Form 990

Department of the Treasury

Internal Revenue Service

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

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

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



AF	or th	e 2018 calendar year, or tax year beginning and	ending					
B c	heck if pplicab	le: C Name of organization		D Employer identified	cation number			
		PEN AMERICAN CENTER, INC.						
				13-3	447888			
	⊐Initial	5	Room/suite	E Telephone number				
			303)334-1660			
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,485,316.			
	Amer returr	Med NEW YORK NY 10012 5246		H(a) Is this a group re	eturn			
	ltion			for subordinates				
	pend	SAME AS C ABOVE		H(b) Are all subordinates in				
11	ax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) d	or 📃 527		list. (see instructions)			
		te: NWW.PEN.ORG		H(c) Group exemption				
κF	orm o	f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🔛 Other 🕨	L Year	of formation: 1985	State of legal domicile: NY			
Pa	art I	Summary						
ġ	1	Briefly describe the organization's mission or most significant activities: PEN 2	AMERIC	CAN CENTER,	INC. IS AN			
Address Address Address Name Final Final Final American Am		ASSOCIATION OF WRITERS AND OTHERS IN THE	LITER	ARY COMMUNI	TY WORKING			
	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as				
				33				
	4	Number of independent voting members of the governing body (Part VI, line 1b) $_{\rm c}$			33			
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			41			
ivit	-	Total number of volunteers (estimate if necessary)		6	80			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 38	·····	I	0.			
Net Assets or Fund BalancesI area For the Assets or Fund BalancesI area I areaActivities & GovernanceI area I areaI area Fund BalancesI area I areaI area I areaI area I areaI area I areaI area I areaI area I areaI area I area I areaI area I areaI area I areaI area I areaI area I areaI area I areaI area I area I areaI area I areaI area I areaI area I areaI area I areaI area I area I areaI area I areaI area I areaI area I areaI area I areaI area I area I areaI area I areaI area I areaI area I areaI area I areaI area I area I areaI area I areaI area I areaI area I areaI area I areaI area I area I areaI area I areaI area I areaI area I areaI area I areaI area I area I areaI area I areaI area I areaI area I areaI area I areaI area I area I areaI area I areaI area I areaI area I areaI area I areaI area I area I areaI area I areaI area I areaI area I areaI area I areaI area I area I areaI area I areaI area I areaI area I areaI area I areaI area I area I area I areaI area I area I areaI area I area I area				Prior Year	Current Year			
		Contributions and grants (Part VIII, line 1h)		7,204,502.	9,417,007.			
		Program service revenue (Part VIII, line 2g)		251,628. 108,482.	317,956.			
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,795.	128,134. 33,802.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,578,407.	9,896,899.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		669,848.	719,874.			
xpenses Revenue Revenue X		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		009,040.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		3,108,614.	4,027,416.			
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _ Professional fundraising fees (Part IX, column (A), line 11e)		58,000.				
oen		Total fundraising expenses (Part IX, column (A), line 11e)	64.	50,000.	0.			
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,758,394.	3,339,581.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,594,856.	8,086,871.			
		Revenue less expenses. Subtract line 18 from line 12		983,551.	1,810,028.			
es	19	Thevenue less expenses. Subtract line to north line 12		ginning of Current Year	End of Year			
ets (20	Total assets (Part X, line 16)		8,499,569.	9,951,939.			
Ass Bal		Total liabilities (Part X, line 26)		576,370.	473,489.			
Net		Net assets or fund balances. Subtract line 21 from line 20		7,923,199.	9,478,450.			
		Signature Block		.,,	2,2.0,2001			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SUZANNE NOSSEL, CHIEF Type or print name and title	EXECUTIVE OFFICER		Date
Paid	Print/Type preparer's name FREDERICK MARTENS	Preparer's signature	Date	Check PTIN if self-employed P00298107
Preparer				Firm's EIN 13-1655065
Use Only				
	NEW YORK, NY 101	76		Phone no. 212 - 697 - 2299
May the IF	RS discuss this return with the preparer shown abc	ove? (see instructions)		X Yes No
Suzanne Suzanne CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN Paid Preparer FREDERICK MARTENS Preparer's signature Date P00298107 Firm's name LUTZ AND CARR, CPAS LLP Firm's EIN 13-1655065 Firm's address 551 FIFTH AVENUE, SUITE 400 Phone no.212-697-2299				
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	IENT C	ONTINUATION

orm	n 990 (2018) PEN AMERICAN CENTER, IN	IC. 13-3447888 Pag
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this	s Part III
1	Briefly describe the organization's mission:	
	PEN AMERICAN CENTER, INC. IS AN ASSC	
	THE LITERARY COMMUNITY WORKING TO DE	•
	LITERATURE, AND FOSTER INTERNATIONAL	LITERARY FELLOWSHIP.
2	Did the organization undertake any significant program services during t	
		Yes X
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in h	ow it conducts, any program services? Yes X
4	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each Section 501(c)(3) and 501(c)(4) organizations are required to report the a	
	revenue, if any, for each program service reported.	induit of grants and allocations to others, the total expenses, and
4a	(Code:) (Expenses \$ 1,983,164. including grants of	\$ 267,530.) (Revenue \$
та	FREE EXPRESSION PROGRAMS:	
	PEN AMERICA'S FREE EXPRESSION PROGRA	MS DEFEND WRITERS AND JOURNALISTS
	AND PROTECT THE FREE EXPRESSION RIGH	
		CH AND REPORTS ON TOPICAL ISSUES
	RANGING FROM FRAUDULENT NEWS TO CENS	ORSHIP; ADVOCACY INTERNATIONALLY
		OF PRESS FREEDOM AND ON OTHER FRE
	EXPRESSION CHALLENGES; AND CAMPAIGNS	
	INDIVIDUAL WRITERS AND JOURNALISTS U	NDER THREAT.
4b	(Code:) (Expenses \$756,942. including grants of	\$) (Revenue \$228,274
	PEN WORLD VOICES FESTIVAL	
	PEN WORLD VOICES IS AMERICA'S PREMIE	
	ATTRACTING THE BEST KNOWN WRITERS FR	
		MORE THAN 1,800 WRITERS AND
	ARTISTS FROM 118 COUNTRIES, SPEAKING	
	YORK CITY IN A WEEKLONG SERIES OF LI	
	FOCUS. THE FESTIVAL WAS FOUNDED BY S	
	OTHERS IN THE AFTERMATH OF SEPTEMBER	
	BROADENING CHANNELS OF DIALOGUE BETW	
	WORLD-A MISSION THAT, TODAY, HAS NEV	ER BEEN MORE RELEVANT.
	620 906	354,097.) (Revenue \$ 85,56
4C	(Code:) (Expenses \$ 639,806. including grants of LITERARY AWARDS	(Revenue \$ 05,50)
	DITERARI AWARDS	
	SINCE 1963, THE PEN AMERICA LITERARY	AWARDS HAVE HONORED MANY OF THE
	MOST OUTSTANDING VOICES IN LITERATUR	
	FICTION, POETRY, SCIENCE WRITING, ES	•
	CHILDREN'S LITERATURE AND DRAMA. WIT	
	AMERICA CONFERS OVER 20 DISTINCT AWA	
	EACH YEAR, AWARDING NEARLY \$350,000	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 3,017,935. including grants of \$	98,247.) (Revenue \$ 4,117.)
4e	Total program service expenses ► 6,397,847.	
<u> </u>	, , , , , , , , , , , , , , , , , , ,	Form 990 (2
3200	02 12-31-18 SEE SCHEDULE	O FOR CONTINUATION(S)
		2
61	L113 759420 5973907 2018.04030 1	PEN AMERICAN CENTER, INC. 597390

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⊢orm	990	(2018)	

Part IV Checklist of Required Schedules

PEN AMERICAN CENTER, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	
2	If "Yes," complete Schedule A	1 2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	- 23	
5	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	–		
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Па	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		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	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	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		
10	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	
832003	3 12-31-18	⊦orm	330	(2018)

13061113 759420 5973907 2018.04030 PEN AMERICAN CENTER, INC. 59739071

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Form	990	(2018)	

Part IV Checklist of Required Schedules (continued)

			Yes	N
22	Did the organization report more than $5,000$ of grants or other assistance to or for domestic individuals on		х	
23	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	~	┝
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			Ι.
	Schedule K. If "No," go to line 25a	24a		Σ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		┢
LJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	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		2
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		2
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		2
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		2
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		2
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Γ
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		2
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? <i>If</i> "Yes," <i>complete Schedule M</i>	30		2
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		2
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		2
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		Σ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		2
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		2
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Σ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
³⁸ Par	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 Statements Regarding Other IRS Filings and Tax Compliance	38	х	
	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			
Par	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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	38	X Yes	
Par 1a	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 t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	38		
Par 1a b	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 t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	38		
Par 1a b	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 t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	38		N (

Form 990	(2018)	PEN	AMERICAN	CENTER,	INC.	
Part V	State	ements Regard	ing Other IRS	Filings and	Tax Comp	liance (continued)

2a Exter the number of employees reported on from W-3, Transmital of Wage and Tax Statements, the for the considered on the 2a, did the organization file all required festinal employment tax returns? 41 b If at least one is reported on the 2a, did the organization file all required festinal employment tax returns? 2a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Did the organization for this year? (PV for to the 3b, provide an explanation of Schedule O 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR). 5a X 5b Was the organization in parts to prohibit tax sheller transaction and any time during the tax year? 5a X 5c Explanation parts to a prohibit tax sheller transaction and any time during the tax year? 5a X 5c Explanation parts to a construction B886 f7 5c 5a X 5c Explanation parts to a construction B886 f7 7c organization shart we any celevic deductible contributions and parts as onthroling on a parts at benefit contrac? 7a X 7c Capitation shart wave, and the degrade shartable contributions and party to ports ontrac? 7a X 7d<				Yes	No
b If a least one is reported on line 2a, diff the organization file all required to child each instructions) 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to child each instructions) 3a X a D the organization have unnested basiness gross income of \$1,000 or more during the year(?) 3b X b Theres, 'has if lied a Form 980-7 for this year, if if No' to ins 8b, provide an explanation if Schedule 0 3b X b I''Nes, 'inter the name of the foreign contry.' Second 200, and the organization have an unset of you a prohibit data shelter transaction and yue outing the axy year? Second 200, and 200, and 200, and 200, and 200, and 200, and difter the axy year? Second 200, and 200, and 200, and 200, and difter the axy year? Second 200, and 200, and 200, and 200, and difter the axy year? Second 200, and 200, and 200, and difter the axy year? Second 200, and 200, and 200, and difter the axy year? Second 200, and 200, and 200, and difter the axy year? Second 200, and 200, and difter the axy year? Second 200, and 200, and 200, and difter the axy year? Second 200, and 200, and 200, and difter the axy year? Second 200, and 200, and 200, and 200, and year,	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> -file (see instructions) Image: Control 1 a foreign county (such as a bank account, securities account, in or a signature or other authority over, a financial account) Image: Control 1 a foreign county (such as a bank account, securities account, or other financial account) Image: Control 1 a foreign county (such as a bank account, securities account, or other financial account) Image: Control 1 a foreign county, Control 1 a bank account, securities account, or other financial accounts (FBAR). Image: Control 1 a foreign county, Control 1 a bank account, securities account, or other financial accounts (FBAR). Image: Control 1 a foreign county, Control 1 a bank account, securities account, or other financial accounts (FBAR). Image: Control 1 a foreign county, Control 1 a bank account, securities account, or other financial accounts (FBAR). Image: Control 1 a control 1 a control 1 accounts (FBAR). Image: Control 1 accounts (FBAR). Ima		filed for the calendar year ending with or within the year covered by this return 2a 41			
30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X 45 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X 46 I' Yes, 'i near the name of the foreign country is took have a bank account, exclusing the tax yea? 5a X 56 Was the organization have an value during the tax yea? 5a X 56 I' Yes, 'in the organization in the form 3886-1'? 5a X 57 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file from 388-1'? 5a X 56 I' Yes, 'i did the organization include with every solicitation an appress statement that such contributions or gifts were not tax deductible? 7a X 7 Organization stat may receive deductible contributions under section 170(c). 10 bit organization include with every and the value of the goals or savices provided? 7b X 7 Organization stat may receive deductible contributions and party for goals and services provided? 7b X	b		2b	Х	
b If Yas, "base it liked a Form 390-T for the year? If YAo" to fine 3b, provide an explanation in Software O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X b If Yes," enter the name of the foreign country (such as a bank account, securitis account, or other financial accounts (FBAR). 5b X b D dary toxations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5b D dary toxations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5b D dary toxations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5c D dary toxation shat were not tax deductible as charitable contributions? 5a X 61 D dary toxation shat were not tax deductible contributions and party for goods and services provided to the payof? 7a X 7 Torganization shat were not tax deductible contribution an appress tatement that such contributions or gifts were not tax deductible as charitable contrabution of quantitable networe appression the foreign contrabution for a payoff. 7b X 7 Torganization shat may receive deductible contribution of quantiships foreign barn thatas c					
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Note. See the instructions for additional information the organization must report on Schedule O. Image: Constraint of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Constraint of the serves on hand Image: Constraint of the			12-		
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c Enter the amount of reserves on hand	D				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 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 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 If "Yes," see instructions and file Form 4720, Schedule N. 16 X			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 If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X					
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X 16 X					
If "Yes," see instructions and file Form 4720, Schedule N. 16 X	-		15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16		16		Х

Form **990** (2018)

832005 12-31-18

Form 990	(2018)
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PEN AMERICAN CENTER, INC.

X

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 in Schedule O. See instructions.

		<u></u>				X
Sect	tion A. Governing Body and Management					
		1.	33	2	Yes	N
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	<u>_</u>	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
h	Enter the number of voting members included in line 1a, above, who are independent	16	33	2		
		-		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?			2		Σ
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under			2		-
3	of officers, directors, or trustees, or key employees to a management company or other person?			3		2
4	Did the organization make any significant changes to its governing documents since the prior Form			4		2
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		2
6	Did the organization become aware during the year of a significant diversion of the organization s a Did the organization have members or stockholders?			6	х	-
	Did the organization have members, stockholders, or other persons who had the power to elect or			-		
74	more members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			74		
D	persons other than the governing body?			7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			10		
	The governing body?		-	8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	x	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
Ũ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		2
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal					
	(· · · · · · · · · · · · · · · · · · ·				Yes	N
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such					
	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 bo			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	Ū			
	Did the supervise the base of without a sufficient of interaction of the National Action 10			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	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 appro					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	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 arrang	ement	with a			
	taxable entity during the year?			16a		Σ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizati	on's			
	exempt status with respect to such arrangements?			16b		
Sect	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶NY , MA , CA					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, i	and 99	0-T (Section 501(c)(3)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 (expla	in in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	of interest policy, ar	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records 🕨			
	THE ORGANIZATION - (212) 334-1660					
	588 BROADWAY, SUITE 303, NEW YORK, NY 10012					
32006	5 12-31-18			Form	9 90	(20
	6					
61	113 759420 5973907 2018.04030 PEN AMERICAN (ENT	ER, INC.	597	739	07

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 (Ď), (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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(((D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ę.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com /ee				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JENNIFER EGAN	4.00			0	×	노히	ш			
PRESIDENT		x		х				0.	0.	0.
(2) MARKUS DOHLE	1.00									
EXECUTIVE VICE-PRESIDENT		X		Х				0.	0.	0.
(3) MASHA GESSEN	1.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(4) TRACY HIGGINS	1.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(5) YVONNE MARSH	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) AYAD AKHTAR	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) JENNIFER FINNEY BOYLAN	1.00									
TRUSTEE		Х						0.	0.	0.
(8) GABRIELLA DE FERRARI	1.00									
TRUSTEE		Х						0.	0.	0.
(9) ROXANNE DONOVAN	1.00									
TRUSTEE		Х						0.	0.	0.
(10) LAUREN EMBREY	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(11) NATHAN ENGLANDER	1.00									
TRUSTEE		х						0.	0.	0.
(12) JEANMARIE FENRICH	1.00									
TRUSTEE		х						0.	0.	0.
(13) TOM HEALY	1.00									
TRUSTEE		х						0.	0.	0.
(14) ELIZABETH HEMMERDINGER	1.00									
TRUSTEE	1 0 0	Х						0.	0.	0.
(15) ZACHARY KARABELL	1.00									^
TRUSTEE	1 00	X						0.	0.	0.
(16) SEAN KELLY	1.00									<u>^</u>
TRUSTEE		X						0.	0.	0.
(17) PATRICIA FILI-KRUSHEL	1.00									<u>^</u>
TRUSTEE		Х						0.	0.	0.
832007 12-31-18						_				Form 990 (2018)

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Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C					
(A)	(B)			•	C)	_		(D)	(E)		(F)	
Name and title	Average		not c	heck		e than		Reportable	Reportable		stimat	
	hours per week	box, unless person is both a officer and a director/trustee						compensation	compensation	a	mount	
	(list any	<u> </u>	1		1	Τ	<u> </u>	from the	from related organizations	0.01	other npensa	
	hours for	direct				-		organization	(W-2/1099-MISC)		from th	
	related	e or (stee			nsated		(W-2/1099-MISC)	(W 2/1000 MICO)		ganizat	
	organizations	trust	al tru		yee	edmo		· · · · · ·			nd relat	
	below	Individual trustee or director	Institutional trustee	er	oldma	est co loyee	Jer			orç	ganizat	ions
	line)	Indiv	Insti	Offic	Key employee	Highest compensated employee	Former					
(18) MIN JIN LEE	1.00											
TRUSTEE		Х						0.	0	•		0.
(19) FRANKLIN LEONARD	1.00											
TRUSTEE		Х						0.	0	•		0.
(20) MARGARET MUNZER LOEB	1.00											
TRUSTEE		X						0.	0	•		0.
(21) DINAW MENGESTU	1.00											
TRUSTEE		X						0.	0			0.
(22) SEVIL MIYHANDAR	1.00											
TRUSTEE		X						0.	0			0.
(23) PAUL MULDOON	1.00									1		
TRUSTEE		x						0.	0	•		0.
(24) ALEXANDRA MUNROE	1.00									+		
TRUSTEE		x						0.	0			Ο.
(25) CHRISTIAN OBERBECK	1.00									+		
TRUSTEE		x						0.	0			0.
(26) MICHAEL PIETSCH	1.00	+							•	<u> </u>		
TRUSTEE		x						0.	0			0.
								0.	0			0.
1b Sub-total c Total from continuation sheets to Part V	L Section A			•••••	•••••			1,008,494.	0		70,8	
								1,008,494.	0		70,8	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 									÷	<u>' '</u>	0,0	
compensation from the organization		1056	: IISLE	eu a	IDOV		10 1		,000 of reportable			5
											Yes	No
3 Did the organization list any former officer,	director or tri	into	o ka		mole	~~~~	0 r	highest companyated o			100	
								•		3		x
line 1a? If "Yes," complete Schedule J for s										3		<u> </u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$150			-					-	ine organization	4	x	
										4		
5 Did any person listed on line 1a receive or a	-				-	-		-		E		x
rendered to the organization? If "Yes," com Section B. Independent Contractors	piele Schedul	eji	UI SI	ucn	pers	SOLL				5		_ 23
•		-l				we et			¢100.000 of common		fue	
1 Complete this table for your five highest co										sation	Trom	
the organization. Report compensation for	the calendar y	ear	enai	ng v	with	or w	atnir		/ear.		<u> </u>	
(A) Name and business	address							(B) Description of s	ervices		(C) ensatic	n
MLR COMMUNICATIONS, 611		1 ጥ ነ	<u> </u>	ניתיב	סדי	ፍጥ	_	COMMUNICATIO				
SUITE 66, NEW YORK, NY 10		T T 1		511	KG.	<u>C</u> I		CONSULTING		1 7	30,9	67
SOTIE 00, NEW TORK, NI I	J02J						-	CONSOLLING			,0,9	07.
							_					
2 Total number of independent contractors (i		not li	mite	d to	tho	se li: 1	stec	d above) who received m	ore than			
\$100,000 of compensation from the organi				<u>, m</u> .	T ~ -		277				000	
SEE PART VII, SECTIO	N A CON	τ. Τ Ι	NUA	Л .Т.	TOI	IN S	5H.	EETS		Form	n 990 ((2018)
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Form 990 PEN AMER									13-344	7888
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	byee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cł	neck	all	that	app	ly)	compensation	compensation	amount of
	per					0		from	from related	other
	week (list any	JO				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	ee or	Istee			en sate		(and related
	organizations	l trust	nal tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			
	line)	Indi	Inst	Officer	Key	Hig	For			
(27) MARVIN PUTNAM	1.00									
TRUSTEE		Х						0.	0.	0.
(28) THERESA REBECK	1.00									•
TRUSTEE		Х						0.	0.	0.
(29) ALIX RITCHIE	1.00								•	•
TRUSTEE		Х						0.	0.	0.
(30) ANDREW SOLOMON	1.00									
TRUSTEE		Х						0.	0.	0.
(31) JACOB WEISBERG	1.00									
TRUSTEE	1	Х						0.	0.	0.
(32) JAIME WOLF	1.00								•	•
TRUSTEE	1 00	X						0.	0.	0.
(33) HANYA YANAGIHARA	1.00								0	0
TRUSTEE	40.00	X						0.	0.	0.
(34) SUZANNE NOSSEL	40.00								0	00 100
CHIEF EXECUTIVE OFFICER	10.00			X				383,533.	0.	20,198.
(35) DRUSILLA MENAKER	40.00								0	
CHIEF OPERATING OFFICER	10 00			X				181,701.	0.	20,651.
(36) OLAKUNLE APAMPA	40.00			37				154 070	0	
CHIEF FINANCIAL OFFICER	40.00			Х				154,076.	0.	7,766.
(37) CHIP ROLLEY	40.00					37			0	10 000
SENIOR DIRECTOR, LITERARY PROGRAMS	40.00					X		151,057.	0.	12,963.
(38) SUMMER LOPEZ	40.00					v		120 127	0	0 200
SENIOR DIR, FREE EXPRESSION PROGRAMS						Х		138,127.	0.	9,308.
				<u> </u>						
	I	I	L		I	I	I			
Total to Part VII, Section A, line 1c								1,008,494.		70,886.
,,										

04-01-18

Form	n 990 ((2018) PEN AM	ERICAN	CENTER,	INC.		13-3447	888 Page 9
Ра	rt VII	Statement of Revenue	Э					
		Check if Schedule O contain	s a response	or note to any li	ne 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
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		348,541.				
Arr (с	Fundraising events		352,483.	-			
Gif ilar	d	Related organizations	1d		-			
Sin',		Government grants (contribution	·	59,995.	-			
er S	f	All other contributions, gifts, grants, a						
Oth		similar amounts not included above		655,988.	-			
hon		Noncash contributions included in lines 1a-		138,180.	0 117 007			
<u>a O</u>	h	Total. Add lines 1a-1f		1	9,417,007.			
•	•	TICKET SALES		Business Code 900099	317,956.	317,956.		
Program Service Revenue				500055	517,550.	517,550.		
Ser	b c							
am Ver	d							
Be	e							
Pre	f		e					
		Total. Add lines 2a-2f			317,956.			
	3	Investment income (including div						
		other similar amounts)			108,642.			108,642.
	4	Income from investment of tax-ex						
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
	6 a	Gross rents			-			
		Less: rental expenses			-			
		Rental income or (loss)						
	7 a	1	i) Securities 01,118.	(ii) Other	-			
	h	,	01,110.		-			
	d	Less: cost or other basis and sales expenses	81,626.					
			19,492.		-			
		Net gain or (loss)			19,492.			19,492.
Other Revenue		Gross income from fundraising e including \$ 2,352,483	vents (not					
eve		contributions reported on line 1c						
r B		Part IV, line 18		506,791.				
the	b	Less: direct expenses		506,791.				
0		Net income or (loss) from fundrai		►	0.			
	9 a	Gross income from gaming activi						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming		····· 🕨				
	10 a	Gross sales of inventory, less ret						
		and allowances			-			
		Less: cost of goods sold						
	C	Net income or (loss) from sales o Miscellaneous Revenue		Business Code				
	11 2	MISCELLANEOUS		900099	33,802.			33,802.
	b				,			
	c							
		All other revenue						
		Total. Add lines 11a-11d		>	33,802.			
	12	Total revenue. See instructions			9,896,899.	317,956.	0.	
83200	9 12-3	1-18						Form 990 (2018)

10

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PEN AMERICAN CENTER, INC. 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).

Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX (B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations	1 0 5 0	1 050		
and domestic governments. See Part IV, line 21	1,250.	1,250.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	518,594.	518,594.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	200 020	200 020		
individuals. See Part IV, lines 15 and 16	200,030.	200,030.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	760 225	101 222	222 540	1 1 1 1 1 1
trustees, and key employees	768,225.	404,233.	222,548.	141,444
6 Compensation not included above, to disqualified				
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B)	2,652,969.	2,286,628.	62,134.	304,207
7 Other salaries and wages	2,052,909.	2,200,020.	02,134.	304,207
8 Pension plan accruals and contributions (include	60,315.	51,443.	4,002.	4,870
section 401(k) and 403(b) employer contributions)	284,249.	232,639.	13,597.	38,013
9 Other employee benefits	261,658.	206,709.	21,004.	33,945
10 Payroll taxes	201,030.	200,709.	21,004.	55,945
11 Fees for services (non-employees):				
a Management	5,330.	2,773.	2,557.	
b Legal	77,804.	4,113.	77,804.	
c Accounting	//,004.		//,004•	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	1,008,510.	744,024.	190,159.	74,327
column (A) amount, list line 11g expenses on Sch 0.)	1,000,510.	744,024•	1,1,5,6	/=,52/
12 Advertising and promotion	316,881.	185,034.	68,930.	62,917
13 Office expenses	143,169.	123,995.	15,364.	3,810
14 Information technology	140,100.	123,333.	15,501.	5,010
15 Royalties	487,377.	360,411.	69,787.	57,179
1 /	501,064.	417,350.	49,289.	34,425
 17 Travel 18 Payments of travel or entertainment expenses 	501,0010	11//0001	1572051	51,125
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	451,030.	402,900.	21,187.	26,943
	101,0001	102,5001		207510
20 Interest 21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,809.	58,309.	5,925.	9,575
23 Insurance				2,0.0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a OTHER PROGRAM EXPENSE	146,676.	146,676.		
b OTHER ADMIN EXPENSE	120,558.	47,476.	41,473.	31,609
c BOOK PURCHASE/DISTRIB	7,373.	7,373.	, =	- ,
d	,	,		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,086,871.	6,397,847.	865,760.	823,264
26 Joint costs . Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Classified in the following SOP 98-2 (ASC 958-720)				
32010 12-31-18				Form 990 (2018

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11 2018.04030 PEN AMERICAN CENTER, INC.

59739071

13061113 759420 5973907

Form 990 (2018)

Part X | Balance Sheet

					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,962,235.	1	1,705,528.
	2	Savings and temporary cash investments			149,519.	2	149,639.
	3	Pledges and grants receivable, net			2,058,386.	3	2,907,821.
	4	Accounts receivable, net	73,892.	4			
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L			5		
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 501(c)(9)	voluntary			
ş		employees' beneficiary organizations (see instr).	Complete P	art II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ϋ́	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			68,087.	9	111,149.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	967,770. 718,339.			
	b	Less: accumulated depreciation	10b	718,339.	292,119. 3,811,875.	10c	249,431. 4,742,412.
	11	Investments - publicly traded securities			3,811,875.	11	4,742,412.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			83,456.	15	85,959.
	16	Total assets. Add lines 1 through 15 (must equa			8,499,569.	16	9,951,939.
	17	Accounts payable and accrued expenses			306,534.	17	265,263.
	18	Grants payable			125,400.	18	72,901.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former	officers, dire	ectors, trustees,			
iliti		key employees, highest compensated employee	s, and disqu	alified persons.			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ited third par	ties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties	s		24	
	25	Other liabilities (including federal income tax, pay	yables to rela	ated third			
		parties, and other liabilities not included on lines	17-24). Com	plete Part X of			
		Schedule D			144,436.		135,325.
	26	Total liabilities. Add lines 17 through 25			576,370.	26	473,489.
		Organizations that follow SFAS 117 (ASC 958		e▶ 🔽 and			
Ses		complete lines 27 through 29, and lines 33 an			0 015 051		
and	27	Unrestricted net assets			2,215,851.		2,523,311.
Fund Balances	28	Temporarily restricted net assets	4,888,868.		6,136,659.		
pu	29		······	818,480.	29	818,480.	
<u></u>		Organizations that do not follow SFAS 117 (As	SC 958), che	eck here 🕨 🛄			
2 C		and complete lines 30 through 34.					
Set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
-	33	Total net assets or fund balances			7,923,199.	33	9,478,450.
	34	Total liabilities and net assets/fund balances			8,499,569.	34	9,951,939. Form 990 (2018)

PEN AMERICAN CENTER, INC.

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

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(A) Beginning of year

(B) End of year

-	1 990 (2018) PEN AMERICAN CENTER, INC.	13-34	47888	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,896		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,086		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,810		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,923		
5	Net unrealized gains (losses) on investments	5	-254	<u>1,7</u>	77.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9,478	3,4	50.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

832012 12-31-18

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 c	or 990-EZ)
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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
	2018
	Open to Public Inspection
Employer	identification number

59739071

Т

Name of the	organization
-------------	--------------

			ENTER, INC.					3-3447888
Part	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions.		
The org	anization is not a private found	dation because it is: ((For lines 1 through 12, c	heck only	one box.))		
1	A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)([.]	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4	A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ur	nit describ	bed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A))(v).		
7	An organization that norma	ally receives a substa	Intial part of its support f	rom a gov	ernmental	l unit or from th	e general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a la	and-grant	college
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
	university:							
10 X	An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, membersh	nip fees, a	and gross receipts from
	activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	an 33 1/3% of it	s support	t from gross investment
	income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the org	anization	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11 🗌	An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12	An organization organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to car	ry out the	e purposes of one or
	more publicly supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 50)9(a)(3). (Check the box in
_	lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete line	s 12e, 12f, and	12g.	
a	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), ty	pically by	r giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or trustee	es of the s	supporting
-	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization	ı(s), by ha	iving
	control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manag	je the sup	ported
г	organization(s). You mus	st complete Part IV,	Sections A and C.					
cL	Type III functionally interpretent						y integrate	ed with,
г	its supported organizatio		· ·					
d	Type III non-functionally						-	
	that is not functionally int	•		•		-	an attent	iveness
г	requirement (see instruct	,	•					
eL	Check this box if the orga					a Type I, Type I	I, Type III	
	functionally integrated, o				zation.			
	nter the number of supported of							
<u> </u>	rovide the following information (i) Name of supported	n about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of r	nonetary	(vi) Amount of other
	organization	(1) 211	(described on lines 1-10	in your governi Yes	ng document? No	support (see ins		support (see instructions)
	•		above (see instructions))	165	NO		,	
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

2018.04030 PEN AMERICAN CENTER, INC.

Schedule A (Form 990 or 990-EZ) 2018 PEN AMERICAN CENTER, INC. Part II

13-3447888 Page 2

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	o here					▶∟
	ction C. Computation of Publ						
	Public support percentage for 2018 (14	%
	Public support percentage from 2017					15	%
1 6a	33 1/3% support test - 2018. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	7a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				• •		•
40	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on dia not check a	box on line 13, 16	oa, 160, 17a, or 17			or 990-F7) 2018

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

15 2018.04030 PEN AMERICAN CENTER, INC. 59739071

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Schedule A (Form 990 or 990-EZ) 2018 PEN AMERICAN CENTER, INC.

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.)

	ction A. Public Support Indar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(5) 2017	(~) 2010	(0, 2010	(4) 2017	(0,2010	(1) 10101
•	membership fees received. (Do not						
	include any "unusual grants.")	5488077.	4348221.	6549175.	7204502.	9417007.	3300698
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	134,683.	116,688.	140,815.	251,028.	317,956.	961,75
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	the organization without charge Total. Add lines 1 through 5	5622760.	4464909.	6689990.	7456130.	9734963.	3396875
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	356,518.	555,308.	412,663.	764,429.	1415226.	350414
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	356,518.	555,308.	412,663.	764,429.	1415226.	35041
	Public support. (Subtract line 7c from line 6.)						3046460
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota
	Amounts from line 6	5622760.	4464909.	6689990.	7456130.	9734963.	339687
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30,373.	33,545.	55,690.	65,890.	108,642.	294,14
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	30,373.	33,545.	55,690.	65,890.	108,642.	294,14
12	Other income. Do not include gain or loss from the sale of capital	18,123.	52,034.	13,205.	13,795.	33,802.	130.9
13	assets (Explain in Part VI.)	5671256.	4550488.	6758885.	7535815.	9877407.	-
	First five years. If the Form 990 is for						
14		-			-		∠ation, ►
See	ction C. Computation of Publi						
15	Public support percentage for 2018 (I	ine 8, column (f). c	livided by line 13.	column (f))		15	88.58
	Public support percentage from 2017					16	90.39
	ction D. Computation of Invest						
	Investment income percentage for 20					17	.86
							.74
	Investment income percentage from 2						
198	33 1/3% support tests - 2018. If the						•
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the						
L	Joo No% support tests - 2017. If the	-					
b	line 18 is not more than 33 1/3% che	ck this hox and et	on nere. The orda				
	line 18 is not more than 33 1/3%, che						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio				nis box and see ins		►

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Yes

No

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 disgualified 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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			Yes	No
44	Has the examination eccented a ciff or contribution from any of the following persons?		res	
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions	<u> </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		0040
83202	¹⁵ 10-11-18 Schedule A (Form 9	20 OL A	<i>7</i> ∪-⊏∠)	12018

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Schedule A (Form 990 or 990 EZ) 2018 PEN AMERICAN CENTER, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production	on or		
collection of gross income or for management, conservation	n, or		
maintenance of property held for production of income (see	instructions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)) 8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	e		
instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use ass	ets 2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for	or greater amount,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line	e 3) 5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, C	olumn 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 su	ubject to		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's firs	t as a non-functionally integrat	ed Type III supporting or	panization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		1	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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 the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
-	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	Supplemental Information	Provide the explanations required by Pa	art II, line 10; Part II, line 17a or 17b [,] Part	III, line 12:
	Part IV, Section A, lines 1, 2, 3b, 3d line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8; and Pa	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and Id 3; Part IV, Section E, lines 1c, 2a, 2b, 3 art V, Section E, lines 2, 5, and 6. Also cor	11c; Part IV, Section B, lines 1 and 2; Pa 3a, and 3b; Part V, line 1; Part V, Section	art IV, Section C, B, line 1e; Part V
	(See instructions.)			
	8		Schedule A (Form	990 or 990-EZ
2028 10-11-	0			

SCHEDULE C	PC	Diltical Campaign	and Lobbyir	ng Activities	01010 110: 1343-0047
(Form 990 or 990-EZ)					2018
		anizations Exempt From Incon			2010
Department of the Treasury Internal Revenue Service		if the organization is describe Go to www.irs.gov/Form990 for			• Open to Public Inspection
					•
		n Form 990, Part IV, line 3, or F or Polete Parts I-A and B. Do not co		ine 46 (Political Campaign A	Activities), then
	0	01(c)(3)) organizations: Complete		N Do not complete Part I-B	
 Section 501(c) (office Section 527 organiz 			Faits PA and C below	w. Do not complete Part PD.	
•		n Form 990, Part IV, line 4, or Fo	orm 000_E7 Dort VI	line 47 (Lobbying Activities)	thon
		have filed Form 5768 (election u			
	•	•		•	•
	-	have NOT filed Form 5768 (elect 1 Form 990, Part IV, line 5 (Prox			-
Tax) (see separate inst		1 Form 990, Fart IV, line 5 (Frox	ty Tax) (see separate	instructions) of Form 990-	Z, Fart V, line 350 (Froxy
		tions: Complete Part III.			
Name of organization), 01 (0) 01ga112a	tions. Complete Part III.		Emplo	yer identification number
i laine er er ganzanen	PEN AME	RICAN CENTER, IN	с.		13-3447888
Part I-A Compl		anization is exempt und) or is a section 527 or	
		,		,	<u>Jan 2010 - 10 - 10 - 10 - 10 - 10 - 10 - 10</u>
1 Provide a descripti	on of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV	
		gn activities			
	political campai				
Part I-B Compl	ete if the ord	anization is exempt und	er section 501(c))(3)	
• • • • •	-	incurred by the organization unc	• •		
		incurred by organization manage		······································	
		n 4955 tax, did it file Form 4720			Yes No
b If "Yes," describe in					
		anization is exempt und	er section 501(c). except section 501(c	c)(3).
-		d by the filing organization for se	• •		
		ization's funds contributed to ot		······	
	•••		•		
		. Add lines 1 and 2. Enter here a			
1				,	
		1120-POL for this year?			Yes No
		nployer identification number (El			
,		tion listed, enter the amount paid	, ,	0	0 0
. ,	0	omptly and directly delivered to	00		
		additional space is needed, prov			0 0
(a) Namo	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

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59739071

Part II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and fi	ed Form 5768 (el	ection under
expenses, and share of exce		l group member's nam	e, address, EIN,
B Check ▶ ☐ if the filing organization chec	ked box A and "limited control" provisions apply.		
	bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pul	blic opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a le	gislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a ar	ıd 1b)		
d Other exempt purpose expenditures	8,086,871.		
e Total exempt purpose expenditures (add lin	es 1c and 1d)	8,086,871.	
f Lobbying nontaxable amount. Enter the amount		554,344.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of	of line 1f)	138,586.	
h Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less,	enter -0-	0.	
	er line 1h or line 1i, did the organization file Form 4720		
reporting section 4911 tax for this year?	-		Yes No
· •	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all e the separate instructions for lines 2a through 2f.)	of the five columns b	elow.

Lobbying Expenditures During 4-Year Averaging Period

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a Lobbying nontaxable amount	388,195.	417,726.	479,743.	554,344.	1,840,008.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					2,760,012.		
c Total lobbying expenditures							
d Grassroots nontaxable amount	97,049.	104,432.	119,936.	138,586.	460,003.		
 e Grassroots ceiling amount (150% of line 2d, column (e)) 					690,005.		
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018 PEN AMERICAN CENTER, INC.

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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		(a)	(b)	
of the	lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
	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				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)((5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OF	R (b) Par	t III-A, lir	ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total		-		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	A, lines 1 a	and 2 (see	
instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				

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Schedule C (Form 990 or 990-EZ) 2018

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SCHEDULE D

(Form 990)

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.



59739071

Employer identification number

13 - 3447888

Department of the Treasury Internal Revenue Service Name of the organization

PEN	AMERICAN	CENTER,	INC.

Par			or Other Similar Fund	ds or Ad	coun	nts.Complete	if the
	organization answered "Yes" on Form 990, Part IV, lin		onor advised funds	(b) Funds	s and other ac	counts
1	Total number at end of year	(4) 5		,~	y r arras		
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value of grants norm (during year)						
5	Did the organization inform all donors and donor advisors in v		he assets held in donor adv	l vised func	le		
Ŭ	are the organization's property, subject to the organization's	-				Yes	No
6	Did the organization inform all grantees, donors, and donor a						
Ŭ	for charitable purposes and not for the benefit of the donor o						
	impermissible private benefit?					Yes	No
Par							
1	Purpose(s) of conservation easements held by the organization	-		, ,			
	Preservation of land for public use (e.g., recreation or e	-	Preservation of a hi	storically	importa	ant land area	
	Protection of natural habitat	,	Preservation of a ce				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conserva	ation contribution in the for	m of a cor	nservat	ion easement	on the last
	day of the tax year.					leld at the End o	
а	Total number of conservation easements			Ī	2a		
b	Total acreage restricted by conservation easements				2b		
с	Number of conservation easements on a certified historic stru				2c		
d	Number of conservation easements included in (c) acquired a						
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, rel				zation o	during the tax	
	year ►						
4	Number of states where property subject to conservation eas	sement is loc	cated				
5	Does the organization have a written policy regarding the per	riodic monito	ring, inspection, handling c	_ of			
	violations, and enforcement of the conservation easements it	t holds?				🗌 Yes	No 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,						he year
	▶						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violat	ions, and enforcing conser	vation eas	sement	s during the ye	er
	▶\$						
8	Does each conservation easement reported on line 2(d) abov	-					
	and section 170(h)(4)(B)(ii)?					Ves	
9	In Part XIII, describe how the organization reports conservation	on easement	ts in its revenue and expen	se statem	ient, an	id balance she	et, and
	include, if applicable, the text of the footnote to the organizat	tion's financi	al statements that describe	es the org	anizatio	on's accounting	g for
Dec	conservation easements.	4 A .4 11 :-4	ania al Tuccaruna a u	044 0 11 0			
Par	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form			Other a	oimiia	r Assets.	
10				amont on			
Ia	If the organization elected, as permitted under SFAS 116 (AS						
	historical treasures, or other similar assets held for public exh the text of the footnote to its financial statements that descri			ance or p		ervice, provide	5, 111 F art Ani,
b	If the organization elected, as permitted under SFAS 116 (AS			ont and br		shoot works of	art historical
b	treasures, or other similar assets held for public exhibition, ec						
	relating to these items:	ducation, or i	esearch in furtherance of		nce, pr		wing amounts
	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
					► ¢		
2	If the organization received or held works of art, historical trea						
-	the following amounts required to be reported under SFAS 1			siai gain, p	noviac		
а	Revenue included on Form 990, Part VIII, line 1	-			▶ \$		
	Assets included in Form 990, Part X				S		
	For Paperwork Reduction Act Notice, see the Instructions					chedule D (Fo	orm 990) 2018
	10-29-18				-		,
			30				

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2018.04030 PEN AMERICAN CENTER, INC.

Sche		RICAN CENT	-					13-34			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, c	or Othe	er Simi	lar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi (check all that apply):	ion, and other record	ls, check	any of the	following tha	t are a s	ignificant	use of its	collectio	n iterr	IS
2	Public exhibition	d		oon or ovel	nange progra	me					
a L		u			lange progra	ams					
b	Scholarly research	e		Other							
c	Preservation for future generations					,					
4	Provide a description of the organization's co							iose in Par	(XIII.		
5	During the year, did the organization solicit o		-						7.2		٦
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered .	'Yes" on	Form 99	U, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		liary for c	contribution	s or other as	sets not	included				
iu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							······ ـــــ		L	
, N		and complete the lo	nowing ta	abic.				1	Amoun	+	
~	Boginning balanco						1c		Amoun		
	Additions during the year										
	Additions during the year										
f	Distributions during the year						1f				
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							····· └──			- T
Par											
		(a) Current year		ior year	(c) Two year			vears hack	(e) Four	vears	hack
10	Beginning of year balance	1,634,167.		493,480.	()	3,101.	. ,	506,429.	. ,		,035.
		1,001,107.	-,	199,100.	1,100	,101.	-,-				,000.
	Contributions	-69,543.		207,187.	13(0,679.		-8,028.			,585.
	Net investment earnings, gains, and losses	0,545.		207,107.	150	5,075.		0,020.		05	, 505.
	Grants or scholarships										
е	Other expenditures for facilities	76 000		66 500	71	- 200		60 200		60	200
	and programs	76,000.		66,500.	1.	5,300.		60,300.		09	,300.
	Administrative expenses	1 499 604	1	624 167	1 403	2 4 9 0	1	420 101	1	FOC	420
-	End of year balance	1,488,624.		634,167.		3,480.	±,'	438,101.	1	,500	,429.
2	Provide the estimated percentage of the curr			j, column (a	i)) held as:						
	Board designated or quasi-endowment	.00	_%								
	Permanent endowment 54.98	$\frac{1}{502}$									
С	· · · ·	5.02 %									
-	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administe	ered for t	he organ	ization	Г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		X X
	(ii) related organizations								3a(ii)		~
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the total the intended uses of the total		wment fi	unds.							
Fai	, 3, 11			line 11e C			line 10				
	Complete if the organization answere				1				(1) -		
	Description of property	(a) Cost or o		(b) Cost		• •	ccumulat		(d) Boo	k valu	е
	<u> </u>	basis (investr	nent)	basis	other)	aep	preciatior	1			
	Land										
	Buildings			Εn	<u> </u>		<u>, </u>	<u> </u>	1 /	0 7	67
	Leasehold improvements				5,622.		377,2			-	67.
	Equipment				0,871.		172,7				62.
	Other				1,277.	-	168,3	/ 3 .			02.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0c.)			. 🕨		9,4	
								Schedule	D (Forn	n 990)) 2018

Part VII	Investments -	Other Se	ecurities.		
Schedule D	(Form 990) 2018	PEN	AMERICAN	CENTER,	INC.

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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"	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-of-year market value
(1)		
(2)		

	(-)	() =	(-,
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	ol. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	135,325.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	135,325.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 PEN AMERICAN CENTER ,	INC.	13-3447888 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Rever	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	3	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Pa	t XII Reconciliation of Expenses per Audited Financia		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part I		i
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 4 and 4	ne 18.)	
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE DONOR DESIGNATED ENDOWMENTS TO FUND

SPECIFIC LITERARY AWARDS.

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Schedule D (Form 990) 2018

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Department of the Treasury Internal Revenue Service	✓ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization		www.ii3.gov/i c		intormation.		Inspection dentification number		
DEN AMERICAN O	אד מתחות	0			12 244	7000		
PEN AMERICAN CI			tside the United States. Comple	te if the organ	13 - 344			
Form 990, Part				te il the organ	inzation answe			
1 For grantmakers. Doe	s the organizatior	n maintain recor	ds to substantiate the amount of its gra	nts and other	assistance,			
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	X Yes No		
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistanc	e outside the		
	The following Parl	t I. line 3 table c	an be duplicated if additional space is n	eeded.)				
(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If acti is a pro describe	vity listed in (c gram service, e specific type (s) in the regio	for and investments		
		in the region	recipients located in the region	01 361 1106		in the region		
EAST ASIA AND THE PACIFIC - AUSTRALIA,								
BRUNEI, BURMA,			GRANTS TO RECIPIENTS IN THE					
CAMBODIA,	0	0	REGION			136,390.		
EUROPE (INCLUDING								
ICELAND & GREENLAND)			GRANTS TO RECIPIENTS IN THE					
- ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	REGION			54,566.		
CENTRAL AMERICA AND		0	GRANTS TO PEN CENTER IN THE			0.074		
THE CARIBBEAN	0	0	REGION			2,074.		
RUSSIA AND			GRANTS TO PEN CENTER IN THE					
NEIGHBORING STATES	0	0	REGION			7,000.		
3 a Subtotal	0	0				200,030.		
b Total from continuation sheets to Part I	0	0				0.		
c Totals (add lines 3a		, , , , , , , , , , , , , , , , , , ,						
and 3b)	0	0				200,030.		

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2018

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SCHEDULE F

(Form 990)

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Page 2

Part II 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 ICELAND &	STRENGTHENING EURASIAN PEN CENTERS PROJECT AND STATUTORY					
		GREENLAND)	ACTIVITIES	28,166.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CENTER DEVELOPMENT ACTIVITIES	25,900.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA,	CENTER DEVELOPMENT					
			ACTIVITIES	131,390.	WIRE TRANSFER	0.		
by the IRS, or for whic	h the grantee or cou	unsel has provided a sec	recognized as charities by the tion 501(c)(3) equivalency lette	er				3
3 Enter total number of o	other organizations of	or entities				>		0

EMERGENCY SUPPORT GRANT	SOUTH AMERICA	1	2,074.	WIRE TRANSFER	٥.	
EMERGENCY SUPPORT GRANT	SOUTH ASIA	1	2,000.	WIRE TRANSFER	0.	
	EUROPE (INCLUDING					
	ICELAND &					
EMERGENCY SUPPORT GRANT	GREENLAND)	1	500.	СНЕСК	٥.	
FREEDOM TO WRITE AWARD	SOUTH ASIA	1	5,000.	WIRE TRANSFER	0.	

Schedule F (Form 990) 2018

(a) Type of grant or assistance

PEN AMERICAN CENTER, INC. 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.

(c) Number of

recipients

(d) Amount of

cash grant

(b) Region

(g) Description of

noncash assistance

(f) Amount of

noncash

assistance

(e) Manner of

cash disbursement

Schedule F (Form 990) 2018

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018		AMERICAN	CENTER,	INC.
Part IV Foreign Form	IS			

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? <i>If</i> "Yes," <i>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)</i>	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) 2018

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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, LINE 2:

DUES ARE PAID TO PEN'S INTERNATIONAL UMBRELLA ORGANIZATION, INTERNATIONAL

PEN, 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.

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Schedule F (Form 990) 2018 38 2018.04030 PEN AMERICAN CENTER, INC.

SCHEDULE G	Suppleme	ental Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on				or 19	, or if the	2018
Department of the Treasury	C C	organization entered more than \$1 Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization		RICAN CENTER, INC.					Employer ide	ntification number 888
		Complete if the organization answer	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
· · · ·	complete this par	τ. sed funds through any of the followir	ng acti	vities.	Check all that apply			
a 🔛 Mail solicitat					overnment grants			
b Internet and c Phone solici	email solicitations				nment grants			
d In-person so		g ∟ Special	TUTIUIZ	using	events			
		or oral agreement with any individual						
• • •		art VII) or entity in connection with p viduals or entities (fundraisers) pursu			-		Undraiser is to b	
compensated at le				ugrot				
			(iii) fundr	Did			Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or cor contrib	ustody	(iv) Gross receipts from activity	,	or retained by) fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No				
		on is registered or licensed to solicit		Dution:	s or has been notified	d it is	exempt from r	egistration
or licensing.								
	oduction Act Not	ica saa tha Instructions for Form	000	000	E7 (Sohe		00 or 000 EZ 0040
		ice, see the Instructions for Form	330 OF	990-l	L <u>e</u> . 3	June		990 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990 EZ) 2018 PEN AMERICAN CENTER, INC.

 Schedule G (Form 990 or 990-EZ) 2018
 PEN
 AMERICAN
 CENTER,
 INC.
 13-3447888
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 of fundraising event contributio s income on Form 990-F7 lines 1 and 6b. List events with gross receipts reater than \$5 000 n hne s

	of fundraising event contributions and gro			÷ :	dis greater than \$5,000
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				1	(add col. (a) through
					col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	1,953,332.	600,508.	305,434.	2,859,274
2	Less: Contributions	1,569,932.	496,653.	285,898.	2,352,483
3	Gross income (line 1 minus line 2)	383,400.	103,855.	19,536.	506,791
4	Cash prizes				
5	Noncash prizes				
6			15,035.		15,035
7		321,425.	75,326.	19,536.	416,287
					1,050
9		60,925.	13,494.		74,419
10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	506,791
					(
	\$15,000 on Form 990-EZ, line 6a.				(d) Total gaming (ad
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
		Yes%	Yes%	Yes%	
6	Volunteer labor	No	No	No	
6 7	Volunteer labor Direct expense summary. Add lines 2 through	No 5 in column (d)	□ No	No No	
6	Volunteer labor	No 5 in column (d)	□ No	No No	
6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No 5 in column (d) from line 1, column (d) ucts gaming activities:	□ No	□ No ►	
6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu	No No	No States?	□ No ►	YesN
6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No No	No States?	□ No ►	YesN
6 7 8 Is t If "	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu the organization licensed to conduct gaming ad No," explain:	No No no 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these	states?	▶ No	
6 7 8 Is t If "	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu the organization licensed to conduct gaming ad No," explain:	No No no 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these	states?	▶ No	
6 7 8 Is t If "	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu the organization licensed to conduct gaming ad No," explain:	No No no 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these	states?	▶ No	
	2 3 4 5 6 7 8 9 10 11 rt 1 2 3	1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 11 Net income summary. Subtract line 10 from line rt III Gaming. Complete if the organization at \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes	PEN LITERARY GALA (event type) 1 Gross receipts 1,953,332. 2 Less: Contributions 1,569,932. 3 Gross income (line 1 minus line 2) 383,400. 4 Cash prizes 383,400. 5 Noncash prizes 321,425. 6 Rent/facility costs 321,425. 7 Food and beverages 321,425. 8 Entertainment 1,050. 9 Other direct expenses 60,925. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Gaming. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. 2 Cash prizes (a) Bingo 1 Gross revenue (a) Bingo 1 Gross revenue 3	PEN LITERARYPEN LITFEST GALA GALA (event type) (for type) (event type) (event type) (for type) (for type) (for type) (for type) (for type) (for type)	PEN LITERARYPEN LITFEST GALA 1 (event type) (event type) (total number) 1 Gross receipts 1,953,332. 600,508. 305,434. 2 Less: Contributions 1,569,932. 496,653. 285,898. 3 Gross income (line 1 minus line 2) 383,400. 103,855. 19,536. 4 Cash prizes

<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2018 PEN AMERICAN CENTER, INC.	13-3447888 Page 3
	Does the organization conduct gaming activities with nonmembers?	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
	The organization's facility	
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	IS:
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
a	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the organization of gaming revenue revenue received by the	nt
_	of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party:	
C	If "Yes," enter name and address of the third party:	
	Name	
	Address ►	
16	Gaming manager information:	
	Name	
	Gaming manager compensation	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
	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	1 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 Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
8320	33 10-03-18 Schedule (G (Form 990 or 990-EZ) 2018
	41	
061	.113 759420 5973907 2018.04030 PEN AMERICAN CENTER, I	NC. 59739071

13061113 759420 5973907

832084 04-01-18	Schedule G (Form 990 or 990-E2
	42 2018.04030 PEN AMERICAN CENTER, INC. 59739071

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	irants and Oth vernments, an ete if the organizatio Go to www.ir	nd Individua n answered "Yes" Attach to For	ls in the Ŭn i " on Form 990, Pa	i ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization				-				Employer identification number
Part I General Inf	PEN AMERI formation on Grants a		R, INC.					13-3447888
1 Does the organiza criteria used to av	ation maintain records ward the grants or assis V the organization's pro	to substantiate the stance?		· · · · · · · · · · · · · · · · · · ·				
	Other Assistance to					anization answered "Y	/es" on Form 990, Par	t IV, line 21, for any
i	at received more than		•	· · · · · · · · · · · · · · · · · · ·		(f) Mathad of	1	1
	dress of organization ernment	(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
2 Enter total number	er of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table	•			>
	er of other organization							
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2018)

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

13-3447888

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.

(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
LITERARY AWARDS	31	297,915.	0.	FAIR MARKET VALUE	
PRISON WRITING CONTEST PRIZE	31	2,644.	0.	FAIR MARKET VALUE	
TRANSLATION GRANTS	25	56,182.	0.	FAIR MARKET VALUE	
WRITER'S FUND GRANT	44	67,500.	0.	FAIR MARKET VALUE	
PRESS FREEDOM INCENTIVE FUND	56	94,353.	0.	FAIR MARKET VALUE	
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION AWARDS LITERARY F	RIZES TO	INDIVIDUA	LS BASED O	N ARTISTIC	
MERIT IN RECOGNITION OF SIGNIFICAN	T ACCOMP	LISHMENTS	IN THE FIE	LD.	
THEREFORE, SINCE THE AWARDS AND PF	IZES ARE	NOT MADE	TO FUND SP	ECIFIC	
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					

GRANT IS FUNDED UPFRONT AND THE REMAINDER IS FUNDED AT THE COMPLETION OF

THE TRANSLATION.

Part IV Supplemental Information

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.

Schedule I (Form 990)

832291 04-01-18

sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	19	2
	-	Compensated Employees		ΖU	IU)
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatio		Employer			mber
_		PEN AMERICAN CENTER, INC.	13-:	344788	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		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 com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
	If any other					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	ay of the following the filing graphization used to establish the componentian of the graphiz	ation's			
0		ny, of the following the filing organization used to establish the compensation of the organiz actor. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	·					
	Compensation committee Independent compensation consultant Independent compensation consultant Compensation survey or study					
		ther organizations X Approval by the board or compensation of	ommittee			
			Johnmillee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	e payment or change-of-control payment?		4a		х
b		ceive payment from, a supplemental nonqualified retirement plan?				Х
с		ceive payment from, an equity-based compensation arrangement?				Х
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		Х
		ation?				Х
		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 compensati	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		Х
b		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 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 exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		ז 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forr	n 990)) 2018

832111 10-26-18

13-3447888

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	Denents	(b)(l)-(U)	reported as deferred on prior Form 990
(1) SUZANNE NOSSEL	(i)	383,533.	0.	0.	19,250.	948.	403,731.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DRUSILLA MENAKER	(i)	181,701.	0.	0.	10,850.	9,801.	202,352.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) OLAKUNLE APAMPA	(i)	154,076.	0.	0.	0.	7,766.	161,842.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(4) CHIP ROLLEY	(i)	151,057.	0.	0.	2,518.	10,445.		0.
SENIOR DIRECTOR, LITERARY PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

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.

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ ZU

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.

Open to Public Inspection

8

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

Nam	e of the organization				Employer iden	tificati	on nur	nber
	PEN AMERICAN	CENTE	R, INC.		13-3	447	888	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribe	etermin	-	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	10	138,180.	FAIR MARKET	' VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles							
20	Food inventory Drugs and medical supplies							
20								
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24 05	Archeological artifacts							
25 00	,							
26 07	Other ()							
27	Other ()							
<u>28</u> 29	Other ()	- 	l	ontributions				
29	Number of Forms 8283 received by the organiz						0	
	for which the organization completed Form 828	os, Fait IV,	Dollee Acknowled	gement 29			Yes	No
200	During the year, did the organization receive by	voontributiv	an any proporty ror	aartad in Dart L linaa 1 thrau	ah 29 that it		163	NO
30a		-			-			
	must hold for at least three years from the date					200		х
h	exempt purposes for the entire holding period?	۲				30a		
	If "Yes," describe the arrangement in Part II.	oolicy that r	equires the review	of any nonstandard contribu	itions?	24		х
31	Does the organization have a gift acceptance p					31		- 12
JZd	Does the organization hire or use third parties		-			20-		х
F	contributions? If "Yes," describe in Part II.					32a		
а 33	If the organization didn't report an amount in c	olumn (a) fa	ratura of proport	v for which column (a) is she	ekod			
33	in the organization diun theport an amount in c	01001010	a type of propert	y ior which column (a) is che	uneu,			

832141 10-18-18

describe in Part II.

13061113 759420 5973907

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2018 832142 10-18-18 50 13061113 759420 5973907 2018.04030 PEN AMERICAN CENTER, INC. 59739071

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



PEN AMERICAN CENTER, INC.

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 14TH ANNUAL PEN WORLD VOICES FESTIVAL WAS HELD APRIL 16TH-22ND

UNDER THE THEME OF "RESIST AND REIMAGINE," FEATURING OVER 165 WRITERS

AND ARTISTS, REPRESENTING OVER 50 NATIONALITIES. AT THIS MOMENT OF

GREAT DIVISION, COME TOGETHER TO CELEBRATE THE POWER OF CREATIVE WORK

THROUGH CONVERSATIONS, DEBATES, READINGS AND WORKSHOPS AS WE TAKE A

COLLECTIVE STEP TOWARD A MORE JUST WORLD. THIS YEAR'S PANELISTS INCLUDE

ROXANE GAY, CHIMAMANDA NGOZI ADICHIE, HILLARY CLINTON, AKWAEKE EMEZI,

JHUMPA LAHIRI AND MORE.

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

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

WRITING; PEN AMERICA JOURNAL; WRITERS FUND.

EXPENSES \$ 3,017,935. INCLUDING GRANTS OF \$ 98,247. REVENUE \$ 4,117.

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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18

13061113 759420 5973907

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2018.04030 PEN AMERICAN CENTER, INC. 59739071

Name of the organization	Employer identification number
PEN AMERICAN CENTER, INC.	13-3447888
UPON STUDENTS, NON-QUALIFYING WRITERS, AND INDIVIDUALS WH	O 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:

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	GORE (FIRST MEETING OF THE Y	YEAR), THE CONFLICT OF
INTEREST POLICY IS CIRCULAT	ED PRIOR TO THE MEETING	AND RETURNED BY EACH
832212 10-10-18	52	Schedule O (Form 990 or 990-EZ) (2018)
13061113 759420 5973907	2018.04030 PEN AMERICAN	CENTER, INC. 59739071

Employer identification number 13 - 3447888

Page 2

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

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 WITH SIMILAR RESPONSIBILITIES, AND TAKING INTO CONSIDERATION THE EXPERIENCE OF THE CANDIDATE AND THE MARKETPLACE.

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

THE ORGANIZATION'S CHARTER, ANNUAL REPORT, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. FORM 990 AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON WRITTEN REQUEST.

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FORM 990, PART IX, LINE 11G, OTHER FEES:

PROGRAM CONSULTANTS:

832212 10-10-18

Name of the organization PEN AMERICAN CENTER, INC.	Employer identification numl 13-3447888
PROGRAM SERVICE EXPENSES	577,70
MANAGEMENT AND GENERAL EXPENSES	2,33
FUNDRAISING EXPENSES	12,39
TOTAL EXPENSES	592,43
OTHER CONSULTANTS:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	61,78
TOTAL EXPENSES	61,78
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	166,32
MANAGEMENT AND GENERAL EXPENSES	187,82
FUNDRAISING EXPENSES	14
TOTAL EXPENSES	354,29
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,008,51
832212 10-10-18 Sch	

SCH	EDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-3447888

Name of the organization

PEN AMERICAN CENTER, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
PEN LA - 95-3502910							
8444 WILSHIRE BLVD, 4TH FL.	FREE EXPRESSION AND						
BEVERLY HILLS, CA 90211	LITERARY ACTIVITIES	CALIFORNIA	501(C)(3)	LINE 7	N/A		х

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

Schedule R (Form 990) 2018

Part III 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 related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity		(e) nant income unrelated.		(f) e of total come	Sha	(g) are of of-year	Disprop	h) ortionate	(i) Code V-UE amount in h	31 G	(j) eneral or ianaging	(k Perce	entac
or related organization		(state or foreign country)	entity	excluded fi sections	nant income unrelated, rom tax under s 512-514)			assets		allocations?		amount in b 20 of Sched K-1 (Form 10			owne	1311
	_															
	-															
	_															
	-															
	_															
	_															
														_		
IV Identification of Related C organizations treated as a d	Drganizations Taxable	as a Corpo	oration or Trust. C	omplete if t	he organizat	ion ansv	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it ł	nad on	e or m	ore rel	ate
(a)		ig the tax.	(b)	(c)	(d)		(e))	(f)		(g)	(h)	(i Sec	i)
Name, address, and of related organizat	EIN ion	Prim	ary activity	Legal domicile (state or foreign	Direct con entit		Type of (C corp, s or tru	S corp,	Share o inco			Share of end-of-year assets	Perce owne	entage ership	512(b contr enti	b)(13 rolle ity?
				country)				,							Yes	N
											+					╞
																1

Schedule R (Form 990) 2018 PEN AMERICAN CENTER, INC.

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 with one or more related organizations listed in Parts II-IV? 1 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) 1f g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1i	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) 1f g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1i	No
b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) 1f g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1i	L
c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) 1f g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1j	Х
c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) 1f g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1j	X
d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) 1f g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1j	Х
e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) 1f g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1j	Х
f Dividends from related organization(s) 1f g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1j	Х
g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1j	
g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1j	Х
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)	Х
i Exchange of assets with related organization(s)i lii Lease of facilities, equipment, or other assets to related organization(s)i lii li	Х
j Lease of facilities, equipment, or other assets to related organization(s)	Х
	Х
k Lease of facilities, equipment, or other assets from related organization(s)	Х
I Performance of services or membership or fundraising solicitations for related organization(s)	Х
m Performance of services or membership or fundraising solicitations by related organization(s)	Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Х
o Sharing of paid employees with related organization(s)	Х
p Reimbursement paid to related organization(s) for expenses	х
q Reimbursement paid by related organization(s) for expenses	X
r Other transfer of cash or property to related organization(s)	х
s Other transfer of cash or property from related organization(s)	Х
2 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) (b) (c) (d)	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

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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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)) all s sec.)(3) i.? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes	nal or p nging ner? NO	(k) Percentage ownership

Schedule R (Form 990) 2018

Part VII	Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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