREST FORM.

ANY TRUSTEE WHO IS UNCERTAIN ABOUT A POSSIBLE CONFLICT SHOULD REQUEST THE BOARD TO MAKE A DETERMINATION, AND THE BOARD SHALL RESOLVE THE QUESTION BY MAJORITY VOTE.

TRUSTEES WHO HAVE BEEN FOUND TO HAVE A CONFLICT IN ANY MATTER PENDING

BEFORE THE BOARD SHALL REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE

MATTER. THE BOARD MAY REQUEST INFORMATION OR INTERPRETATION FROM THE

PERSON(S) INVOLVED IN THE CONFLICT. THE TRUSTEE INVOLVED IN THE CONFLICT

SHALL NOT VOTE ON SUCH MATTERS.

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

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS DETERMINED BY THE BOARD OF DIRECTORS WITH INPUT FROM INDEPENDENT EXTERNAL SOURCES. THE CHIEF EXECUTIVE OFFICER, IN CONSULTATION WITH THE CHIEF FINANCIAL OFFICER,

DETERMINES STAFF COMPENSATION BASED ON THE SALARY LEVEL OF PREVIOUS STAFF

59739072

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|---|---|
| Name of the organization PEN AMERICAN CENTER, INC. | Employer identification number 13-3447888 |
| WITH SIMILAR RESPONSIBILITIES, AND TAKING INTO CONSIDERAT | TION THE EXPERIENCE |
| OF THE CANDIDATE AND THE MARKETPLACE. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION'S CHARTER, ANNUAL REPORT, AND AUDITED FI | NANCIAL STATEMENTS |
| ARE AVAILABLE ON ITS WEBSITE. FORM 990 AND THE CONFLICT O | OF INTEREST POLICY |
| ARE MADE AVAILABLE UPON WRITTEN REQUEST. | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| PROGRAM CONSULTANTS: | |
| PROGRAM SERVICE EXPENSES | 680,055. |
| MANAGEMENT AND GENERAL EXPENSES | 4,851. |
| FUNDRAISING EXPENSES | 79,599. |
| TOTAL EXPENSES | 764,505. |
| OTHER CONSULTANTS: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 38,035. |
| TOTAL EXPENSES | 38,035. |
| OTHER PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 172,518. |
| MANAGEMENT AND GENERAL EXPENSES | 94,221. |
| FUNDRAISING EXPENSES | 1,800. |
| TOTAL EXPENSES | 268,539. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,071,079. |
| | |

59739072

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization PEN AMERICAN CENTER, INC.

Employer identification number 13-3447888

| Part I Identification of Disregarded Entities. Compl | ete if the organization answered "Yo | es" on Form 990, Part IV, line 3 | 3. | | | | | |
|---|---------------------------------------|---|-------------------------------|---------------------------------------|-----------|---------------------------------|-------|------------------------------------|
| (a) Name, address, and EIN (if applicable) | (b) Primary activity | (c) Legal domicile (state o | (d) or Total inco | (e) me End-of-yea | | (f) Direct controlling entity | | |
| of disregarded entity | | foreign country) | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | zations. Complete if the organization | on answered "Yes" on Form 990 | 0, Part IV, line 34, | because it had on | e or more | related tax-exe | empt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | | (f) et controlling entity | contr | g) 512(b)(13) rolled ity? |
| | | | | 501(c)(3)) | | | Yes | No |
| PEN CENTER USA WEST, INC 95-3502910 8444 WILSHIRE BLVD, 4TH FL. | FREE EXPRESSION AND | | | | PEN AM | | | |
| BEVERLY HILLS, CA 90211 | LITERARY ACTIVITIES | CALIFORNIA | 501(C)(3) | LINE 7 | CENTER | , INC. | 1 | Х |
| | | | | | | | | |
| | | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Page 2

| | Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more relate | d |
|---------|--|---|
| ı artın | organizations treated as a partnership during the tax year. | |

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | h) | (i) | (j) | | (k) |
|--|------------------|---|---|-------------------|-----------------------|--|-----|--|------------------------|------------------------|------------------------|-----|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income | | Share of total income | otal Share of end-of-year assets Disproportionate amoun 20 of S | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gener mana partn | al or F ging er? | ercentage ownership | |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | No | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sect 512(b contri enti | tion b)(13) rolled ity? |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------------------------------|---------------------------------|----------------------------------|
| | | country) | | or tructy | | 400010 | | Yes | No |
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Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| 1 | During the tax year, did the organization engage in any of the following transactions | s with one or more re | elated organizations listed | in Parts II-IV? | | | | | | |
|--|---|-----------------------|-----------------------------|---|--------|--------|---------|--|--|--|
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | <i>/</i> | | | 1a | | X | | | |
| | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | X | | | |
| | | | | | 1c | | X | | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | X | | | |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X | | | |
| | | | | | | | Х | | | |
| f Dividends from related organization(s) | | | | | | | | | | |
| | | | | | | | | | | |
| h Purchase of assets from related organization(s) | | | | | | | | | | |
| i Exchange of assets with related organization(s) | | | | | | | | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | | | |
| | | | | | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | | | | |
| Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | Х | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | | | | | | | |
| q Reimbursement paid by related organization(s) for expenses | | | | | | | | | | |
| | | | | | | | | | | |
| c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) n Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction type (a·s) Method of determining amount in type (a·s) | | | 1r | | X | | | | | |
| r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) | | | | | | | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on w | vho must complete t | nis line, including covered | relationships and transaction thresholds. | | | | | | |
| Name of related organization Transaction Amount involved Method of determining amount invo | | | | | | | | | | |
| 1) PEN CENTER USA WEST, INC. L 134,797.ACTUAL EXPENSES INCURRE | | | | | | | | | | |
| 2) | | | | | | | | | | |
| | | | | | | | | | | |
| 3) | | | | | | | | | | |
| 4) | | | | | | | | | | |
| 5) | | | | | | | | | | |
| | | | | | | | | | | |
| 6) | | <u>58</u> | | Schedule | D /F | 000 | 0046 | | | |
| 3216 | 3 09-10-19 | J 0 | | Schedule | K (FOr | TI 990 | 1 ZU 19 | | | |

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

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

| (a) | (b) | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) | (f) | (g) | (r | 1) | (i) | (j) | (k) |
|------------------------|------------------|----------------------------|---|------------|----------|-------------|----------------|--------------|--|----------|--------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related unrelated | partners s | Share of | Share of | Dispro tion | opor- ate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Genera | l or Percent |
| of entity | | (state or foreign country) | excluded from tax under | orgs.? | total | end-of-year | allocat | ions? | of Schedule K-1 | partn | owners |
| | | country) | sections 512-514) | Yes N | income | assets | Yes | No | (Form 1065) | Yes I | 10 |
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2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|--|------------------|--------|------|------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| | MACHINERY & EQUIPMENT | | | | | | | | | | | | | | |
| 1 | FURNITURE, FIXTURES | VARIOUS | SL | 5.00 | 1 | 16 | 26,323. | | | | 26,323. | 20,544. | | 2,167. | 22,711. |
| 4 | EQUIPMENT | VARIOUS | SL | .000 | 1 | 16 | 207,719. | | | | 207,719. | 151,249. | | 13,006. | 164,255. |
| | * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT | | | | | | 234,042. | | | | 234,042. | 171,793. | | 15,173. | 186,966. |
| | OTHER | | | | | | | | | | | | | | |
| 2 | LEASEHOLD IMPROVEMENTS | VARIOUS | SL | .000 | 1 | 16 | 552,535. | | | | 552,535. | 377,255. | | 30,589. | 407,844. |
| 3 | WEBSITE | VARIOUS | SL | 3.00 | 1 | 16 | 258,395. | | | | 258,395. | 168,374. | | 32,786. | 201,160. |
| 5 | SOFTWARE | VARIOUS | SL | 3.00 | 1 | 16 | 5,000. | | | | 5,000. | 917. | | 1,000. | 1,917. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | 815,930. | | | | 815,930. | 546,546. | | 64,375. | 610,921. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 1,049,972. | | | | 1,049,972. | 718,339. | | 79,548. | 797,887. |
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