

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990 Pepartment of the Treasury Internat Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Publication
Inspection

Open to Public Inspection

-	Ui tile	2009 Calendar year, or tax year beginning 001 1, 2009 and ending	00N 30, 2010					
В	Check if applicable	Please Use IRS	D Employer identific	ation number				
Г	Addres	is label of DEN AMEDICAN CENTED THO						
F	Name change	type	13-34	447888				
Ē	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/sui						
F	Termir	Cassifie	1 '	334-1660				
F	Ameno		G Gross receipts \$	3,380,614.				
F	Applic	NEW YORK, NY 10012-5246		H(a) Is this a group return				
	pendir	F Name and address of principal officer: STEVEN ISENBERG	for affiliates?	Yes X No				
		SAME AS C ABOVE	H(b) Are all affiliates incl					
1	Tax-exe	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	—	list. (see instructions)				
		e: ► WWW.PEN.ORG	H(c) Group exemption					
				State of legal domicile: NY				
	art I	Summary						
Ф.	1	Bnefly describe the organization's mission or most significant activities: PEN AMERI	CAN CENTER,	INC. IS AN				
Activities & Governance		ASSOCIATION OF WRITERS AND EDITORS WORKING TO	ADVANCE LIT	ERATURE,				
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of mo	ore than 25% of its net as	sets				
Š	3	Number of voting members of the governing body (Part VI, line 1a)	. 3	31				
ত অ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31				
es	5	Total number of employees (Part V, line 2a) .	. 5	21				
Σ	6	Total number of volunteers (estimate if necessary)	6	130				
Act i	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b					
		<u></u>	Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)	2,769,192. 96,220.	2,080,072.				
en	9	Program service revenue (Part VIII, line 2g)	<u>134,268.</u>					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<252,043.					
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,220.	6,099.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,640,589.	2,266,865.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	307,902.	<u>132,271.</u>				
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,416,691.	1,340,465.				
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	· · · · · · · · · · · · · · · · · · ·					
Š	· b	Total fundraising expenses (Part IX, column (D), line 25) 437,848.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,208,520.	1,188,302.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,933,113.	2,661,038.				
	19	Revenue less expenses Subtract line 18 from line 12 RECEIVED	<292,524.					
ts o	3	10) f	Beginning of Current Year	End of Year				
SSE	20	Total assets (Part X, line 16)	2,891,804.	<u>2,489,760.</u>				
Net Assets or	21	101 h	303,285.	254,098.				
<u></u> 음,	art II	Net assets or fund balances Subtract line 21 from line 20	2,588,519.	2,235,662.				
<u>-</u>	<u>aı t 11</u>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ts, and to the best of my knowledge	re and belief it is true, correct				
3		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ge	,,				
ع اع		John Mestolel	15-13-1	/				
		Signature of officer	5-/3-1. Date					
캙	i e	ROBYN DESHOTEL, DIRECTOR OF FINANCE						
		Type or print name and title						
		Preparer's Date /		r's identifying number				
		Treputer 5	self- employed > (see ins	tructions)				
~	parer's	Firm's name (or T.TITTZ AND CARR CPAS T.T.P	EIN >					
٥	e Only	self-employed), 300 EAST 42ND STREET	<u> </u>					
ശ		address, and ZIP+4 NEW YORK, NY 10017	Phone no. ▶ 2	12-697-2299 \				
Ma	the I	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No				
	001 02-0		nstructions.	Form 990 (2009)				

932002 02-04-10 Form **990** (2009)

	990 (2009) PEN AMERICAN CENTER, INC. 13-3447	<u>888</u>	P.	age 3
Par	t IV Checklist of Required Schedules			
	•		Yes	No
1 '	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	İ	1	1
	public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	1	x
9	Did the organization report an amount in Part X, line 21; 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	1	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	\mathbf{x}	1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.	1		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1	İ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1	l	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII]	1	
•	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.	}	1	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ļ	
	Schedule D, Parts XI, XII, and XIII.	12	1	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	7		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X	}
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		I	
	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	1	Х

Form 990 (2009)

19

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

complete Schedule G, Part III

Form 990 (2009)

PEN AMERICAN CENTER, INC.

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			ĺ
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	L
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25	24a		X
b	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		ľ	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).	1	}	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	1	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	}		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity?			-
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	ļ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	i		١.,
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?		1	.,
_	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			17
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	J

Form 990 (2009)

	990 (2009) PEN AMERICAN CENTER, INC. 13-3447	888	* P	ağe 5
Par	t V . Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a`	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	1	1
C	(appellar) was a far a series (appellar)	40	$ _{\mathbf{x}}$	
0-	(gambling) winnings to prize winners?	1c	<u> </u>	
2a		1		
		1	_v	
a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	├─
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	١.	1	.
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	 	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		[l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country:			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a	1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6ь		1
7	Organizations that may receive deductible contributions under section 170(c).	- T-		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a	X	1
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	t
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- <u></u> -		†
·	to file Form 8282?	7.		x
_		7c		├ ^
		1	}	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		v
_	benefit contract?	7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		├
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	ļ	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.	1	1	
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	_9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	_	l	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1

Form **990** (2009)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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.

sec	tion A. Governing Body and Management				
4-	Establica contra di intra manten di intra contra di intra	21		Yes	<u>No</u>
	Enter the number of voting members of the governing body	$\frac{31}{31}$			
b	Enter the number of voting members that are independent	эт			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		_	X	
2	officer, director, trustee, or key employee?		_ 2	^	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	,,,,	3	X	
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	X	
_	Did the organization become aware during the year of a material diversion of the organization's assets?	!	5		X
5 6	Does the organization have members or stockholders?		6	X	
	Does the organization have members of stockholders, or other persons who may elect one or more members of the	٠	-	<u> </u>	
, u	governing body?		7a	X	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		\ <u>'</u>		
Ū	by the following.				
а	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a	Х	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliated	s,			
	and branches to ensure their operations are consistent with those of the organization?		10b		X
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
	to conflicts?		12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this is done		12c	X	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			l	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	<u>X</u> _	
b	Other officers or key employees of the organization		15b	X_	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				_
	taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participal	tion		1	}
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			İ	
	exempt status with respect to such arrangements?		16b	L	<u> </u>
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►NY				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	avaılable	for		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	policy, ai	nd fina	incial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	organiza	tion	-	
	ROBYN DESHOTEL - (212) 334-1660				
	588 BROADWAY, SUITE 303, NEW YORK, NY 10012			000	
			Form	990	(2009)

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

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 Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. 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.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(0)	Position check all that apply)				l. A	Reportable compensation	Reportable	Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KWAME ANTHONY APPIAH										
PRESIDENT	4.00	X		X	_	<u> </u>		0.	0.	0
LAURENCE J. KIRSHBAUM			ļ			l				
FIRST VICE PRESIDENT	1.00	X		X		<u> </u>	<u> </u>	0.	0.	0
JESSICA HAGEDORN										
SECOND VICE PRESIDENT	1.00	X	<u> </u>	X		Ļ		0.	0.	0
VICTORIA REDEL										_
THIRD VICE PRESIDENT	1.00	X	<u> </u>	X		<u> </u>		0.	0.	0
MARIA CAMPBELL	1					ŀ				
TREASURER	1.00	X	-	X		<u> </u>	_	0.	0.	0
ROXANA ROBINSON	1 00		ŀ							•
SECRETARY	1.00	X		X	-	-	 	0.	0.	0
SUSANNA REICH	1 00	.,				l		0.		•
TRUSTEE-COMMITTEE CHAIR	1.00	X	┢	┢		├	_	0.	0.	0
HANNAH PAKULA	1.00	v						0.	0.	0
TRUSTEE-COMMITTEE CHAIR	1.00	1	-			├		<u>.</u>		<u> </u>
CLAUDIA MENZA TRUSTEE-COMMITTEE CHAIR	1.00	v				ŀ		0.	0.	0
MICHAEL F. MOORE	1.00	1	_			<u></u>			· · ·	
TRUSTEE-COMMITTEE CHAIR	1.00	$ \mathbf{x} $				}		0.	0.	0
ESMERALDA SANTIAGO			<u> </u>			-	 			<u>_</u>
TRUSTEE-COMMITTEE CHAIR	1.00	x					l	0.	0.	0
RON CHERNOW										
TRUSTEE	1.00	X						0.	0.	0
MORGAN ENTREKIN										
TRUSTEE	1.00	X						0.	0.	0
WENDY GIMBEL										
TRUSTEE	1.00	X						0.	0.	0
BETH GUTCHEON			-	ł						
TRUSTEE	1.00	X	<u> </u>	<u> </u>		<u> </u>	_	0.	0.	0
JHUMPA LAHIRI										
TRUSTEE	1.00	X		<u> </u>		1	_	0.	0.	0
JOANNE LEEDOM-ACKERMAN								_	_	_
TRUSTEE	1.00	X	<u>L_</u>	<u> </u>		<u> </u>	<u> </u>	0.	0.	0 Form 990 (2009

Par	. 3711	RICAN CEI						aet	Compensated Employ	13-34	<u> </u>	000		age 8
	(A) Name and title	(B) Average hours			(e Pos	C) sition			(D) Reportable compensation	(E) Reportable compensation	n	an	(F) timate	
		per week	Individual trustee or director	Institutional trustee	Institutional trustee Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other compensation from the organization and related organization		e ion ied
JAIM	E MANRIQUE													
TRUS	TEE	1.00	X	<u> </u>		ļ_	L		0.		0.			0.
STEV	E MURPHY													_
TRUS		1.00	X	 	_	-		_	0.		0.			0.
	OAKES	1 00			1			!						0
TRUS		1.00	X	├		-	+		0.		0.			0.
TRUS	STIAN OBERBECK	1.00	v		1	1			0.		0.			0.
	O'DWYER	1.00	Α	┢	-	+	 							
TRUS		1.00	x		1				0.		0.			0.
	ER POZEN				Г	1								
TRUS	TEE	1.00	X		_				0.		0.			0.
HAMI	LTON ROBINSON, JR.													
TRUS	TEE	1.00	X	<u> </u>	<u> </u>	↓_	<u> </u>		0.		0.			0.
	SSA SCHAPPELL		l		1									_
TRUS		1.00	X	-	├	╀	├		0.		0.			0.
	TTE TAPERT	1 00									0.			^
TRUS		1.00	-	\vdash	\vdash	╁╌	 	-	0.		0.			0.
TRUS	E TILLMAN	1.00	x						0.		0.	,		0.
	Total		1 ===	—	ــــــا		_	_	279,225.		0.	4	0.6	52.
2	Total number of individuals (including bu	t not limited to the	nose	e liste	ed a	bov	e) wh	no r		0.000 in reportable			<u> </u>	<u></u>
	compensation from the organization						,							1
													Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J fo				y er 	nplo	yee,	or h	nighest compensated er	mployee on		3		x
4	For any individual listed on line 1a, is the		•			atıoı	n and	d ot	her compensation from	the organization	•			
	and related organizations greater than \$1	150,000? <i>If "Yes</i> ,	," cc	mpl	ete	Sch	edule	e J f	for such individual	Ū		4	X	
5	Did any person listed on line 1a receive of	r accrue compe	nsat	tion t	fron	n any	y unr	elat	ed organization for serv	ices rendered to				
	the organization? If "Yes," complete School	edule J for such	pers	son								5		_X_
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest the organization NONE	compensated in	dep	ende	ent o	cont	racto	ors t	hat received more than	\$100,000 of com	pens	ation 1	rom	
	(A)								(B)		_	(0	>)	
	Name and busine	ss address			-				Description of s	services		ompe	nsatio	on
								_						
								į						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2009)

	990 (2 rt VIII		13-3447	888 Þāge 9				
,	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d 1d 1e 1s, and 1f 1f 1	213,076. 792,319. 92,770. 981,907. 10,616.	2,080,072.			
vice	2 a b	TICKET SALES		Business Code 900099	134,268.	134,268.		
Program Service Revenue	c d							
Pro	e f g	All other program service reve Total. Add lines 2a-2f	enue .	▶	134,268.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties	x-exempt bond p	roceeds	28,718.			28,718.
	6 a b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 950,635.	(ii) Other				
	d	Gain or (loss) Net gain or (loss)	17,708.	>	17,708.			17,708.
Other Revenue	b	Gross income from fundraisir including \$ 792,3 contributions reported on line Part IV, line 18 Less direct expenses	319. of (a 1c) See (a b	180,822. 180,822.				
	9 a	Net income or (loss) from fun- Gross income from gaming at Part IV, line 19 Less direct expenses	-	▶	0 <u>.</u>			
	c 10 a	Net income or (loss) from gan Gross sales of inventory, less and allowances Less cost of goods sold	ning activities .	>				
-	11 a	Net income or (loss) from sale Miscellaneous Revenu MISCELLANEOUS	es of inventory	Business Code 900099	6,099.	6,099.		
	b d	All other revenue			6 000			
93200 02-04	12	Total, Add lines 11a-11d Total revenue. See instructions.	·· · · · · · · · · · · · · · · · · · ·	. •	6,099. 2,266,865.	140,367.	0.	46,426. Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) All other organizations must compl		tions must complete all not required to comple		(D)
Do.	not include amounts reported on lines 6b,		(B)		
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	66,641.	66,641.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16	65,630.	65,630.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	258,828.	185,318.	24,742.	48,768.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	816,151.	583,900.	78,810.	153,441.
8	Pension plan contributions (include section 401(k)	. 1			
	and section 403(b) employer contributions)	68,021.	51,473.	4,090.	12,458.
9	Other employee benefits	115,940.	83,986.	9,389.	22,565.
10	Payroli taxes	81,525.	57,867.	8,712.	14,946.
11	Fees for services (non-employees)				
а	Management _			_	
b	Legal			_	
С	Accounting	77,280.	54,323.	8,501.	14,456.
d	Lobbying .	29,484.	29,484.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,112.		8,112.	
g	· · · · · · · · · · · · · · · · · · ·	285,011.	216,946.	14,430.	<u>53,635.</u>
12	Advertising and promotion				
13	Office expenses .	246,714.	187,152.	13,277.	46,285.
14	Information technology				
15	Royalties				
16	Occupancy .	189,475.	132,690.	20,826.	35,959.
17	Travel	120,712.	110,452.	6,534.	3,726.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	110 460	105 006	0.640	10 000
19	Conferences, conventions, and meetings	118,462.	105,006.	2,648.	10,808.
20	Interest				
21	Payments to affiliates		42 004	C CC1	10 000
22	Depreciation, depletion, and amortization	60,555.	42,994.	6,661.	10,900.
23 24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total	10,466.	7,326.	1,151.	1,989.
	expenses shown on line 25 below.)	21 515	10 01 1		
a	MISCELLANEOUS BOOK DIRCHAGE (DIGERTE	31,515.	18,014.	5,684.	7,817.
b	BOOK PURCHASE/DISTRIB	10,516.	10,421.		95.
c					<u> </u>
d					
e	All other average				
	All other expenses	2 ((1 020	2 000 602	012 565	427 242
25	Total functional expenses Add lines 1 through 24f	2,661,038.	2,009,623.	213,567.	437,848.
26	Joint costs. Check here Jif following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				5 000 (2000)

	990 (2 t X	PEN AMERICAN CENTER, INC. Bàlance Sheet		13-3	344/888 Page I
•	•		(A) · Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	328,293.	1	396,739
ĺ	2	Savings and temporary cash investments	155,951.	2	53,3 <u>5</u> 9
	3	Pledges and grants receivable, net	877,183.	3	486,788
Ì	4	Accounts receivable, net	7,296.	4	5,235
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II		! !	
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
- 1		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		1	
		Part II of Schedule L		6	
<u>.</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
₹	9	Prepaid expenses and deferred charges	17,354.	9	17,610
ŀ	10a	Land, buildings, and equipment cost or other		T [-
ı		basis. Complete Part VI of Schedule D 10a 598,340.			
Į	b	Less. accumulated depreciation 10b 387,574.	261,808.	10c	210,766
l	11	Investments - publicly traded securities	1,199,070.	11	1,272,564
	12	Investments - other securities See Part IV, line 11		12	
١	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
l	15	Other assets See Part IV, line 11	44,849.	15	46,699
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,891,804.	16	2,489,760
	17	Accounts payable and accrued expenses	154,001.	17	124,752
1	18	Grants payable	120,950.	18	93,342
	19	Deferred revenue		19	
- (20	Tax-exempt bond liabilities		20	
s	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
≣	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
-		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	28,334.	25	36,004
	26_	Total liabilities. Add lines 17 through 25	303,285.	_26	254,098
		Organizations that follow SFAS 117, check here X and complete			
ses		lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	559,450.		490,286
Ra	28	Temporanly restricted net assets	1,032,639.		748,946
ם ב	29	Permanently restricted net assets	996,430.	29	996,430
7		Organizations that do not follow SFAS 117, check here and			
ŏ		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 equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	0 00 5 5 5 5
_	33	Total net assets or fund balances .	2,588,519.	33	2,235,662
		Takal babildan and ask assat Mandill Lance	1.00 rag c	1 04) 100 76N

2,489,760. Form **990** (2009)

Total liabilities and net assets/fund balances

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

SCHEDULE A (Form 990 or 990-EZ)

•

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.

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of t	the organizati	on						E	mployer id	dentificati	on nur	nber
		PEN AME	RICAN CENTER	, INC	•		_		13	<u>-3447</u>	888	_
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
The organ	ization is not a	a private foundation i	because it is: (For lines 1	1 through 1	11, check	only one b	ox.)					
1 🔲	A church, co	nvention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)					
2 🔲	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described	n section	170(b)(1)((A)(iii).					
4 🔲	A medical res	search organization o	operated in conjunction	with a hos	pıtal descr	ıbed ın se	ction 170	(b)(1)(A)(i	ii). Enter th	e hospital	's nam	e,
	city, and stat	e:										
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental un	rt describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ite, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 📙	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	e general p	ublic desc	ribed II	n
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizat	on that normally rec	eives (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, m	nembersh	ıp fees, anı	d gross red	ceipts f	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ın exceptı	ons, and (2	2) no more	than 33 1	/3% of it	s support f	rom gross	ınvest	ment
	income and i	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	anization a	fter June 3	0, 197	5.
		509(a)(2). (Complete										
10	_	-	perated exclusively to te	-	-		, ,,	•			_	
11	-	-	perated exclusively for the		•				•			or
			ations described in secti				2). See sec	ction 509	(a)(3), Che	ck the box	that	
			organization and compl		•					- /	211	
- [a Type		• •	Typ		-	_			Type III - (_
e L			at the organization is not		-	_						п
			han one or more publicly		_				19(a)(1) 01 S	ecuon sos	(a)(z).	
f		rganization, check th	tten determination from t	uie ino ui	аппвату	pe i, Type	ii, or Type	2 111				
		•	organization accepted ar	 ov gift or c	ontribution	from any	of the folk	Owing pai	renne?			L
g			lirectly controls, either al			-					Yes	No
	• • • • • • • • • • • • • • • • • • • •	erning body of the si	iii (ii) aria	() 201011,	11g(i)	103	110					
	_		n described in (i) above?	•		•		•		11g(iı)		
	• •	-	person described in (i)		e?		• •	•	•	11g(iii)		
h	•	· · · · · · · · · · · · · · · · · · ·	about the supported or			•		• ••	•	(* · · st.:: //		
		J		J	(-)							
(i) Name	of supported	(iı) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did voi	u notify the	(vi) l	s the	(vii) An	nount o	
	anization	(11) = 111	organization	in col. (i) lis	sted in your	organizat	ion in col.	Lorganizat	on in col.		port	•
			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(',' s' s' ü.s	5.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				l					1			
		_										
				1	}	}	1	1	1			
						ļ <u></u> -		ļ				
						i						
				<u> </u>								
		<u></u>		ļ		ļ	ļ		├			
<u>Total</u>		L		<u> </u>	<u> </u>	<u> </u>	L		<u>. </u>			
LHA For F	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedu	le A (Form	990 or 99	10-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

13-3447888 Page Schedule A (Form 990 or 990-EZ) 2009 PEN AMERICAN CENTER Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total (b) 20061 Gifts, grants, contributions, and membership fees received. (Do not 2080072.12975777. include any "unusual grants.") 2856756. 2855284. 2414473. 2769192. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 35,752. 57,835. 229,739. 96,220. 134,268. 553,814. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2913119 2644212 2865412 2214340.13529591. 6 Total, Add lines 1 through 5 2892508 7a Amounts included on lines 1, 2, and 276,819 180,710 449,057 387,565 248,851 3 received from disqualified persons 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 276,819. 449,057 387,565 248,851 180,710, 1543002. c Add lines 7a and 7b 11986589 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 13529591. 9 Amounts from line 6 2892508 2913119 2644212. 2865412 2214340. 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 359,191. 110,091 110,582 48,938. 28,718. 60,862. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 60,862. 110,091 110,582. 48,938. 28,718. 359,191. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital 6,617. 20,877. 27,220. 6,099 2,204. 63,017. assets (Explain in Part IV.) 2955574. 3029827. 2775671 2941570. 2249157.13951799. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 85.91 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 86.25 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.57 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 2.69 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not \triangleright X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

932023 02-08-10

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0947

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Section 5	501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Name of orga	anization			Empl	oyer identification number
	PEN AME	RICAN CENTER, IN	1C.		13-3447888
Part I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 o	rganization.
1 Provide	a description of the organiz	ation's direct and indirect politic	cal campaign activities	in Part IV.	
2 Political	expenditures			▶\$	
3 Volunte	er hours				
				-	
Part I-B	Complete if the org	anization is exempt und	der section 501(c)	(3).	
1 Enter th	e amount of any excise tax	incurred by the organization un	der section 4955	▶\$	
2 Enter th	e amount of any excise tax	incurred by organization manag	ers under section 495	5 . ▶\$	<u></u>
3 If the or	ganization incurred a sectio	n 4955 tax, did it file Form 4720) for this year?		. Yes No
4a Was a c	correction made?				Yes No
b If "Yes,	describe in Part IV				
Part I-C	Complete if the org	janization is exempt und	der section 501(c)	, except section 501	(c)(3).
1 Enter th	e amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2 Enter th	e amount of the filing organ	ization's funds contributed to o	ther organizations for s	section 527	
exempt	function activities	-		. ▶\$	
3 Total ex	empt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	_ ,	
line 17b				▶ \$	
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
5 Enter th	ne names, addresses and er	nployer identification number (E	IN) of all section 527 p	olitical organizations to which	ch payments were made
For eac	h organization listed, enter t	he amount paid from the filing o	organization's funds. Al	lso enter the amount of polit	tical contributions received
that we	re promptly and directly del	vered to a separate political org	ganization, such as a se	eparate segregated fund or	a political action committee
(PAC). I	f additional space is needed	I, provide information in Part IV			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
				- 1	1

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 Part II-A Complete if the organization under sect	anization is exe				447888 Page 2
A Check if the filing organizat		iliated group.			
Limit	s on Lobbying Expe	nd "limited control" prov nditures unts paid or incurred.)	visions apply	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion ((grass roots lobbying)		_11,794.	
b Total lobbying expenditures to influ	ence a legislative bo	dy (direct lobbying)		17,690.	
c Total lobbying expenditures (add lir	es 1a and 1b)			29,484.	
d Other exempt purpose expenditure	s			2,631,554.	
e Total exempt purpose expenditures	(add lines 1c and 1	d)		2,661,038.	
f Lobbying nontaxable amount. Ente	r the amount from th	e following table in both	columns.	283,052.	
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the exce	ess over \$500,000		
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000		
Over \$17,000,000	\$1,000,	,000			
g Grassroots nontaxable amount (en	or 250/ of line 16	· · · · · · · · · · · · · · · · · · ·		70,763.	
h Subtract line 1g from line 1a. If zero	•	• •		70,763.	
i Subtract line 1f from line 1c If zero				0.	
j If there is an amount other than zer	•	line 1) did the organiza	Intron file Form 4720		
reporting section 4911 tax for this		into 11, did the organiza		. [Yes No
(Some organiza	4-Year Av	eraging Period Under section 501(h) election ne instructions for line	do not have to comp		
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(ь) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount		299,964.	296,797.	283,052.	879,813.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,319,720.
c Total lobbying expenditures		22,397.	27,972.	29,484.	79,853.
d Grassroots nontaxable amount		74,991.	74,199.	70,763.	219,953.
e Grassroots ceiling amount					
(150% of line 2d, column (e))				<u> </u>	329,930.
f Grassroots lobbying expenditures			13,986.	11,794.	25,780.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 PEN AMERICAN CENTER, INC. 13-344788
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)).

		(a)	(t)
		Yes	No	Amo	ount
1	Dunng the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
đ	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u>-</u>		
Ì	Other activities? If "Yes," describe in Part IV				
j	Total Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			·	
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), secti	== ===================================	/E\	-4:	
	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 50 (c)	(5), or se		
				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 carryover lobbying and political expenditures from the prior year?		3		,
<u></u>	t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal	,	-	
	expenses for which the section 527(f) tax was paid).	ou.			
а	Current year		2a		
b	Carryover from last year	• •	2b		
C	Total	•	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures (see instructions)	•	. 5		
Par	t IV Supplemental Information		<u>· </u>		 -
Com	olete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; ai	nd Part II·B	ine 1ı Also	complete	this nart
	ny additional information.	,		, 00	uno pare
	•				
					•

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Name of the organization

PEN AMERICAN CENTER, INC. 13-3447888

Inspection Employer identification number

Par			is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(2)	(4)
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	e conferring
D	impermissible private benefit?	·	Yes No
Pai	··		Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		nistorically important land area
	Protection of natural habitat Preservation of open space	Preservation of a ce	ertified historic structure
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the for	n of a consensation easement on the last
_	day of the tax year.	led conservation contribution in the for	if of a conservation easement on the last
	cay or the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		Yes No
6 7	Staff and volunteer hours devoted to monitoring, inspecting,		
8	Amount of expenses incurred in monitoring, inspecting, and a Does each conservation easement reported on line 2(d) above		
Ū	and section 170(h)(4)(B)(ii)?	e sausty the requirements of section 17	Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expen	
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	•	•
	treasures, or other similar assets held for public exhibition, ec		public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i		
D	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, o these items:	r research in furtherance of public servi	ce, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		L ¢
	(ii) Assets included in Form 990, Part X	• •	➤ \$ ➤ \$
2	If the organization received or held works of art, historical trea	asures or other similar assets for financ	
_	the following amounts required to be reported under SFAS 1:		gang provide
а			> \$
	Assets included in Form 990, Part X		\$
	• • • • • • • • • • • • • • • • • • • •	·	- · · · · · · · · · · · · · · · · · · ·

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Sched	tule D (Form 990) 2009 PEN AMER	RICAN CENT	ER,	INC.			13	3-344	7888	} Þa	ige 2
Par	t III . Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, c	or Othe	r Similar	Assets	(contu	าued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the t	following tha	t are a sı	gnificant use	of its co	ollection	items	S
•	(check all that apply):										
а	Public exhibition	C			nange progra	ams					
þ	Scholarly research	•	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	in how th	ey further th	ne organizati	on's exer	mpt purpose	n Part)	KIV.		
5	During the year, did the organization solicit or	receive donations	of art, hi	stoncal treas	sures, or oth	er simılar	assets	_			
г	to be sold to raise funds rather than to be ma						·		Yes		No
Par	t IV Escrow and Custodial Arrang		lete if org	janization an	swered "Yes	s" to For	m 990, Part I	IV, line 9,	or		
	reported an amount on Form 990, Par	t X, line 21									
	Is the organization an agent, trustee, custodia	an or other interme	diary for	contribution	s or other as	sets not	ıncluded			_	-
	on Form 990, Part X?							[_]	Yes	L_	No
þ	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing 1	table [.]							
									4mount		
С	Beginning balance		•				1c				
d	Additions during the year	•					. <u>1d</u>				
е	Distributions during the year						<u>1e</u>	_			
f	Ending balance						1f				
	Did the organization include an amount on Fo	orm 990, Part X, line	€ 21?					لـــا	Yes	$ldsymbol{le}}}}}}$	No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete if		,								
	}	(a) Current year		rior year	(c) Two year	rs back	(d) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance	949,474.	1,25	0,599.							
b	Contributions	40 440		0.060							
С	Net investment earnings, gains, and losses	49,110.		2,260.	<u> </u>			_			
d	Grants or scholarships		ļ	2,500.		-					
е	Other expenditures for facilities		_								
	and programs		1	6,365.							
f	Administrative expenses	000 504		0 454							
g	End of year balance	998,584.		9,474.							
2	Provide the estimated percentage of the year										
а	Board designated or quasi-endowment	.00_	%								
b	Permanent endowment ► 91.20	%									
С		6									
3a	Are there endowment funds not in the posses	ssion of the organiz	zation tha	at are held a	nd administe	red for the	ne organizat	ion	Г		
	by:									Yes	No
	(i) unrelated organizations				-				3a(i)	-	X
	(ii) related organizations								3a(ii)		<u>X</u>
b	If "Yes" to 3a(ii), are the related organizations	•			•				3b		
Box	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				D 1 V 1	10	· · · · · · · · · · · · · · · · · · ·				
rai											
	Description of investment	(a) Cost or obasis (invest		(b) Cost basis (ccumulated preciation	'	(d) Book	: value	е
1a	Land		-	· · · · · · · · · · · · · · · · · · ·							
b	Buildings										
c	Leasehold improvements		*	35	7,369.	-	186,87	5.	170),4	94.
d	Equipment	ļ			9,871.		105,21			4,6	
_	Other				1,100.	-	95,484				16.
	. Add lines 1a through 1e (Column (d) must ea	qual Form 990, Par	t X, colur)	_			66.

Schedule D (Form 990) 2009

39

932053 02-01-10

Sche	dule D (Form 990) 2009 PEN AMERICAN CENTER, INC.		13-3447888	Page 4
Pai	t XI · Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial St	atements	
1	Tôtal revenue (Form 990, Part VIII, column (A), line 12)	1		
2 .	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4	·	
5	Donated services and use of facilities	5	 	
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net) Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
	t XII Reconciliation of Revenue per Audited Financial Statements With Reve		r Return	
1	Total revenue, gains, and other support per audited financial statements		1	·
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	1 1			
a	Net unrealized gains on investments			
b				
C	Recoveries of prior year grants		 	
d				
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b	••	4c	
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) It XIII Reconciliation of Expenses per Audited Financial Statements With Expe		5 or Poturn	
		enses l	per neturn	
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		i l	
а	Donated services and use of facilities 2a			
ь	Pnor year adjustments 2b			
С	Other losses		 ∤	
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1	-	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			
Pa	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, line	es 1b and 2b, Part V, line 4	1, Part
X, lın	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to pro	ovide any	additional information.	
PA	RT V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS ARE	DON	IOR	
DE:	SIGNATED ENDOWMENTS TO FUND SPECIFIC LITERARY AWARDS	3		
_				

Schedule F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization					Employer ident	ification number
PEN AMERICAN C	ENTER TN	C.			13-34478	88
Part I General Inf	ormation on A	ctivities Ou	tside the United States. Comp	lete if the organ	nization answered	"Yes"
to Form 990, P	art IV, line 14b.		·	<u> </u>		
1 For grantmakers. Do	es the organization	maintain recor	ds to substantiate the amount of the $\mathfrak g$	grants or assista		
grantees' eligibility for	the grants or assis	stance, and the	selection criteria used to award the gi	ants or assistai	nce? LX	Yes No
2 For grantmakers. De	scribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds out	side the United St	rates
2 Tor grantmakers. De	301.50 111 2111 11	o organization s	procedures for monitoring the use of	grant funds out	iside the Dilited Of	ates.
			Iditional space is needed.)			
(a) Region	(b) Number of offices	(c) Number of employees or	(d) Activities conducted in region		vity listed in (d)	(f) Total
	in the region	agents in	(by type) (i.e., fundraising, program services, grants to		gram service, e specific type	expenditures for region
		region	recipients located in the region)		ce(s) in region	
			CRANMC MO DECIDIENTO IN			
EUROPE	o	0	GRANTS TO RECIPIENTS IN REGION			12,500.
				DUES PAID 1	ro	
				l .	NAL UMBRELLA	
EUROPE	c	0	PROGRAM SERVICES	DRGANIZATIO	ON	41,116.
			GRANTS TO RECIPIENTS IN			
SUB-SAHARAN AFRICA		0	REGION			500.
EAST ASIA AND THE			GRANTS TO RECIPIENTS IN			
PACIFIC PACIFIC	c	0	REGION			11,514.
				 		ļ
						
Totals	>	0	<u> </u>			65,630.
LHA For Privacy Act and	Paperwork Reduc	tion Act Notice	e, see the Instructions for Form 990.		Schedule F	(Form 990) 2009

(i) Method of valuation (book, FMV, appraisal, other) Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance 13-3447888 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement 12,500, WIRE TRANSFER 41 116 WIRE TRANSFER (f) Manner of of cash grant (e) Amount recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000 UMBRELLA ORGANIZATION DUES TO INTERNATIONAL IMBRELLA ORGANIZATION the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant INTERNATIONAL INC SUPPORT FOR PEN AMERICAN CENTER, Use Schedule F-1 (Form 990) if additional space is needed. (c) Region Enter total number of other organizations or entitles SUROPE EUROPE and EIN (if applicable) (b) IRS code section Schedule F (Form 990) 2009 (a) Name of organization Part II က N

Schedule F (Form 990) 2009*

ζ		
7141	2	
TOBLED		
アメイプ トロロンドド	Y	
1400	2	

Page 3

13-3447888

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Schedule F (Form 990) 2009

Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)						
(g) Description of non-cash assistance						
(f) Amount of non-cash assistance	0	0	0			
(e) Manner of cash disbursement	CHECK	WESTERN UNION	AYABLE			
(d) Amount of cash grant	5000	1,514,6	10,000,PAYABLE			
umber of pients	1	1	1			
(b) Region	SUB-SAHARAN AFRICA	EAST ASIA AND PACIFIC	EAST ASIA AND PACIFIC			
(a) Type of grant or assistance (b) Region rec	EMERGENCY SUPPORT GRANT					

Schedule F (Form 990) 2009*

Schedule F (Form 990) 2009 PEN AMERICAN CENTER, INC.	<u> 13-3447888</u>	Page 4
Part IV Supplemental Information		
Complete this part to provide the information required in Part I, line 2, and any additional information.		
SCHEDULE F, PART I, LINE 2: DUES ARE PAID TO PEN'S INTERNA	ATIONAL UMBRE	LLA_
ORGANIZATION, INTERNATIONAL PEN, WHICH PROVIDES THE ORGANIZATION	IZATION WITH	AN
ANNUAL REPORT TO SUBSTANTIATE THE USE OF FUNDS. EMERGENCY	GRANTS MADE '	TO
INDIVIDUALS OUTSIDE THE US ARE BASED ON SUBSTANTIATED AND	OR IMMEDIATE	
NEED, GENERALLY FOR TEMPORARY LIVING EXPENSES OR FOR LEGAL	L EXPENSES.	_
	_ 	
		
	····	
		_

SCHEDULĘ G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2009

Open To Public Inspection

Name of the organization	Attach to Form 990 or Form 990-E	.2.	ee se	eparate instructions	·	Empleyer ide	ntification number
-	DIGNI GENERR TNG						
Provident Control Activities	RICAN CENTER, INC.					13-3447	
Part I required to complete this part	. Complete if the organization answett.	ered "Y	es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais	ed funds through any of the following	ng activ	/ities	Check all that apply.			
a Mail solicitations	e Solicita	tion of	non-g	overnment grants			
b Internet and email solicitations	f Solicita	tion of	gover	nment grants			
c Phone solicitations	g 🔲 Special	fundra	ising (events			
d In-person solicitations							
2 a Did the organization have a written of	r oral agreement with any individual	i (înclud	ling of	fficers, directors, trus	stees	or	
key employees listed in Form 990, Pa				_		L Yes	
b If "Yes," list the ten highest paid indi	viduals or entities (fundraisers) purs	uant to	agre	ements under which	the 1	undraiser is to l	be
compensated at least \$5,000 by the	organization						
		/ii.\	.		64	Amount paid	
(i) Name of Individual	(ii) Actıvıty	(iii) fundr have cr	alser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	or con	trol of	from activity		fundraiser ted in col (i)	organization
		-					
		Yes	No				
		╁──					
		 			-		
				Ì			
		 -					
		T					
-							
		ļ					
		-			<u> </u>		
	!	1					
	L	L					
T-4-1	_				}		
Total 3 List all states in which the organization	un la registered er ligeneed to seligit	funda	ar baa	been potified it is as	L	t from requetrate	en er heenenne
3 List all states in which the organization	in is registered of ficerised to solicit	iuiius (JI IIas	been notified it is ex	Kemp	t iioiii legistiati	on or licensing
							
							
			-				
		-	-				
						· · · · · · · · · · · · · · · · · · ·	
-							

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

Schedule G (Form 990 or 990-EZ) 2009

	7 Direct expense summary. Add lines 2 through 5 in column (d)	•	()
	8 Net gaming income summary. Combine line 1, column (d), and line 7					
9	Enter the state(s) in which the organization operates gaming activities:			-	Yes	No
	Is the organization licensed to operate gaming activities in each of these states? If "No," explain		g	а		
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain.	•	. 10	0a		
11	Does the organization operate gaming activities with nonmembers?	- .		1		
12 	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?			12		

Schedule G (Form 990 or 990-EZ) 2009 PEN AMERICAN CENTER, INC.	13-34	4788	B Pa	iqe 3
			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a 9	<u>6</u>]		
b An outside facility	13b 9	6		
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records.			
Name		.		
Address >		-		
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	nue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	the amount			
of gaming revenue retained by the third party > \$		1 1		
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				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?	_	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the			
organization's own exempt activities during the tax year > \$	•			

Schedule G (Form 990 or 990-EZ) 2009

Schedule I (Form 990) 2009* **2 Employer identification number** 13-3447888 Open to Public Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. (d) Amount of cash grant LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section ıf applicable INC. Enter total number of section 501(c)(3) and government organizations PEN AMERICAN CENTER General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I Part II

13-3447888 Schedule I (Form 990) 2009 PEN AMERICAN CENTER, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

(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 non-cash assistance
ENDANGERED WRITERS FUNDS - FREEDOM TO WRITE	m	006 E	o		
ENDANGERED WRITERS FUND	08	4	O		
	43		0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	n required in Part I, I	ine 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: THE OR	ORGANIZATION	AWARDS	LITERARY PI	PRIZES TO	
INDIVIDUALS BASED ON ARTISTIC MERIT	ZH	RECOGNITION OF	F SIGNIFICANT	ANT	
ACCOMPLISHMENTS IN THE FIELD. THER	THEREFORE, S.	SINCE THE A	AWARDS AND 1	PRIZES ARE	
NOT MADE TO FUND SPECIFIC PROJECTS	OR	ACTIVITIES OF	THE RECIPIENTS	ENTS, THE	
ORGANIZATION DOES NOT MONITOR THE EXPENDITURES	EXPENDIT	OF	THE RECIPIENTS.	rs. AWARDS	
ARE GIVEN TO INDIVIDUALS OF PROVEN	PROVEN MERIT FO	FOR THEIR P	PERSONAL USE.	• [7]	
TRANSLATION FUND GRANTS, INCLUDED	AS PART	PART OF LITERARY AWARDS,		ARE AWARDED	
BASED ON A PROPOSAL AND SAMPLE TRA	TRANSLATION	INTO ENGLISH	ISH OF A		
PREVIOUSLY-UNTRANSLATED WORK. HALF	F OF THE	GRANT IS	FUNDED UPFRONT	RONT AND THE	
932102 02-02-10		49			Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 PEN AMERICAN CENTER, INC.	13-3447888 Page 2
Part IV Supplemental Information	
REMAINDER IS FUNDED AT THE COMPLETION OF THE TRANSLATION.	
EMERGENCY GRANTS ARE MADE TO WRITERS, WITH WHOM PEN SHARES	A COMMUNITY, FOR
TARENTARE CACA VERRO WILL AND DOCUMENT TO A CONTROL AND A CONTROL OF THE CACA CONTROL	01 MT011 M110
IMMEDIATE CASH NEEDS THAT ARE DOCUMENTED IN A WRITTEN APPLI	CATION. THE
ORGANIZATION'S WRITER'S FUND COMMITTEE MEETS QUARTERLY TO R	EVIEW
APPLICATIONS FROM WRITERS IN NEED. GRANTS ARE PROVIDED TO T	UOCE WIMU
AFFIICATIONS FROM WRITERS IN NEED. GRANTS ARE FROVIDED TO I	HOSE WITH
IMMEDIATE, SUBSTANTIATED NEED. THE WRITER'S FUND COMMITTEE	MAINTAINS
RECORDS OF APPLICATIONS.	
RECORDS OF MITHICATIONS.	
	

SCHEDULE J (Form 990)

Compensation Information

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

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

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

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		_	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			l
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study		1	
	Form 990 of other organizations X Approval by the board or compensation committee			
		1		
4	Dunng the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				ļ
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.		1	
а	The organization?	5a		_X_
b	Any related organization?	5b		_X_
	If "Yes" to line 5a or 5b, describe in Part III	}	}	1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of	ŀ	}	1
а	The organization?	6a_		X_
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	1	{	
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8_		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	<u> </u>	

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

Schedule J (Form 990) 2009

13-3447888

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	0	(0)	(E)	(F)
		(a)		oc component	Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(ı) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(D)·()(B)	reported in prior Form 990 or
								Form 990-EZ
	≘	87,800.	0	59,333.	36,833.	1,200.	185,166.	0
MICHAEL ROBERTS	(II)	0	0	0.	0	0		0.
	Θ							
	Ξ							
	Ξ							
	(E)							
	Ξ							
	Ξ							
	Θ							
	(ii)							
	ε							
	(ii)							
	ε							
	3							
	Ξ							
	<u> </u>							
	Ξ							
	(ii)							
	Ξ							
	⊞							
	Ξ							
	≘							
	Ξ							
	▣							
	Ξ							
	9							
	Ξ							
	₿							
	Ξ							
	₿							
	Ξ							
	₿							•

Schedule J (Form 990) 2009

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

2009
Open to Public

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

PEN AMERICAN CENTER, INC.

Employer Identification number 13-3447888

PEN AMER									13-344		
Part I Continuation of Officers, I	<u> Directors, Tr</u>	ust	ees	s, K	<u>.ey</u>	Em	plo	yees, and Highes	t Compensated I	Employees	
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours				ition			Reportable	Reportable	Estimated	
		(check all that apply)					ly)	compensation	compensation	amount of	
	per			92		oyee		from	from related	other	
	week	5			Key employee Highest compensated employee Former				the organization	organizations	compensation from the
		dheci				e e		(W-2/1099-MISC)	(44-2/1099-141130)	organization	
		tee or	stee			nsate		(11 2) 1000 111100)		and related	
		individual trustee or director	institutional trustee		oyee	om p				organizations	
		widua	울	Officer	Key employee	est	Former		'		
		2	II.	통	Key	물	Ē				
MONIQUE TRUONG			ļ								
TRUSTEE	1.00	X	L_			L		0.	0.	0.	
DANIELLE TRUSCOTT											
TRUSTEE	1.00	X						0.	0.	0.	
DAVIS WEINSTOCK											
TRUSTEE	1.00	X	L			L		0.	0.	0.	
LEON FRIEDMAN										•	
GENERAL COUNSEL	1.00	X				}		0.	0.	0.	
STEVEN ISENBERG											
EXECUTIVE DIRECTOR (FROM 8/3/09)	40.00			X				82,853.	0.	2,619.	
ROBYN DESHOTEL				1		•					
DIR, OF FINANCE	40.00			Х				49,239.	0.	0.	
MICHAEL ROBERTS		i									
EXECUTIVE DIRECTOR (TO 6/30/09)	40.00			X	<u></u>			147,133.	0.	38,033.	
					<u></u>	<u> </u>			_		
			_								
			_								
		ļ	l_			ļ		<u> </u>			
			l								
		l				L.					
						ĺ			_	_	
	T										
		L	L			L	L				
			Γ								
	_										
							-				
		<u>L</u>	<u>L</u> _			L					

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

Schedule J-2 (Form 990) 2009

SCHEDULE.O

(Form 990) `

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0647 '
2009
Open to Public Inspection

Name of the organization

PEN AMERICAN CENTER, INC.

Employer identification number 13-3447888

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEFEND FREE EXPRESSION, AND FOSTER INTERNATIONAL LITERARY FELLOWSHIP.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE SIXTH ANNUAL PEN WORLD VOICES FESTIVAL IN APRIL/MAY 2010 BROUGHT
TOGETHER 150 WRITERS FROM 40 COUNTRIES REPRESENTING 18 LANGUAGES. THERE
WERE MORE THAN 60 READINGS, PERFORMANCES, PANEL DISCUSSIONS, AND
CONVERSATIONS HELD IN NEW YORK CITY, AND AN ADDITIONAL 20 EVENTS WERE
HELD IN SELECT OTHER CITIES AROUND THE COUNTRY. APPROXIMATELY 8,000
PEOPLE ATTENDED THE FESTIVAL EVENTS. IN ADDITION, NINETY PERCENT OF THE
EVENTS ARE AVAILABLE IN PODCAST OR VIDEO FORMAT; THE NUMBER OF
DOWNLOADS ON YOUTUBE AND THE PEN WEB SITE IS IN THE HUNDREDS OF
THOUSANDS.
PEN ALSO HOSTS PUBLIC LITERARY PROGRAMS WHICH GIVE A PUBLIC FACE TO THE
ORGANIZATION AND OFFER OPPORTUNITIES TO SEE THE WORLD'S MOST
DISTINGUISHED AUTHORS AND RISING LITERARY STARS PARTICIPATE IN A
VARIETY OF EVENTS. FIFTEEN SUCH EVENTS WERE HELD IN FISCAL YEAR 2010.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PRISON, CAMPAIGNS THAT BEGIN THE DAY OF ARREST AND END ONLY WHEN THE
WRITERS HAVE BEEN RELEASED. SEVENTY-SEVEN WRITERS AND JOURNALISTS ON
PEN'S CASE LIST WERE RELEASED FROM PRISON IN THE PAST YEAR, ONE OF THE
MOST REMARKABLE YEARS YET IN PEN AMERICAN CENTER'S 50-YEAR HISTORY OF
ORGANIZED FREE EXPRESSION ADVOCACY.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{932211}_{\rm 02-03-10}$

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

PEN AMERICAN CENTER, INC.

Employer identification number 13-3447888

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ISSUES OF INTEREST TO URBAN TEENS
-YOUNG SCHOLARS AND LITERATURE EVENTS, FEATURING AUTHORS IN READINGS,
PANEL DISCUSSIONS, AND CONVERSATIONS, FOLLOWED BY Q&A SESSIONS AND BOOK
SIGNINGS, AND HELD IN NYC UNIVERSITIES AND ARTS INSTITUTIONS THAT
ACCOMMODATE LARGE GROUPS OF HIGH SCHOOL STUDENTS IN ORDER TO BROADEN
STUDENTS' CULTURAL EXPERIENCE
-THE PEN WRITING INSTITUTE, A PROGRESSIVE SERIES OF WRITING WORKSHOPS
TO WHICH NYC HS STUDENTS MAY APPLY THAT SIMULATE A PROFESSIONAL
WRITERS' WORKSHOP EXPERIENCE. ADMITTED STUDENTS MET WEEKLY AT THE PEN
OFFICES WITH A WRITER/INSTRUCTOR TO LEARN THE PROCESS OF CREATIVE
WRITING, EXPERIMENT WITH TECHNIQUE, AND PRODUCE A GROUP CHAPBOOK AT THE
END OF THE SERIES.
STUDENTS FROM NON-PARTNER NYC HIGH SCHOOLS WERE ALSO ADMITTED INTO
THESE PROGRAMS.
PROGRAMMING INCLUDED:
-IN-SCHOOL LITERARY WORKSHOPS INCLUDED:
-NO LOVE LIKE THIS: HOW TO AVOID WRITING CLICHE (5/13/10, BKLYN SCHOOL
FOR COLLAB STUDIES, AUDIENCE: 28) WITH GEOFF BANKOWSKI
-NOBODY'S VICTIM: AGENCY & VOICE ACROSS GENRES (3/26/10, DREAMYARD PREP
(BX), AUDIENCE: 20) WITH TAYARI JONES.
-22 WORKSHOPS WERE HELD IN 2009-10.
-GUEST AUTHORS INCLUDED DAVE JOHNSON, SUSAN KUKLIN, JULIE OTSUKA,
JOANNA REISS, SA'D SAYRAFIEZADEH, & TOM ZOELLNER.
-YOUNG SCHOLARS & LITERATURE EVENTS (5 SESSIONS HELD IN 2009-10)

SCHEDULE.O

(Form 990)

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on OMB No 1545-0047 A Open to Public

Department of the Treasury Internal Revenue Service

Form 990 or to provide any additional information. Attach to Form 990.

Inspection

Name of the organization **Employer identification number** PEN AMERICAN CENTER INC. 13-3447888 **INCLUDED:** -FACE OFF: OVERCOMING BARRIERS (4/30/10, INSTITUTO CERVANTES, AUDIENCE: 95) W/ DAVID ALMOND (UK), ALINA BRONSKY (RUSSIA/GERMANY), JANNE TELLER (DENMARK), & TOMMY WIERINGA (NETHERLANDS) -ALL REVOLUTIONS ARE LOCAL (5/18/10, INSTITUTO CERVANTES, AUDIENCE: 59) W/ COE BOOTH, WESLEY BROWN, RACHEL MCKIBBENS, & SA'D SAYRAFIEZADEH. -WRITING INSTITUTE WORKSHOP (18 HELD IN 2009-10) -INSTRUCTORS INCLUDED CAITLIN MCDONNELL, JACQUELINE JONES LAMON, JOHN BUFFALO MAILER, DANTE MICHEAUX, ROBIN BETH SCHAER, LYNNE GOLDHAMMER, CHELSEA LEMON FETZER, & GEOFFREY BANKOWSKI. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: LITERARY AWARDS; TRANSLATION FUND; INTERNATIONAL PROGRAM; OPEN BOOK PROGRAM; PRISON WRITING PROGRAM; WRITERS FUND; PUBLICATIONS (WEBSITE, PEN AMERICAN JOURNAL); MEMBERSHIP; BRANCHES EXPENSES \$ 871426. INCLUDING GRANTS OF \$ 116382. REVENUE \$ 33838. FORM 990, PART VI, SECTION A, LINE 2: ROXANA ROBINSON AND HAMILTON ROBINSON, TRUSTEES - FAMILY RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 3: THE DIRECTOR OF FINANCE AND ADMINISTRATION, ROBYN DESHOTEL, WAS A CONTRACT EMPLOYEE FROM HER START DATE OF 7/27/09 THROUGH 12/31/09. DURING THIS PERIOD, HER DUTIES WERE PERFORMED UNDER THE DIRECT SUPERVISION OF THE EXECUTIVE DIRECTOR. SHE BECAME A FULL-TIME EMPLOYEE ON 1/1/10. THE DIRECTOR OF FINANCE & ADMINSTRATION IS AN

OFFICER ROLE AND HAS RESPONSIBILITY FOR CASH MANAGEMENT.

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

932211 02-03-10

HUMAN

Schedule O (Form 990) 2009

BUDGET.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0947 Open to Public Inspection

Name of the organization

PEN AMERICAN CENTER INC Employer identification number 13-3447888

RESOURCES, PAYROLL, AND CERTAIN OPERATIONS.

FORM 990, PART VI, SECTION A, LINE 4: AN AMENDMENT TO THE BY-LAWS WAS PASSED ALLOWING THE BOARD OF TRUSTEES TO AMEND THE BY-LAWS BY MAJORITY VOTE, AND ALLOWING 20 MEMBERS IN GOOD STANDING TO PROPOSE AMENDMENTS TO THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION. THE MEMBERSHIP OF PEN IS COMPOSED OF POETS, PLAYWRIGHTS, EDITORS, ESSAYISTS, NOVELISTS, SHORT STORY WRITERS, BIOGRAPHERS, HISTORIANS, PHILOSOPHERS, CRITICS, TRANSLATORS, AND OTHERS SIMILARLY ENGAGED. THE QUALIFICATION FOR MEMBERSHIP IS ACKNOWLEDGED ACHIEVEMENT IN THE LITERARY FIELD OR OTHER DISTINGUISHED SERVICE TO THE LITERARY COMMUNITY. A SEPARATE ASSOCIATE MEMBERSHIP CATEGORY IS CONFERRED UPON STUDENTS, NON-QUALIFYING WRITERS, AND INDIVIDUALS WHO SUPPORT PEN'S GOALS. ASSOCIATE MEMBERSHIP CARRIES NO VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A: PEN AMERICAN CENTER IS A MEMBERSHIP ORGANIZATION WITH APPROXIMATELY 3400 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...

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

Schedule O (Form 990) 2009

58

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047) " Open to Public Inspection

Name of the organization

Employer identification number

PEN AMERICAN CENTER, INC. 13-344/888
- "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 RECENT BY-LAW
CHANGES, WHICH HAVE BEEN APPROVED BY MEMBERS.
FORM 990, PART VI, SECTION B, LINE 10B: BRANCH OFFICES PERIODICALLY REPORT
THEIR PROGRAM ACTIVITIES TO THE MEMBERSHIP MANAGER. THE ORGANIZATION
MONITORS THE ACTIVITIES OF ITS BRANCH OFFICES THROUGH SPECIFIC REVIEW OF
THEIR FINANCIAL TRANSACTIONS. WRITTEN POLICES WERE INSTITUTED IN SEPTEMBER
2010.
FORM 990, PART VI, SECTION B, LINE 11: DIRECTOR OF FINANCE REVIEWED FORM
990 WITH EXECUTIVE DIRECTOR AND OBTAINED APPROVAL. DIRECTOR OF FINANCE AND
EXECUTIVE DIRECTOR PROVIDED A DRAFT COPY OF FORM 990 TO EXECUTIVE COMMITTEE
OF THE BOARD OF TRUSTEES ALONG WITH A SUMMARY MEMO HIGHLIGHING CHANGES AND
IMPORTANT NOTICES.
FORM 990, PART VI, SECTION B, LINE 12C: AT EACH MARCH BOARD MEETING (FIRST
MEETING OF THE YEAR), THE CONFLICT OF INTEREST POLICY IS CIRCULATED PRIOR
TO THE MEETING AND RETURNED BY EACH TRUSTEE TO THE EXECUTIVE DIRECTOR. IN
ADDITION, EACH DIRECTOR-LEVEL STAFF MEMBER MUST SIGN A CONFLICT OF INTEREST
FORM.

SCHEDULE⋅O

(Form 990) `

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

PEN AMERICAN CENTER, INC.

Employer identification number 13-3447888

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: A COMMITTEE OF THE BOARD OF
TRUSTEES WAS CREATED TO UNDERTAKE SEARCH FOR AN EXECUTIVE DIRECTOR. THE
COMMITTEE, WITH THE ASSISTANCE OF A RECRUITING FIRM, REVIEWED COMPARABILITY
DATA TO DETERMINE AN APPROPRIATE SALARY FOR THE EXECUTIVE DIRECTOR. THE
COMPENSATION PACKAGE WAS DOCUMENTED IN AN EMPLOYMENT CONTRACT. THIS PROCESS
WAS USED TO HIRE THE EXECUTIVE DIRECTOR IN AUGUST 2009. THE DIRECTOR OF
FINANCE AND ADMINISTRATION WAS INITIALLY HIRED AS A CONSULTANT BY THE BOARD
OF TRUSTEES IN JULY 09 AND THEN AS A FTE BY THE EXECUTIVE DIRECTOR ON
1/1/10. WITH RESPECT TO THE INITIAL HIRE, COMPENSATION WAS COMMENSURATE
WITH CANDIDATE'S QUALIFICATIONS. WITH RESPECT TO THE FULL-TIME HIRE, THE
SAME FACTORS WERE CONSIDERED, AS WELL AS ADDITIONAL RESPONSIBILITIES FOR
THE POSITION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S CHARTER AND

ANNUAL REPORT ARE AVAILABLE ON ITS WEBSITE. AUDITED FINANCIAL STATEMENTS,

FORM 990, AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047 3

2009
Open to Public Inspection

Name of the organization PEN AMERICAN CENTER, INC.	Employer identification number 13-3447888
WRITTEN REQUEST.	
FORM 990, PART IV, LINE 12	
AUDITED FINANCIAL STATEMENTS	
THE ORGANIZATION HAS CHANGED ITS FISCAL YEAR END FROM JUN	Е 30 ТО
DECEMBER 31, EFFECTIVE WITH THE PERIOD ENDING DECEMBER 31	
PERMITTED BY NEW YORK STATE, THE ORGANIZATION WILL UNDERG	O AN AUDIT AS
OF DECEMBER 31, 2010, AND FOR THE EIGHTEEN MONTH PERIOD B	EGINNING JULY
1, 2009 AND ENDING DECEMBER 31, 2010. ACCORDINGLY, NO SEP	ARATE AUDITED
FINANCIAL STATEMENT FOR THE TWELVE MONTH FISCAL YEAR 2010	PERIOD WILL
BE ISSUED.	

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If yo	ou a.e filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	. > X
Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed For	m 8868.
Parl	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A com	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and comonly	plete	▶□
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax retums.	exten	sion of time
noted (not at you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or collust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Chanties & Nonprofits.	cally if nsolida	(1) you want the additional ated Form 990-T Instead,
Type print		Empl	oyer identification number
<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PEN AMERICAN CENTER, INC.	1	3-3447888
File by t due date filing yo	Number, street, and room or suite no. If a P.O. box, see instructions.		
return S Instructi			
Chec	k type of return to be filed (file a separate application for each return)		
	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 Form 990-EZ Form 990-T (trust other than above) Form 60	227	
=	Form 990-PF		
• The Tel	MICHAEL WELCH e books are in the care of ► 588 BROADWAY, SUITE 303 - NEW YORK, NY ephone No. ► (212) 334-1660 he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	100	
The Tell If the lift box	MICHAEL WELCH e books are in the care of ► 588 BROADWAY, SUITE 303 - NEW YORK, NY ephone No. ► (212) 334-1660 he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	100 . is is formemb	r the whole group, check this ers the extension will cover.
The Tell If the If the box	MICHAEL WELCH e books are in the care of ▶ 588 BROADWAY, SUITE 303 - NEW YORK, NY ephone No. ▶ (212) 334-1660 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a is for the organization's return for ■ Calendar year or	100	r the whole group, check this ers the extension will cover.
The Television of the Televisi	MICHAEL WELCH e books are in the care of ▶ 588 BROADWAY, SUITE 303 – NEW YORK, NY ephone No.▶ (212) 334-1660 FAX No.▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a list for the organization's return for ■ calendar year or ■ X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010 If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	100 . us is formemb	r the whole group, check this ers the extension will cover. The extension Change in accounting period
The Televitation of the International Te	MICHAEL WELCH e books are in the care of ▶ 588 BROADWAY, SUITE 303 - NEW YORK, NY ephone No. ▶ (212) 334-1660 FAX No. ▶ he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a is for the organization's return for ▶ calendar year or ▶ tax year beginning JUL1, 2009, and ending JUN30, 2010 If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	100	r the whole group, check this ers the extension will cover. The extension
The Television of the International Television of the Internat	MICHAEL WELCH e books are in the care of ▶ 588 BROADWAY, SUITE 303 – NEW YORK, NY ephone No. ▶ (212) 334–1660 FAX No. ▶ he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a is for the organization's return for ▶ ☐ calendar year or ▶ ☐ x tax year beginning ☐ JUL 1, 2009 , and ending ☐ JUN 30, 2010 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	100 Is is formemb	r the whole group, check this ers the extension will cover. The extension Change in accounting period
The Television of the International Television of the Internat	MICHAEL WELCH e books are in the care of ▶ 588 BROADWAY, SUITE 303 - NEW YORK, NY ephone No. ▶ (212) 334-1660 FAX No. ▶ he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a is for the organization's return for ▶ calendar year or ▶ tax year beginning JUL1, 2009, and ending JUN30, 2010 If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	100 . us is formemb	r the whole group, check this ers the extension will cover. The extension Change in accounting period

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Form 8868 (Rev 1-2011)					Page 2
If you are sling for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this be	ox .		\mathbf{x}
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form 8	868.	
• If you are filing for an Automatic 3-Month Extension, complet					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the onginal (no c	opies ne	eeded)	
Type or Name of exempt organization	_		Emplo	oyer identification	number
PEN AMERICAN CENTER, INC.			1 13	3-3447888	
File by the extended Number, street, and room or suite no. If a P.O. box, si	ee instruc	tions			
due date for 588 BROADWAY, NO. 303					
filing your return See City, town or post office, state, and ZIP code. For a fo	oreian add	Iress, see instructions.			
Instructions NEW YORK, NY 10012	-				
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)	-		0 1
Application	Return	Application			Return
is For	Code	Is For	_		Code
Form 990	01				
Form 990-BL	02_	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF 04 Form 5227					
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069					
Form 990-T (trust other than above) 06 Form 8870					
STOP! Do not complete Part II if you were not already granted					
• The books are in the care of \triangleright 588 BROADWAY,	SUITE		1001	12	
Telephone No \triangleright (212) 334-1660		FAX No. >			
 If the organization does not have an office or place of business 			-		
If this is for a Group Return, enter the organization's four digit	-				
box . If it is for part of the group, check this box			membe	ers the extension is	for.
4 I request an additional 3-month extension of time until		<u>15, 2011</u> .		20 0010	
5 For calendar year, or other tax year beginning				30, 2010	 •
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final re	eturn	
Change in accounting period					
7 State in detail why you need the extension	COMPT	TE MUE TATEODMAMION			
ADDITIONAL TIME IS NEEDED TO		LE THE INFORMATION			
NECESSARY TO COMPLETE THE RETU	OKIN.				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax less any			
8a If this application is for Form 990-BL, 990-PF, 990-1, 4720, nonrefundable credits. See instructions	01 0003, 6	inter the terriative tax, less arry	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	Oa	Ψ	<u> </u>
tax payments made Include any prior year overpayment all	-				
previously with Form 8868.	lowed as a	a create and arry amount paid	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	wment wit	th this form if required by using	1 55	· *	
EFTPS (Electronic Federal Tax Payment System) See instri	-	are the reality in required, by doining	8c	\$	0.
		nd Verification	1 1		
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that Lam authorized to prepare this form.	ling accom		e best of	my knowledge and b	elief,
$M_{\rm res}$	PA		. .	1/2=1,	1
Signature Mary Courry Title >	<u> </u>	-	Date		1 60141
()				Form 8868 /(R	ev. 1-2011)