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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. and ending

Open to Public

A	For the	2013 calendar year, or tax year beginning and en	nding						
В	Check if applicable	C Name of organization		D Employer identification	tion number				
Г	Addres	PEN_AMERICAN CENTER, INC.							
F	Name Change	Doing Business As		13-34	17888				
Ē	Initial return		oom/suite	E Telephone number	17000				
F	Termin-		03	■	334-1660				
Ē	Amend return		-	G Gross receipts \$ 4,755,842.					
一	Applica			H(a) is this a group retu	····				
	pendin	F Name and address of principal officer: SUZANNE NOSSEL			Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates inclu					
T	Tax-exe	mpt status: X 501(c)(3)	527	1	t. (see instructions)				
		e: ▶ WWW.PEN.ORG		H(c) Group exemption r	number >				
		organization: X Corporation Trust Association Other	L Year	of formation: 1985 M S					
		Summary							
Ф		Briefly describe the organization's mission or most significant activities: PEN Al							
Governance		ASSOCIATION OF WRITERS AND OTHERS IN THE 1	LITER	ARY COMMUNITY	Y WORKING				
ř	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net asse	ets.				
ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)	·,············ 2 ,		32				
و ع	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	32				
es	5	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)	dCave at a	5	21				
ΣĘ		The state of the s	YOW XX	6	239				
Activities &	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Ine 34	,	.1 . : : 1 7b	0.				
				Prior Year	Current Year				
ē	1	Contributions and grants (Part VIII, line 1h)		2,793,207.	4,106,841.				
ē	1	Program service revenue (Part VIII, line 2g)	ľ	126,767.	158,142.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		37,616.	39,190.				
_	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		741.	7,822.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,958,331.	4,311,995.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		336,785.	336,512.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,566,987.	1,468,699.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>-</u>	0.	40,179.				
Ä	b	Total fundraising expenses (Part IX, column (D), line 25) 473,08		1 204 410	1 562 100				
_	17 '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,284,410. 3,188,182.	1,562,109. 3,407,499.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							
<u></u>	19	Revenue less expenses Subtract line 18 from line 12	-	<229,851.>	904,496.				
Net Assets or		Fetal casets (Dart V Fine 1C)	Бе	ginning of Current Year 2,693,371.	End of Year 3,805,351.				
ASS	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		238,201.	267,004.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		2,455,170.	3,538,347.				
_		Signature Block		2,433,170	3,330,341.				
; —		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of my k	nowledge and belief, it is				
1	•	t, and complete. Declaration of preparer (other than officer) is based on all information of whic			,				
) 	,			1 1 In	14				
Sig	ın İ	Signature of officer		Date					
He	- 1	SUZANNE NOSSEL, EXECUTIVE DIRECTOR							
		Type or print name and title	· -						
-		Print/Type preparer's name Rreparer's signature	_	Date Check] PTIN				
Pai	d	FREDERICK MARTENS		11/6/14 setf-employed	P00298107				
Pre	parer	Firm's name LUTZ AND CARR, CPAS LLP		Firm's EIN ▶	13-1655065				
Use	Only	Firm's address 300 EAST 42ND STREET							
		NEW YORK, NY 10017		Phone no.212	<u>-697-2299</u>				
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No				
332	001 10-2	2-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2013)				

	90 (2013) PEN AMERICAN CENTER, INC. 13-3447888 Page 2
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	nefly describe the organization's mission:
	EN AMERICAN CENTER, INC. IS AN ASSOCIATION OF WRITERS AND OTHERS IN
	HE LITERARY COMMUNITY WORKING TO DEFEND FREE EXPRESSION, ADVANCE
	ITERATURE, AND FOSTER INTERNATIONAL LITERARY FELLOWSHIP.
2	d the organization undertake any significant program services during the year which were not listed on
_	e prior Form 990 or 990-EZ?
	"Yes," describe these new services on Schedule O.
3	id the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	"Yes," describe these changes on Schedule O.
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	ection so to to to to so to to the strict report to report the amount of grants and allocations to others, the total expenses, and evenue, if any, for each program service reported.
	710 707 407 47F
4a	ode:) (Expenses \$
	REE EXPRESSION PROGRAMS:
	UDOLICU THE EDGE EVENERATION PROCESSORIUM DEN SMERTOSN GENTER FOR
	HROUGH ITS FREE EXPRESSION PROGRAMMING, PEN AMERICAN CENTER FIGHTS FOR
	HE MAINTENANCE OF FREE EXPRESSION NORMS AND PROTECTIONS IN THE U.S.
	ND ABROAD AND ACTS TO SECURE THE LIBERTY AND SAFETY OF IMPRISONED AND
	ERSECUTED WRITERS AND JOURNALISTS WORLDWIDE. THROUGH OUR RAPID ACTION
	ETWORK, PEN HAS THE EXCEPTIONAL ABILITY TO MOBILIZE, ALMOST INSTANTLY,
	N INTERNATIONAL ADVOCACY NETWORK TO CHALLENGE HUMAN RIGHTS VIOLATIONS
	GAINST WRITERS AS THEY ARE HAPPENING. PEN'S RAPID ACTIONS HAVE
	ITERALLY STOPPED THE HANDS OF TORTURERS, PREVENTED DISAPPEARANCES, AND
	ORCED FAIR AND OPEN TRIALS. AT ANY GIVEN MOMENT, PEN IS MONITORING THE
	ASES OF MORE THAN 1,000 WRITERS IN PRISON, ON TRIAL, OR UNDER THREAT
4b	ode:) (Expenses \$568,081. including grants of \$) (Revenue \$) (Revenue \$)
	EN WORLD VOICES FESTIVAL
	O DIDENTED DEVICE VICATOR TO ADVINCE I THERESTED DESIGNATION OF THE PROPERTY.
	O FURTHER PEN'S MISSION TO ADVANCE LITERATURE, DEFEND FREE EXPRESSION,
	ND FOSTER INTERNATIONAL LITERARY FELLOWSHIP, FOR ONE WEEK EACH SPRING,
	HE PEN WORLD VOICES FESTIVAL OF INTERNATIONAL LITERATURE SHOWCASES THE
	ORK OF INTERNATIONAL WRITERS FROM ACROSS THE GLOBE IN CONVERSATIONS,
	EADINGS, PERFORMANCES, AND PANELS TOGETHER WITH THEIR AMERICAN
	OUNTERPARTS FOR AN EXCITING CROSS-CULTURAL AND TRULY INTERNATIONAL
	ELEBRATION OF THE WRITTEN WORD. CHAIRED BY SALMAN RUSHDIE, THE
	ESTIVAL HAS FEATURED SUCH LUMINARIES AS NADINE GORDIMER, TONI
	ORRISON, ORHAN PAMUK, UMBERTO ECO, IAN MCEWAN, AND MARIO VARGAS LLOSA.
	HE NINTH ANNUAL FESTIVAL, HELD APRIL 29 TO MAY 5, 2013, BROUGHT
4c	ode) (Expenses \$311,653. including grants of \$154,482.) (Revenue \$60,110.
	ITERARY AWARDS
	UE DEN LIMEDADY AVADDO TO MUE VOCE COVERNMENT AVADDO DECENIO TO THE
	HE PEN LITERARY AWARDS IS THE MOST COMPREHENSIVE AWARDS PROGRAM IN THE
	OUNTRY, OFFERING OVER \$130,000 EACH YEAR TO FICTION WRITERS, POETS,
	RANSLATORS, CHILDREN'S AUTHORS, BIOGRAPHERS, NONFICTION WRITERS, AND
	LAYWRIGHTS. EACH PRIZE IS CONFERRED BY A PANEL OF PEN MEMBERS WHO
	RING TO THE TASK A FAMILIARITY WITH THE SOLITARY TASK OF CREATING
	REAT LITERATURE. IN JULY 2013, \$42,900 IN TRANSLATION FUND GRANTS WERE
	RESENTED TO 14 TRANSLATORS TO SUPPORT THE TRANSLATION OF BOOK-LENGTH
	ORKS. IN FALL 2013, 18 ADDITIONAL LITERARY AWARDS IN A VARIETY OF
	ENRES WERE PRESENTED TOTALING \$106,000.
4d	ther program services (Describe in Schedule O.)
	xpenses \$ 1,037,877 • including grants of \$ 54,555 •) (Revenue \$ 36,890 •)
_4e	otal program service expenses 2,630,338.
2222	Form 990 (2013
33200 10-29	SEE SCHEDULE O FOR CONTINUATION(S)

09091106 759420 5973907 2013.04030 PEN AMERICAN CENTER, INC. 59739071

Form 990 (2013) PEN AMERICAN
Part IV Checklist of Required Schedules

			Yes	No
	Is the organization described in section 501(a)(2) or 4047(a)(1) (other than a project foundation)?		162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		ľ	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	,		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			- 22
10		40	x	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		72	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ļ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	L
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	l	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				_ _ _
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
1E	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	'''	1	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	Į
40	Did the assessing senset on Deat IV column (A) line 2 more than \$5,000 of aggregate greate or other accustones to	15		_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		w	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		.,	j
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_ _	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
2 0a	, , , , , , , , , , , , , , , , , , , ,	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	1

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or other assistance to individuals in the United States on Part IX,	'		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) 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	ļ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		1	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	00		x
07	Complete Schedule L, Part II	_26	-	^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			ŀ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		1
26	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	2.00		
Ŭ	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Ì
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

1			
Form 990 (2013)	PEN AMERICAN		
Part V Statements	Regarding Other IRS	Filings and	Tax Compliance

	Crieck is Scriedule O contains a response or note to any line in this Part v	<u></u>		<u>ال</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 152			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 21			
b	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 (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u> _
Ь	If "Yes," enter the name of the foreign country:			
	See instructions for 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?	<u>5c</u>		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	-
7	Organizations that may receive deductible contributions under section 170(c).	_	,,	
	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?		X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		
	to file Form 8282?	7c	 -	_X_
	If "Yes," indicate the number of Forms 8282 filed during the year			
e		7e	<u> </u>	X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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?		ŀ	
0		8		
9	Sponsoring organizations maintaining donor advised funds.	00		
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
b 10	, , , , , , , , , , , , , , , , , , , ,	30		
a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b		1		
11	Section 501(c)(12) organizations. Enter:	1	:	
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
-	amounts due or received from them.)	}		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
u	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	1		
c	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2013)

4

5

6

7a

7b

Яa

8b

10a

Yes

X

organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

persons other than the governing body?

Did the organization have members or stockholders?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13_	Х	
4	Did the organization have a written document retention and destruction policy?	14	_X_	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶NY, MA

588 BROADWAY, SUITE 303, NEW YORK

exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Other (explain in Schedule O) ____ Another's website Own website

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ROBYN DESHOTEL - (212) 334-1660

332006 10-29-13

Form 990 (2013)

NY

10012

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizat (A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average	(do		Posi		than i	one	Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson	s bot	hani	compensation	compensation	amount of
	week		æran	dad	recio	W/UUS	(ee)	from	from related	other
	(list any	lrecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	tee			sate	li	(W-2/1099-MISC)	(***27 1033-141130)	organization
	organizations	ruste	l trus		e ,	m Del		(11-2/1000 111100)		and related
	below	dual	nttona	_ '	old m	st co	₌			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER GODWIN	4.00									
PRESIDENT		X		X		<u>.</u>		0.	0.	0.
(2) JOHN TROUBH	1.00				ŀ					
EXECUTIVE VICE-PRESIDENT		X		X		L		0.	0.	0.
(3) JERI LABER	1.00		ŀ					_	_	
VICE-PRESIDENT		X		X				0.	0.	0.
(4) VICTORIA REDEL	1.00									
VICE-PRESIDENT		X	_	X		-		0.	0.	0.
(5) JOHN OAKES	1.00									
TREASURER	1 22	X		X	<u> </u>	-	ļ	0.	0.	0.
(6) ELINOR LIPMAN	1.00	<u> </u>			1					
SECRETARY	1 00	X	-	X				0.	0.	0.
(7) SUSANNA REICH	1.00	┨			l					
TRUSTEE-COMMITTEE CHAIR	1 00	X			ļ	-	<u> </u>	0.	0.	0
(8) HANNAH PAKULA	1.00	١		1						1
TRUSTEE-COMMITTEE CHAIR	1 00	X	ļ	-		┼		0.	0.	0
(9) GREG PARDLO	1.00	┨				ĺ			_	
TRUSTEE-COMMITTEE CHAIR	1 00	X	┢	-	├-	-	-	0.	0.	0
(10) CARA BENSON	1.00	٠,				i			0.	
TRUSTEE-COMMITTEE CHAIR	1 00	X	-	├	┢	\vdash		0.	0.	0
(11) CLAUDIA MENZA	1.00	X						0.	0.	0
TRUSTEE-COMMITTEE CHAIR	1 00	╀┻	╁	┢	-	-		<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
(12) ED BURLINGAME	1.00	x						0.	0.	0
TRUSTEE	1.00	^	-	╌	╁╌	╁	-			<u>-</u>
(13) MORGAN ENTREKIN	1.00	$ \mathbf{x} $	l					0.	0.	0
TRUSTEE	1.00	╬	╁	╁─	\vdash	十	-			<u>_</u>
(14) WENDY GIMBEL	1.00	$ \mathbf{x} $						0.	0.	0
TRUSTEE	1.00	<u>^</u>	\vdash	\vdash	t	+	 	•		
(15) JOANNE LEEDOM-ACKERMAN	1.00	$ \mathbf{x} $	1					0.	0.	0
TRUSTEE (16) CHRISTIAN OBERBECK	1.00	1	t^-	t	1	†	1	<u>-</u>		T
TRUSTEE		x						0.	0.	0
(17) TESS O'DWYER	1.00		1	T	T		1			
TRUSTEE		X						0.	0.	0
332007 10-29-13								· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	Form 990 (201:

332007 10-29-13

Form **990** (2013)

Occasina cinocia, Directora, 1103	ices, Key Lin	PiO y	CCS	and	<u> 7 [] 1</u>	Alle	<u> </u>	zompensateu employe	es (continueu)				
· (A) Name and title	(B) Average hours per week	box	not c , unle cer an	ss per	ition more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensa rom th ganiza d rela anızat	ation ne tion ted	
(18) WALTER POZEN	1.00												
TRUSTEE	1 00	X	<u> </u>	-		ऻ	_	0.	0.	 -		0.	
(19) THERESA REBECK	1.00	x							_			^	
TRUSTEE (20) ELISABETH SIFTON	1.00	^	_			\vdash	_	0.	0.	 		0.	
TRUSTEE	1.00	X						0.	0.	1		0.	
(21) CLINTON IVES SMULLYAN JR.	1.00									 		<u> </u>	
TRUSTEE		\mathbf{x}						0.	0.	1		0.	
(22) ROSE STYRON	1.00									_			
TRUSTEE		X					L	0.	0.			0.	
(23) ANNETTE TAPERT	1.00]											
TRUSTEE	ļ <u></u>	X				ļ	_	0.	0.	<u> </u>		0.	
(24) LYNNE TILLMAN	1.00											_	
TRUSTEE	1 00	X			<u> </u>		├	0.	0.	├─		0.	
(25) DANIELLE TRUSCOTT	1.00	X			İ			0.	0.			0.	
TRUSTEE (26) DAVIS WEINSTOCK	1.00	^			-	-	-	 	0.				
TRUSTEE	1100	\mathbf{x}						0.	0.			0.	
1b Sub-total						•	▶	0.	Ö.			0.	
c Total from continuation sheets to Part V								519,754.	0.	7	4,2	44.	
d Total (add lines 1b and 1c)			<u></u>	<u>.</u>			<u> </u>	519,754.	0.	7	4,2	44.	
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed at	oove	e) w	ho r	received more than \$100	0,000 of reportable				
compensation from the organization											1 36-	4	
2. Did the exceptration but any farmer waffiger		4_	_					h:-h4			Yes	No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3		x	
4 For any individual listed on line 1a, is the st											-		
and related organizations greater than \$15										4	x	Ì	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," corr	plete Schedul	e J	for s	uch	pers	son			·· · · · · · · · · · · · · · · · · · ·	5		X	
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•								sation	from		
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi		year.				
(A) Name and business	address	N	INC	2				(B) Description of s	services () Compe	C) Insatio	on	
		211	<u> </u>							<u>:</u> _			
	•												
	-												
							-						
2 Total number of independent contractors (i	ncluding but n	ot l	mrte	d to	tho	se la	stec	d above) who received n	nore than		-		
\$100,000 of compensation from the organi						0							
SEE PART VII, SECTION	N A CON	ΓI	NU.	T	[0]	N S	SH	EETS		Form	990 ((2013)	
332008 10-29-13													

	RICAN CEN								13-344	7600
Part VII Section A. Officers, Directors,	1	npk	yee			ligh	<u>est</u>			
· (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				rtion			Reportable	Reportable	Estimated
	hours	(ct	neck	all t	that	арр	<u>y)</u>	compensation	compensation	amount of
	per							from	from related	other
	week	_				lo ye		the	organizations	compensation
	(list any	reck	1					organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	hours for related	9 07 (ᆲ		1	safe		(44-2/1033-141130)		and related
	organizations	ruste			2	mper				organizations
	below	dualt	tto us	_	le le	st co	*			or gar meation to
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Ботшег			
(27) JACOB WEISBERG	1.00									
TRUSTEE		х						0.	0.	0.
(28) NATHAN ENGLANDER	1.00									
TRUSTEE		X						0.	0.	0.
(29) ANDREW SOLOMON	1.00									
TRUSTEE		X						0.	0.	0.
(30) ERROLL MCDONALD	1.00									
TRUSTEE		X						0.	0.	0
(31) JENNIFER EGAN	1.00		ŀ							
TRUSTEE		X	<u> </u>	<u> </u>	<u> </u>			0.	0.	0
(32) LEON FRIEDMAN	1.00	ł								
GENERAL COUNSEL		X			ļ. <u>.</u>	ļ	_	0.	0.	0
(33) SUZANNE NOSSEL	40.00		ļ					100 -10		005
EXECUTIVE DIRECTOR		<u> </u>	ļ.,	X	-		<u> </u>	183,510.	0.	237
(34) ROBYN DESHOTEL	40.00	4						100 010		22.446
DIRECTOR OF FINANCE AND ADMIN.	40.00	 	-	X				129,219.	0.	23,446
(35) LINDA MORGAN	40.00	ł				7,		104 240	0.	27 270
DEVELOPMENT DIRECTOR	40.00	┼	├		1	X		104,348.	0.	37,270
(36) JAKAB ORSOS	40.00	1				x		102,677.	0.	13,291
DIRECTOR OF PUBLIC PROGRAM		┼─		\vdash	\vdash	<u> </u>	-	104,677.	0.	13,491
		1								
					 	 				
		1								
		1								
			Ĺ			<u> </u>				
							ļ			
			<u> </u>	<u> </u>	<u> </u>	<u> </u>				
		ļ					ĺ			
		<u> </u>	ļ.,	_	<u> </u>	_	<u> </u>			
		4								
		-	╄	<u> </u>	-	├	<u> </u>			
		┨					}			
			┼	├-	+	-	ऻ	ļ		<u> </u>
		-		1						
		-	-	╀	┼	+	\vdash		ļ	-
		+		1						
			<u> </u>	<u> </u>	1		<u> </u>			
Tabella Da AVIII Contra A Easta								519,754.		74,244
Total to Part VII, Section A, line 1c			••••		<u> </u>	•		1 313,134.	L	14,444

Form 990 (2013) PEN AME
Part VIII Statement of Revenue

	•		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats tts	1	a	Federated campaigns	1a					
g i		b	Membership dues		246,425.				
£',		С	Fundraising events		093,780.				
業品			Related organizations						}
S, C			Government grants (contribut		100,355.				
P S			All other contributions, gifts, gran						,
r per		-	similar amounts not included abo		666,281.				
ĒĎ		a	Noncash contributions included in lines		153,130.				
Contributions, Gifts, Grants and Other Similar Amounts		_				4,106,841.			
					Business Code				
8	2	а	TICKET SALES		900099	158,142.	158,142.		
Program Service Revenue		b							
S 2		С							
e a		d							
<u> </u>		е		<u> </u>					
- □		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f			158,142.			
	3		Investment income (including						
			other similar amounts)			27,542.			27,542.
	4		Income from investment of ta	x-exempt bond p	roceeds				
	5		Royalties		<u></u>				
				(i) Real	(ii) Personal				1
	6	а							
			Less: rental expenses						ĺ
			Rental income or (loss)		<u> </u>				
			Net rental income or (loss) .		<u></u>				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	254,691.					
		b	Less: cost or other basis	0.4.2 0.4.2					
			and sales expenses						
			Gain or (loss)			11 (40			11 640
	_		Net gain or (loss)		<u></u>	11,648.			11,648.
Jue	8	а	Gross income from fundraising	•					
ver			including \$ 1,093,7		1				
æ			contributions reported on line	•	200 904				
Other Reve					200,804. 200,804.				
ŏ			Less: direct expenses			0.	1		
	0		Net income or (loss) from fund Gross income from gaming ad	-	<u></u>	<u> </u>			-
	9	đ			1				
		h	Less: direct expenses	a					
			Net income or (loss) from gan						
	10		Gross sales of inventory, less	_			·	· · ·	
		_	and allowances						
		b	Less: cost of goods sold		B .				
			Net income or (loss) from sale			1			
			Miscellaneous Revenu		Business Code				
	11	а	MISCELLANEOUS	· · · · · · · · · · · · · · · · · · ·	900099	7,822.			7,822.
		b							
		С							
		ď	All other revenue						
		е	Total. Add lines 11a-11d			7,822.			
2000-	<u>12</u>		Total revenue. See instructions.		<u></u>	<u>4,311,995.</u>	158,142.	0	
33200									Form 990 (2013)

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX (B)	<u></u> (C)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	220,255.	220,255.		<u> </u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	116 055	116 057		
	United States. See Part IV, lines 15 and 16	116,257.	116,257.		<u> </u>
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,	226 412	120 240	103 905	04 279
	trustees, and key employees	336,413.	138,240.	103,895.	94,278
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	911,558.	805,063.	34,913.	71,582
7	Other salaries and wages	911,550.	803,003.	34,313.	11,302
8	Pension plan accruals and contributions (include	21,265.	17,743.	543.	2,979
_	section 401(k) and 403(b) employer contributions)	116,734.	96,102.	4,477.	16,155
9	Other employee benefits	82,729.	63,102.	8,585.	11,042
10	Payroll taxes	02,123.	05,102.	0,303.	11/012
11	Fees for services (non-employees):				
		3,300.		3,300.	•
	Accounting	28,063.	10,000.	2,837.	15,226
		1,500.	1,500.		
	Professional fundraising services. See Part IV, line 17	40,179.			40,179
f		10/1/01			
g					
9	column (A) amount, list line 11g expenses on Sch O.)	436,205.	288,237.	79,746.	68,222
12	Advertising and promotion				
13	Office expenses	283,761.	238,306.	11,976.	33,479
14	Information technology				
15	Royalties				
16	Occupancy	210,507.	148,149.	23,779.	38,579
17	Travel	168,859.	146,827.	9,999.	12,033
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	281,398.	236,849.	3,377.	41,172
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	90,388.	63,613.	10,209.	16,566
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
9	PROGRAM EXPENSE	27,880.	19,779.	3,466.	4,635
	ADMINISTRATIVE EXPENSE	23,290.	17,099.	2,974.	3,217
C	DOOK DIDOILAGE /DIGEDID	6,958.	3,217.		3,741
d					
	All other expenses	 			
25 25	Total functional expenses. Add lines 1 through 24e	3,407,499.	2,630,338.	304,076.	473,085
<u>22</u> 26	Joint costs. Complete this line only if the organization				
_~	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X | Balance Sheet

Par	t X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Part X .	·	····-	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	304,679.	_1	755,387.
ł	2	Savings and temporary cash investments	123,641.	2	203,930.
]	3	Pledges and grants receivable, net	473,395.	3	920,585.
l	4	Accounts receivable, net	15,784.	4	42,464.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
İ	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8_	
	9	Prepaid expenses and deferred charges	47,103.	9	96,996.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 641,122.			
	b	Less: accumulated depreciation 10b 532,499.	194,421.	10c	108,623.
	11	Investments - publicly traded securities	1,483,645.	11	1,626,246.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	50,703.	15	51,120.
	16	Total assets, Add lines 1 through 15 (must equal line 34)	2,693,371.	16	3,805,351.
	17	Accounts payable and accrued expenses	105,177.		148,772.
	18	Grants payable	81,325.	18	77,625.
	19	Deferred revenue	 	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,		İ	
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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 (including federal income tax, payables to related third		'	
		parties, and other liabilities not included on lines 17-24). Complete Part X of		1	
		Schedule D	51,699.		40,607.
	26	Total liabilities. Add lines 17 through 25	238,201.	26	267,004.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.	206 465		522 444
lan	27	Unrestricted net assets	396,465.		533,411.
Bal	28	Temporarily restricted net assets	1,240,225.	28	2,186,456.
ınd	29	Permanently restricted net assets	818,480.	29	818,480.
·Fu		Organizations that do not follow SFAS 117 (ASC 958), check here			
S		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	·
As	31	Paid-in or capital surplus, or land, building, or equipment fund	 	31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds	0 455 450	32	2 520 245
_	33	Total net assets or fund balances	2,455,170.	33	3,538,347.
	34	Total liabilities and net assets/fund balances	2,693,371.	34	3,805,351. Form 990 (2013)

Form 990 (2013)

SCHEDULE A

Department of the Treasury

(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.

➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

		PEN AME	RICAN CENTER	, INC	•			L	1	3-3447	<u> 888</u>
Part I	Reason 1	for Public Char	ity Status (All organiz	ations mu:	st complet	e this part) See inst	ructions.			
The organ	zation is not a	private foundation	because it is: (For lines 1	through ¹	11, check	only one b	ox.)				
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches desc	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.)							
3 🖳	A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)	(A)(iii).				
4 📖	A medical res	earch organization	operated in conjunction	with a hos	pıtal descr	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospita	l's name,
	city, and state										
5 📙	_	on operated for the [b)(1)(A)(iv). (Comple	benefit of a college or ur ete Part II.)	niversity ov	wned or op	perated by	a governi	mental uni	it describ	ed in	
6			ent or governmental und	t described	d in sectio	n 170(b)(1)(A)(v).				
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
· <u> </u>	_	b)(1)(A)(vi). (Comple				•			5	•	
8			section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 X	_		eives: (1) more than 33			rom contri	butions, m	nembershi	io fees. a	nd aross re	ceipts from
	-		nctions - subject to certa							_	-
		-	axable income (less sect	-	-	-				_	
		509(a)(2). (Complete	,		,		•	,			
10			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).			
11	An organizati	on organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes o	of one or
	_	-	ations described in section								
			organization and comple								
	a Type I	ь т	ype II c T	ype III - Fu	nctionally	integrated	·	і 🔲 Тур	e III - No	n-functiona	lly integrated
e 🔲	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons of	her than
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 50	9(a)(2).
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting or	rganization, check tl	his box								🗀
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontributior	n from any	of the foll	owing per	sons?		
	(i) A person	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ii) and ((iii) below	,	Yes No
	the gove	eming body of the s	upported organization?							11g(i)	
	(ii) A family	member of a person	n described in (i) above?							11g(ii)	
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızation	(s).						
				_							
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) is organizati	s the	(vii) Amoun	t of monetary
orga	anızatıon		(described on lines 1-9 above or IRC section		sted in your document?		tion in col.	(i) organiz	zed in the	sup	port
			(see instructions))	I				U.S			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No		
				ı							
							-		-		
			 	ļ	 	ļ <u> </u>			 	-	
					-			-	-		
			 		 	 	 	 	-	-	
Total]					

Form 990 or 990-EZ. 332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

Sec	ction A. Public Support		-			<u> </u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						•
	or expended on its behalf	ı					
3	The value of services or facilities						
	furnished by a governmental unit to						i
	the organization without charge						
4	Total. Add lines 1 through 3	<u> </u>				<u></u>	
5	The portion of total contributions						
	by each person (other than a	İ	!				:
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			1	1		
	column (f)		_				
	Public support. Subtract line 5 from line 4					<u> </u>	<u> </u>
	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	_	
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					ļ	
8	Gross income from interest,				j		
	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources	<u></u>					
9	Net income from unrelated business						
	activities, whether or not the	1					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)			 			
11		L	<u> </u>	1		 	
12	Gross receipts from related activities	•				12	
13	•		's first, second, th	ira, tourtn, or tittn	tax year as a secu	on 501(c)(3)	► □
Se	organization, check this box and storection C. Computation of Publication	ic Support Pe				 	· · · · · · · · · · · · · · · · · · ·
	Public support percentage for 2013 (column (fl)		14	%
	Public support percentage from 2012	• • • • • • • • • • • • • • • • • • • •	-	,			// %
16:	a 33 1/3% support test - 2013. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this b	
	stop here. The organization qualifies						
1	o 33 1/3% support test - 2012. If the						
	and stop here. The organization qua						
17:	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
- 1	o 10% -facts-and-circumstances tes	-				17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶□
_18							ns ▶□
					Sch	edule A (Form 99	0 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Sed	ction A. Public Support	ciow, piease comp	10to : art 11.7				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and				, , = - / =		
	membership fees received. (Do not						
	include any "unusual grants.")	2080072.	1270316.	3231682.	2793207.	4106841.	13482118.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	134,268.	24.925.	134.138.	126,767.	158.142.	578.240.
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						•
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	2214340.	1295241.	3365820.	2919974.	4264983	14060358.
	Amounts included on lines 1, 2, and		2000111	33030201	20200720	1201303.	11000330.
	3 received from disqualified persons	180,710.	64.523.	359.489.	321,713.	362.945.	1289380.
Ł	Amounts included on lines 2 and 3 received	2007,200	01/3231	000/1000	32277231	302/3430	1203300:
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	180,710.	64,523.	359 489	321,713.	362 945	1289380.
	Public support (Subtract line 7c from line 6)	100,,10.	04,323.	<u> </u>	541,715.		12770978.
	ction B. Total Support						12//05/0.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	2214340.	1295241.	3365820.	2919974.		14060358.
-	Gross income from interest,		12332111	33030201	2010071	4204909.	14000330.
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	28,718.	18,401.	27,541.	36,425.	27 542	138,627.
F	Unrelated business taxable income	20,710.	10, 101.	27,341.	30,423.	27,342.	130,027.
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	28,718.	18,401.	27,541.	36,425.	27 542	138,627.
-	Net income from unrelated business	20,710.	10,401.	21,341.	30,423.	21,342.	130,027.
	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	6,099.	3,585.	5,281.	741.	7,822.	23,528.
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)	2249157.	1317227.	3398642.			14222513.
	First five years. If the Form 990 is for						
••					-		ation,
Sec	ction C. Computation of Publ					· · _ · · · · ·	
	Public support percentage for 2013 (olumn (fl)		15	89.79 %
	Public support percentage from 2012					16	89.29 %
	ction D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	10 1	00.20 /0
	Investment income percentage for 20			e 13. column (fl)		17	.97 %
	Investment income percentage from 2					18	1.24 %
	33 1/3% support tests - 2013. If the	-	•				
138		-					
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization		-			•	
	a.o . ouridadori. ii tile organizatio	GIG HOL GITEUR A	50A VITILIE 14, 19	a, or 130, Gibble U	in nov ain see ius	11 UU 11 UU	

332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Schedule A	(Form 990 or 990-EZ	2013 PEN	AMERICAN	<u>CENT</u> ER,	INC.		<u> 13-3447888 r</u>	Page 4
Part IV	Supplemental	Information	Provide the exp	lanations requir	ed by Part II.	line 10; Part II, line 1	7a or 17b; and Part III, line 12	·
	Also complete this	part for any add	ditional information	n. (See instructi	ions).	,,	. ,	
	7 400 0011110101011111	part to ary age	ntional information	(00001.001.	.0.1.07.			
		·						
						_		
.	··			·				
	<u> </u>							
								
						· · · · · · · · · · · · · · · · · ·		

							· · · · · · · · · · · · · · · · · · ·	
								
								

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

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

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

If the organization answered "Yes," 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.

Name of org	501(c)(4), (5), or (6) organız: anization			Emple	oyer identification numbe
		ERICAN CENTER, IN	C		13-3447888
Part I-A	Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 or	rganization.
					
1 Provide	a description of the organ	ization's direct and indirect politic	al campaign activities	in Part IV	
• • • • • • • • • • • • • • • • • • • •					
Part I-B	Complete if the or	ganization is exempt und	er section 501(c)(3).	
1 Enter th	ne amount of any excise tax	x incurred by the organization und	ier section 4955		
2 Enter th	ne amount of any excise ta	x incurred by organization manage	ers under section 495	5	
3 If the o	ganization incurred a secti	on 4955 tax, did it file Form 4720	for this year?		. Yes No
4a Was a	correction made?				Yes No
b If "Yes.	describe in Part IV.				
	·	ganization is exempt und			
1 Enter th	ne amount directly expende	ed by the filing organization for se	ction 527 exempt fund	ction activities > \$	
_	3 3	inization's funds contributed to ot	•		
exempt	function activities			▶\$	
	•	es. Add lines 1 and 2. Enter here a			
		n 1120-POL for this year?			
		employer identification number (El			
		ation listed, enter the amount pai			
		promptly and directly delivered to			te segregated fund or a
politica	action committee (PAC). I	f additional space is needed, prov			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received an promptly and directly
				lunus. Il florie, eriter o.	delivered to a separate
					political organization.
					If none, enter -0
		İ			
			_		
					
		 			
		 			
			Í		1

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

Schedule C (Form 990 or 990-EZ) 2013

•					•
Schedule C (Form 990 or 990-EZ) 2013 P Part II-A Complete if the orga	EN AMERICAN	CENTER, IN	C.	13-3	447888 Page 2
Part II-A Complete if the orga (election under section		pt under section	50 I(C)(S) and THE	ed FOIRI 3700	
		ted group (and list in F	Part IV each affiliated	group member's name	e. address. EIN.
	of excess lobbying ex		artiv odom animatod ;	group moment on an	0, 000, 000,
. —	, -	"limited control" provi	isions apply.		
				(a) Filing	(b) Affiliated group
	on Lobbying Expend tures" means amoun			organization's totals	totals
1a Total lobbying expenditures to influe	· · · · · · · · · · · · · · · · · · ·			1,500.	
b Total lobbying expenditures to influe	•			1 500	
c Total lobbying expenditures (add lin				1,500. 3,407,499.	
d Other exempt purpose expenditures			ı	3,407,499.	
 e Total exempt purpose expenditures f Lobbying nontaxable amount. Enter 				320,450.	
If the amount on line 1e, column (a) or		ying nontaxable amo		320, 430.	
Not over \$500,000		ne amount on line 1e.	unt is.		
Over \$500,000 but not over \$1,000,		plus 15% of the exce	ss over \$500,000.		
Over \$1,000,000 but not over \$1,50		plus 10% of the exce			ļ
Over \$1,500,000 but not over \$17,0		plus 5% of the excess			
Over \$17,000,000	\$1,000,00	00.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)			80,113.	
h Subtract line 1g from line 1a. If zero			· · · · · · · · · · · · · · · · · · ·	0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zero		ne 11, did the organizat	tion file Form 4720	г	– , –,
reporting section 4911 tax for this y				<u> L</u>	Yes No
(Some organiza		aging Period Under S ction 501(h) election		lete all of the five	
		instructions for lines			
	Lobbying Expend	ditures During 4-Year	Averaging Period		
Calendar year					
(or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
On Lobburg postsyckie amount	202,887.	308,346.	309,409.	320 450	1,141,092
2a Lobbying nontaxable amount b Lobbying ceiling amount	202,007.	200,240.	307,203.	<u> </u>	<u> </u>
(150% of line 2a, column(e))					1,711,638
c Total lobbying expenditures	14,588.	67,688.	2,360.	1,500.	86,136
d Grassroots nontaxable amount	50,722.	77,087.	77,352.	80,113.	285,274
e Grassroots ceiling amount	İ				107.055
(150% of line 2d, column (e))					427,911
	7 204	22 044	2 260	1 500	14 000
f Grassroots lobbying expenditures	7,294.	33,844.	2,360.	1,500.	44,998

Schedule C (Form 990 or 990-EZ) 2013 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)).

or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the lobbying activity.	Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?	<u> </u>		<u> </u>	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-			
c Media advertisements?				
d Mailings to members, legislators, or the public?			ļ	
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	-			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j Other activities?				
j Total. Add lines 1c through 1ı				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			ļ	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	.			
d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F04/-)/5	·	- 40	
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)(5), or se	ection	
501(c)(6).				NI-
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	<u> </u>	
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere		• •		. 2 io
answered "Yes."	u No, On	(D) Pai	L 111-PA, 1111	e 3, 15
		-		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political) 		. 1		
·	iucai	1		
expenses for which the section 527(f) tax was paid). a Current year		0		
		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				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	•			
expenditure next year?		. 4		
		5		
			· · · · · · · · · · · · · · · · · · ·	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up list); Part II-A	, line 2; a	and Part II-B	, line 1.
Also, complete this part for any additional information.				
				
	- <u>-</u> -			

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pai	TEN AMERICAN CENTE	K, INC.	13-344/888
Pai			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		a) 5
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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	writing that the assets held in donor advised	d 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 a		sed only
	for charitable purposes and not for the benefit of the donor of		
Pa			
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		oncally important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	f a conservation easement on the last
_		ned conservation contribution in the form of	a conscivation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of concentration occurrents		
	Total number of conservation easements		l
b			
С.	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		1 1
_			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		— .
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ne organization's accounting for
D -	conservation easements.	f A t Historical Transcript Off	Las Cincilas Acceda
Pa	rt III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	, ,	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial (gain, provide
	the following amounts required to be reported under SFAS		
a	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2013 PEN AMERICAN	I CENTER.	TNC.	13-	-3 44 7888 Pa
Part VII Investments - Other Securities.				
 Complete if the organization answered "Yes" t 				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	···			
(A)				
(B)				
(C)				
(D)			 	
(E)				· · · · · · · · · · · · · · · · · · ·
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" t				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1)			 	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			 	
Part IX Other Assets.				
Complete if the organization answered "Yes" to		, line 11d. See Form 990,	Part X, line 15.	<u> </u>
(a) [Description			(b) Book value
(1)				
(2)				
(3)		· · · · · · ·		
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u>.</u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value	1	
(1) Federal income taxes			1	
(2) SALARIES AND PAYROLL TAXE	S PAYABLE	8,677.		
(3) ACCRUED VACATION		26,252.		
(4) DEFERRED RENT	_	5,678.	1	
(5))	

(6) (7) (8) (9) 40,607. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ..

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

332053 09-25-13

PEN AMERICAN CENTER. INC.

13-3447888

Schedule D (Form 990) 2013	PEN AMERICAN CENTER, INC.	13-3447888 Page 5
Part XIII Supplemental Info	PEN AMERICAN CENTER, INC. rmation (continued)	
•		
		
		
		<u></u>
		
		· · · · · · · · · · · · · · · · · · ·

SCHEDULE F (Form 990) ·

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Name of the organization

Employer identification number

PEN AMERICAN CE	NTER, IN	c.		13-34478	88
			side the United States. Comple		
Form 990, Part IV	, line 14b				
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra		
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes 🔲 No
2 For grantmakers. Desc	nbe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance ou	tside the
United States.					
3 Activities per Region. (Tr	ne following Part	I, line 3 table ca	n be duplicated if additional space is i	needed)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures for and
	ın the region	independent contractors	services, investments, grants to	describe specific type	investments
		in region	recipients located in the region)	of service(s) in region	in region
EAST ASIA AND THE					1
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,		1	GRANTS TO PEN CENTER IN THE		
CAMBODIA	0	0	REGION		21,057,
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,			GRANTS TO RECIPIENTS IN	1	
AUSTRIA, BELGIUM	0	0	REGION		30,000.
EUROPE (INCLUDING					
ICELAND & GREENLAND)				DUES PAID TO	
- ALBANIA, ANDORRA,				INTERNATIONAL UMBRELLA	
AUSTRIA BELGIUM	0	0	PROGRAM SERVICES	ORGANIZATION	38,095,
	:				
				İ	
CENTRAL AMERICA AND			GRANTS TO PEN CENTER IN THE		
CARIBBEAN - HAITI	c	00	REGION		10,200.
SUB-SAHARAN AFRICA -	ļ	İ			
ANGOLA, BENIN,					
BOTSWANA, BURKINA,			GRANTS TO PEN CENTER IN THE		
FASO		0_	REGION		16,905.
	ļ.				
					Ì
					}
	-				
			<u> </u>		
•					
		1			
3 a Sub-total	(0			116,257.
b Total from continuation					
sheets to Part I		_0_			0.
c Totals (add lines 3a					
and 3b)		0		<u></u>	116 257.

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

13-3447888

PEN AMERICAN CENTER, INC.

Schedule F (Form 990) 2013

Part II

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance 0. 0 ન ö Ö Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement WIRE TRANSFER 38,095, WIRE TRANSFER 14,205, WIRE TRANSFER 10,200, WIRE TRANSFER (f) Manner of WIRE TRANSFER of cash grant 30,000 21,057, (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter DUES TO INTERNATIONAL UMBRELLA ORGANIZATION STRATEGIC CONSULTING, TRAINING, TRANSPORT, EXHIBIT EXPENSES IN TRAVEL EXPENSES TO MAJOR PROGRAMMING INTERNATIONAL PEN GRANT FOR PROGRAM (d) Purpose of GRANT TO COVER grant HONG KONG EXPENSES AND THE CARIBBEAN CONGRESS EAST ASIA AND THE CENTRAL AMERICA (c) Region SUB-SAHARAN PACIFIC Enter total number of other organizations or entitles UROPE SUROPE AFRICA (b) IRS code section and EIN (if applicable) (a) Name of organization က N

13-3447888 PEN AMERICAN CENTER, INC.

Page 3

Schedule F (Form 990) 2013 PEN AMERICAN CENTER, INC.

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

Part III can be duplicated if additional space is needed.

1	1	1	!		1	i	ı	1
(h) Method of valuation (book, FMV, appraisal, other)								
(g) Description of non-cash assistance								
(f) Amount of non-cash assistance	0	0						
(e) Manner of cash disbursement	200, MIRE TRANSFER	WIRE TRANSFER						
(d) Amount of cash grant	1,200,	1,500						
c) Number of recipients	1	-						
(b) Region	EUROPE	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO						
(a) Type of grant or assistance (b) Region	EMERGENCY SUPPORT GRANT							

33

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

PART I, LINE 2:

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

INTERNATIONAL PEN, WHICH PROVIDES THE ORGANIZATION WITH AN ANNUAL REPORT

TO SUBSTANTIATE THE USE OF FUNDS.

THE ORGANIZATION AWARDS LITERARY PRIZES TO INDIVIDUALS BASED ON ARTISTIC

MERIT IN RECOGNITION OF SIGNIFICANT ACCOMPLISHMENTS IN THE FIELD.

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

PROJECTS OR ACTIVITIES OF THE RECIPIENTS, THE ORGANIZATION DOES NOT

MONITOR THE EXPENDITURES OF THE RECIPIENTS. AWARDS ARE GIVEN TO

INDIVIDUALS OF PROVEN MERIT FOR THEIR PERSONAL USE. TRANSLATION FUND

GRANTS, INCLUDED AS PART OF LITERARY AWARDS, ARE AWARDED BASED ON A

PROPOSAL AND SAMPLE TRANSLATION INTO ENGLISH OF A PREVIOUSLY-UNTRANSLATED

WORK. HALF OF THE GRANT IS FUNDED UPFRONT AND THE REMAINDER IS FUNDED AT

THE COMPLETION OF THE TRANSLATION.

EMERGENCY GRANTS MADE TO INDIVIDUALS OUTSIDE THE US ARE BASED ON

SUBSTANTIATED AND/OR IMMEDIATE NEED, GENERALLY FOR TEMPORARY LIVING

EXPENSES OR FOR LEGAL EXPENSES.

SCHEDULE 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.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No 1545-0047

Open To Public Inspection

Name of the organization PEN AME	RICAN CENTER, INC				13-3447	ntification number
	Complete if the organization answ		es" to	Form 990, Part IV, li	ne 17. Form 990-EZ	flers are not
Indicate whether the organization raise A Mail solicitations B Mail solicitations C Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, Find the firest paid indicated at least \$5,000 by the solicitations.	e X Solicit f X Solicit g X Special or oral agreement with any individual Part VII) or entity in connection with lividuals or entities (fundraisers) pure	ation of ation of al fundra al (includ professi	non-govern govern using of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or X Yes	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
COMMUNITY COUNSELLING		Yes	No			·
SERVICES - 461 FIFTH AVENUE,	FUNDRAISING COUNSEL		X	0.	40,179.	0.
		-				
Total	on is registered or licensed to solic	it contrib	bution:	s or has been notified	40 179 dit is exempt from r	egistration
MA, NY						
						
						
				·		
						
						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

Sche Pa		e G (Form 990 or 990-EZ) 2013 PEN AME I Fundraising Events. Complete if the				3447888 Page 2
		of fundraising event contributions and gra				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PEN LITERARY	PEN AUTHOR'S		(add col. (a) through
				EVENINGS	1_	col. (c))
Р			(event type)	(event type)	(total number)	\
Revenue	1	Gross receipts	963,114.	241,470.	90,000.	1,294,584.
	2	Less: Contributions	764,510.	239,270.	90,000.	1,093,780.
	3	Gross income (line 1 minus line 2)	198,604.	2,200.		200,804.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	67,280.			67,280.
rect E	7	Food and beverages	125,473.			125,473.
۵	8	Entertainment				
	9	Other direct expenses	5,851.	2,200.		8,051.
	10	Direct expense summary. Add lines 4 throug			>	200,804.
	11	Net income summary. Subtract line 10 from	ine 3, column (d) .			0.
Pa	ırt		answered "Yes" to Form	n 990, Part IV, line 19, or	reported more than	
	1	\$15,000 on Form 990-EZ, ine 6a.		n > Doublack a Greaterat	Γ	A D Tatal assistant found
90			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Sings/progressive Sings		(6)
æ	4	Gross revenue				
	†	aloce lovolide				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary, Subtract line	7 from line 1, column (d)	··· · · · ·		
9	Fn	iter the state(s) in which the organization opera	ates gaming activities:			
ε	ı İs	the organization licensed to operate gaming a	ctivities in each of these	states?		Yes No
t) It - 	'No," explain:				
						T Ves T No
		ere any of the organization's gaming licenses r "Yes," explain:	•			Yes No
						
3320	82 0	9-12-13			Schedule G (Fo	rm 990 or 990-EZ) 2013
					(•

Schedule G (Form 990 or 990-EZ) 2013 PEN AMERICAN CENTER, INC.	13-3447888 Page:
11 Does the organization operate gaming activities with nonmembers?	
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?	
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a
b An outside facility	13b
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords:
Name >	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes N
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the ar	nount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
	-
Address >	
16 Gaming manager information:	
Name ►	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes N
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instru	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	RAISERS:
(T) NAME OF EIGHTDRATCER. COMMINITED COINCELLING CERVICES	
(I) NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICES	
(I) ADDRESS OF FUNDRAISER: 461 FIFTH AVENUE, 3RD FLOOR, NEW	W YORK, NY 1001
332083 09-12-13 Sched	ule G (Form 990 or 990-EZ) 20

SCHEDULEI

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public OMB No. 1545-0047

Employer identification number

Inspection.

▶ Attach to Form 990.

Schedule I (Form 990) (2013) **2** 13-3447888 (h) Purpose of grant or assistance X Yes 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 . 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 (g) Description of non-cash assistance : (f) Method of valuation (book, FMV, appraisal, other) : (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. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable INC. Enter total number of other organizations listed in the line 1 table PEN AMERICAN CENTER, Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? . . 1 (a) Name and address of organization or government Part II

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

Schedule I (Form 990) (2013) 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.

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.

Page 2

13-3447888

מון זון כמון טס טעטויכמופט וו מעטווטומן אסמכי וא וופטרפט.					
(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
LITERARY AWARDS	99	172,655,	0		
EMERGENCY ASSISTANCE GRANTS	-	1,800,	0		
FREEDOM TO WRITE AWARDS		10 000	0		
ENDANGERED WRITERS	32	35,800,	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, lin	e 2, Part III, column	(b), and any other ac	Iditional Information.	
PART I, LINE 2:					
EXPLANATION: THE ORGANIZATION AWARDS	DS LITERARY	ARY PRIZES	TO INDIVIDUALS	DUALS BASED	
ON ARTISTIC MERIT IN RECOGNITION OF	- 1	ICANT ACCO	SIGNIFICANT ACCOMPLISHMENTS	S IN THE	
FIELD. THEREFORE, SINCE THE AWARDS	AND PRIZES		ARE NOT MADE TO	FUND SPECIFIC	
PROJECTS OR ACTIVITIES OF THE RECI	RECIPIENTS, '	THE ORGANI	ORGANIZATION DOES	S NOT MONITOR	
THE EXPENDITURES OF THE RECIPIENTS.	. AWARDS	ARE GIVEN TO	TO INDIVIDUALS	DUALS OF	
PROVEN MERIT FOR THEIR PERSONAL USE	<u>-</u>	SLATION FU	RANSLATION FUND GRANTS,	INCLUDED AS	
PART OF LITERARY AWARDS, ARE AWARDED	ED BASED	NO	A PROPOSAL AND SA	SAMPLE	
TRANSLATION INTO ENGLISH OF A PREV	PREVIOUSLY-U	Y-UNTRANSLATED WORK.		HALF OF THE	
332102 10-28-13		40			Schedule I (Form 990) (2013)

SCHEDULE J (Form 990) .

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

LPa	int 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.			
	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			ļ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	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	ļ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		-	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	,,			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		1	ĺ
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committed.	:ee		
4	During 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				X
c	Participate in, or receive payment from, an equity-based compensation arrangement?			X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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:		ŀ	
а	The organization?	5a	İ	x
	Annual de la constitución de la	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6				
	contingent on the net earnings of:			
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			
	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 Regulations 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>L</u> _	<u>L</u>
<u></u>		chedule J (For	m 990) 2013

13-3447888

PEN AMERICAN CENTER,

Schedule J (Form 990) 2013

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denemis	(a)-(i)(a)	
(1) SUZANNE NOSSEL	E	158,510.	25,000.	0		237.	183,747.	0
- 2	<u> </u>		0	0		0		0
(2) ROBYN DESHOTEL	€	129,21	0	0	4,20	19,246.	152,66	0.
DIRECTOR OF FINANCE AND ADMIN,	(ii)		0	0.	0.	0.	0	0
	€							
	: <u>E</u>							
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332112				(Sched	Schedule J (Form 990) 2013 .

SCHEDULE M (Form 990).

Noncash Contributions

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization PEN AMERICAN CENTER, INC

Employer identification number 13-3447888

Par	rt i Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncash contrib	etermini		3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests	<u> </u>						
4	Books and publications							
5	Clothing and household goods							
		 						
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		8	152 120	. FAIR MARKET	0 373		
9	Securities - Publicly traded	X		155,130	· LAIK MAKKE.	. VA.	TO E	
10	Securities - Closely held stock			· · · · · · · · · · · · · · · · · · ·				
11	Securities - Partnership, LLC, or							
	trust interests	ļ						
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy		-					
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		†		<u> </u>			
25				· · · · · · · · · · · · · · · · · · ·				
26	· · · · · · · · · · · · · · · · · · ·							
20 27	·		-	<u> </u>				
	Other ()			 -				
28_	Other ()	<u> </u>						
29	Number of Forms 8283 received by the organ						^	
	for which the organization completed Form 8	283, Part IV,	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive	-						
	at least three years from the date of the initial							
	the entire holding period?					30a	ļl	X
p	If "Yes," describe the arrangement in Part II.							l
31	Does the organization have a gift acceptance					31	ļl	<u>X</u>
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell nond	ash			
	contributions?					32a		X
b	If "Yes," describe in Part II.							 I
33	If the organization did not report an amount is	n column (c)	for a type of prope	erty for which column (a) i	s checked,			
	describe in Part II.						L	
LHA		e the Instruc	ctions for Form 9	30.	Schedule M	l (Form	990) (2013)

Schedule N	4 (Form 990) (2013) PEN	AMERICAN	CENTER,	INC.		<u> 13-3447888</u>	Page 2
Part II	Supplemental Infor	mation Provide	the information i	required by Pa	rt I lines 30h 32h and	33, and whether the organization of both. Also com	ation
التنتا	is reporting in Part I, colur	on (b) the number	of contributions	the number of	of items received or a co	umbination of both. Also com	niete
•	this part for any additiona	Information	Of Contributions	, the number c	interns received, or a co	mbination of both. Also con	piere
	and part for any additiona	i il il Offication.					
							-
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Schedule M (Form 990) (2013)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

PEN AMERICAN CENTER, INC. 13-3447888
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO DEFEND FREE EXPRESSION, ADVANCE LITERATURE, AND FOSTER INTERNATIONAL
LITERARY FELLOWSHIP.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN MORE THAN 90 COUNTRIES.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
TOGETHER 126 PARTICIPANTS FROM 39 COUNTRIES REPRESENTING 22 LANGUAGES.
PARTICIPANTS INCLUDED EDUARDO GALEANO (URUGUAY), RANDA JARRAR
(PALESTINE/U.S.), AI WEIWEI (CHINA), MIKHAIL SHISHKIN (RUSSIA), JOY
HARJO (U.S.), JAMAICA KINCAID (ANTIGUA/U.S.), NAOMI KLEIN (CANADA), A.
IGNONI BARRETT (NIGERIA), PADMA VENKATRAMAN (INDIA), AND JAMES KELLMAN
(UK). INTERNATIONAL WRITERS WELL KNOWN IN THIS COUNTRY, LIKE NORMAN
MANEA (ROMANIA) AND SHAHRNUSH PARSIPUR (IRAN) HELPED TO INTRODUCE
AUDIENCES TO IMPORTANT INTERNATIONAL WRITERS WHO ARE LARGELY UNKNOWN IN
THE U.S. SUCH AS KHIN AUNG AYE (BURMA), MINA ISHIKAWA (JAPAN), SIPHIWO
MAHALA (SOUTH AFRICA), AND ADANIA SHIBLI (PALESTINE), AMONG OTHERS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLIC PROGRAMS; CONTENT AND OUTREACH; MEMBERSHIP; PEN AMERICA JOURNAL;
READERS & WRITERS; BRANCHES; PRISON WRITING; WRITERS FUND; OPEN BOOK.
EXPENSES \$ 1,037,877. INCLUDING GRANTS OF \$ 54,555. REVENUE \$ 36,890.

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

EXPLANATION: THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION. THE MEMBERSHIP LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

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

EXPLANATION: ONLY TO THE EXTENT OF BY-LAW CHANGES.

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

EXPLANATION: THE DIRECTOR OF FINANCE AND ADMINISTRATION, THE EXECUTIVE Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization **Employer identification number** 13-3447888 PEN AMERICAN CENTER, INC. DIRECTOR AND THE AUDIT COMMITTEE REVIEWED A DRAFT OF FORM 990. DIRECTOR OF FINANCE AND ADMINISTRATION PROVIDED A DRAFT OF FORM 990 TO THE BOARD OF TRUSTEES ALONG WITH A SUMMARY MEMO HIGHLIGHTING CHANGES AND IMPORTANT NOTICES. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: 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. 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:

EXPLANATION: THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF DIRECTORS WITH INPUT FROM INDEPENDENT EXTERNAL SOURCES. THE EXECUTIVE DIRECTOR, IN CONSULTATION WITH THE DIRECTOR OF FINANCE AND ADMINISTRATION, DETERMINES STAFF COMPENSATION BASED ON THE SALARY LEVEL OF PREVIOUS STAFF WITH SIMILAR RESPONSIBILITIES, AND TAKING INTO CONSIDERATION THE EXPERIENCE OF THE CANDIDATE AND THE MARKETPLACE.

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization PEN AMERICAN CENTER, INC.	Employer identification numb
FEN AMERICAN CENTER, INC.	13-3447000
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION'S CHARTER AND ANNUAL REPOR	T ARE AVAILABLE ON
ITS WEBSITE. AUDITED FINANCIAL STATEMENTS, FORM 990, AND	THE CONFLICT OF
INTEREST POLICY ARE MADE AVAILABLE UPON WRITTEN REQUEST.	·
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM CONSULTANTS:	
PROGRAM SERVICE EXPENSES	246,57
MANAGEMENT AND GENERAL EXPENSES	73,21
FUNDRAISING EXPENSES	10,07
TOTAL EXPENSES	329,86
EVENT CONSULTANTS:	
PROGRAM SERVICE EXPENSES	8,50
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	5,38
TOTAL EXPENSES	13,88
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	33,15
MANAGEMENT AND GENERAL EXPENSES	6,53
FUNDRAISING EXPENSES	52,77
TOTAL EXPENSES	92,46
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	436 20

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Form 8868 (Rev. 1-2014)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box							
Note. Only complete Part II if you have already been granted an a							
• If you are filing for an Automatic 3-Month Extension, complet							
Part II Additional (Not Automatic) 3-Month Ex	ctensio	of Time. Only file the original	al (no co	opies needed).		
		Enter filer's	identifyin	g number, see i	nstructions		
Type or Name of exempt organization or other filer, see instruc	ctions.		Employer	identification nu	mber (EIN) or		
print							
File by the PEN AMERICAN CENTER, INC.				13-3447	<u>888</u>		
due date for Number, street, and room or suite no. If a P.O. box, se	e instruct	tions.	Social sec	curity number (S	SN)		
return. See 588 BROADWAY, NO. 303							
instructions. City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.					
NEW YORK, NY 10012-5246							
Enter the Return code for the return that this application is for (file	a separa	te application for each return)	.		0 1		
Application	Return	Application			Return		
Is For	Code	Is For			Code		
Form 990 or Form 990-EZ 01 02 Form 1041-A 08							
Form 990-BL 02 Form 1041-A							
Form 4720 (individual) 03 Form 4720 (other than individual)							
Form 990-PF 04 Form 5227							
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
STOP! Do not complete Part II if you were not already granted	an autor	<u>natic 3-month extension on a prev</u>	iously file	ed Form 8868.			
ROBYN DESHOTEL			400				
• The books are in the care of > 588 BROADWAY, SUITE 303 - NEW YORK, NY 10012							
Telephone No. ► (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 ▶			f all memb	ers the extension	n is for.		
4 I request an additional 3-month extension of time until							
5 For calendar year 2013, or other tax year beginning			-		 •		
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Ll Initial return L	Final r	eturn			
Change in accounting period							
7 State in detail why you need the extension	OVDT	THE MITTER THEODINAMION	MECIE	CCADA MO			
ADDITIONAL TIME IS NEEDED TO (COMPL	LE THE INFORMATION	NECE	SSARI TO			
COMPLETE THE RETURN.							
0 KALIS III-ALIS FOR DI 000 DI 000 T 4700	0000			1			
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	effer the tentative tax, less any	0-	_ ا	0.		
nonrefundable credits. See instructions.		v refundable gradite and estimated	8a	\$			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069		=					
tax payments made. Include any prior year overpayment all	owed as	a credit and any amount paid	05		0.		
previously with Form 8868. C Balance due, Subtract line 8b from line 8a. Include your pa		th this form if required by using	8b	\$			
•	-	ur tris form, ii required, by using	8c	s	0.		
EFTPS (Electronic Federal Tax Payment System). See instru Signature and Verificat		st be completed for Part II o		ι Ψ	<u> </u>		
Under penalties of perjury, I declare that I have examined this form, includ	ing accom	<u> </u>	-	of my knowledge ar	id belief,		
it is true, correct, and complete, and that I am authorized to prepare this for Signature Title I		TIVE DIRECTOR	Date	· •			
Tritle P a					(Rev. 1-2014)		

Form **8868** (Rev. 1-2014)

Form **8868**

(Rev. January 2014)

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.
 ► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www rs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print PEN AMERICAN CENTER, INC. 13-3447888 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 588 BROADWAY, NO. 303 return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NEW YORK, NY 10012-5246 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Code Is For Form 990-T (corporation) 07 Form 990 or Form 990-EZ 01 02 Form 1041-A 80 Form 990-BL 09 03 Form 4720 (other than individual) Form 4720 (individual)

Form 9	990-PF	04	Form 5227			10
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	990-T (trust other than above)	06	Form 8870			12
	ROBYN DESHOTEL					
• The	books are in the care of > 588 BROADWAY,	SUITE	303 - NEW YORK, NY	100	12	
Tele	ephone No. ► (212) 334-1660		Fax No 🕨			
• If th	ne organization does not have an office or place of busines.	s in the Ur	nited States, check this box			ightharpoonup
• If th	nis is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If the	is is foi	r the whole group	, check this
box	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension	ıs for.
- j:	request an automatic 3-month (6 months for a corporation AUGUST 15, 2014 , to file the exempts for the organization's return for: X calendar year 2013 or tax year beginning	ot organiza	tion return for the organization named a		The extension	
2 1	If the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return Fina	al retur	n	
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any			
Ī	nonrefundable credits. See instructions.			3a		0.
b l	If this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and		•	
•	estimated tax payments made, include any prior year over	payment a	llowed as a credit.	3b	\$	0 .

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

by using EFTPS (Electronic Federal Tax Payment System) See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Form 8868 (Rev. 1-2014)