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DLN: 93493320010306

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Open to Public Inspection

		001E	<u>'</u>	havinning 04 04 2045 and and in	- 12 21 20	4.5			
	ck if app		lendar year, or tax year  C Name of organization	beginning 01-01-2015 , and ending	j 12-31-20.	15	D Emplo	ver id	entification number
	dress ch		PEN AMERICAN CENTER II	NC				-	
_	me chai	-	David husinasa as					44788	38
☐ In	tıal retui	rn	Doing business as						
Firefurn/	nal terminat	ted	Number and street (or P C	D box if mail is not delivered to street addre	ss) Room/su	ııte	E Teleph	one nur	mber
	ended re		588 BROADWAY NO 303				(212)	334-	1660
App	olication	pending	City or town, state or prov NEW YORK, NY 10012524	vince, country, and ZIP or foreign postal code	9				
			NEW TORK, NT 1001232	+0			<b>G</b> Gross	receipts	\$ 5,004,995
			<b>F</b> Name and address of SUZANNE NOSSEL	of principal officer		H(a)	Is this a group	retur	
			588 BROADWAY NO	303			subordinates? No		⊤ Yes <b>√</b>
			NEW YORK, NY 1001	25246		Н(b)	Are all subord	ınates	□Yes □ No
[ la:	k-exemp	ot status	<b>√</b> 501(c)(3)	c) ( ) ◀ (insert no ) 4947(a)(1) or	527		included?		·
J W	ebsite:	<b>▶</b> ww	W PEN ORG				Group exempt		(see instructions)
/ Farm	. of over	anızatıon	✓ Corporation Trust	Association  Other ▶			r of formation 19		¶ State of legal domicile N'
N FOII	n or orga	anization	♥ Corporation   Trust	Association   Other		$\dashv$			<b></b>
Pa	rt I	Sum	mary			•			
				mission or most significant activitie		IEDC IN	THELITEDAD	V CO	MMIINITY WORKING
				S AN ASSOCIATION OF WRITERS , ADVANCE LITERATURE, AND FO					
Ç.									
Ē	_								
ě	<b>2</b> CI	heck th	is box ▶ □ if the organi	zation discontinued its operations of	rdisposed	of more t	than 25% of its	s net a	essets
3									
ಶ ^	3 N	umber	of voting members of the	governing body (Part VI, line 1a)				3	33
Activities & Governance	4 N	umber	of independent voting me	embers of the governing body (Part \	/I, line 1b)			4	32
	<b>5</b> To	otal nur	mber of individuals emplo	oyed ın calendar year 2015 (Part V ,	line 2a) .			5	36
ď.			•	mate if necessary)				6	47
				e from Part VIII, column (C), line 12				7a	0
	<b>р</b> ме	t unreia	ated business taxable in	come from Form 990-T, line 34 .		<del></del>	 	7b	
	8	Contributions and grants (Part VIII, line 1h)				<b>Prior Year</b> 5,488,077		Current Year	
<u>ai</u>	9		am service revenue (Par	•			134,		4,348,221
Ravenua	10			(, column (A ), lines 3, 4, and 7d )		'	<u> </u>	714	33,119
Ŗ.	11		,	umn (A), lines 5, 6d, 8c, 9c, 10c, an			· · · · · · · · · · · · · · · · · · ·	123	52,034
	12			ough 11 (must equal Part VIII, colu		e	5,721,	<del>-  </del>	4,550,062
		12)					5,721,	39/	
	13		•	aid (Part IX, column (A), lines 1–3)			374,	565	369,419
	14		•	rs (Part IX, column (A), line 4)		• —		0	(
8	15	5-10)		employee benefits (Part IX, column	(A), lines		1,858,	308	2,346,524
Expenses	16a	Profes	ssional fundraising fees	(Part IX, column (A), line 11e) .			65,000		68,098
<u>8</u>	ь	Total fu	ındraısıng expenses (Part IX, o	column (D), line 25) ▶973,409					
ш	17	Other	expenses (Part IX, colu	mn (A), lines 11a-11d, 11f-24e) .			1,883,	524	1,979,868
	18	Total	expenses Add lines 13-	-17 (must equal Part IX, column (A)	, line 25)		4,181,	397	4,763,909
	19	Reven	ue less expenses Subtr	ract line 18 from line 12			1,540,	200	-213,847
Net Assets or Fund Balances						Begini	ning of Current	Year	End of Year
sets	20	Total	assets (Part X, line 16)				5,420,	340	5,091,445
A B	21		liabilities (Part X, line 26				399,	-	325,966
ξŞ	22		•	Subtract line 21 from line 20			5,020,	893	4,765,479
	t II		ature Block						
				have examined this return, including and complete Declaration of prepai					
			nowledge						
		****	:* *				2016-11-11		
Sign		<b>—</b>	ature of officer				Date		
Here		SUZA	ANNE NOSSEL EXECUTIVE DIR	ECTOR					
			or print name and title						
			rint/Type preparer's name REDERICK MARTENS	Preparer's signature FREDERICK MARTENS		Date	Check I if	PTIN P0029	98107
Paid	ł	_					self-employed		
	parer	「   F	irm's name ► LUTZ AND CA irm's address ► 300 EAST 42I				Firm's EIN ► 1 Phone no (212		
Use	Only	y  ˈ					Thome no (212	_, 03/-	
		- 1	NEW YORK, I	INI TOOT/			1		

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 👺	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${}^{*}$	2	Yes	
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 $I$ $\mathcal{L}$	3		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11</b> b		No
	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	<b>11</b> c		No
	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 2	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a	Yes	
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	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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	Yes	
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	•	,				
: IV	Ch	ecklist	of Re	quired	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pa	rt IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	I I
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 🔧		

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

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," 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

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Par	t IV	Checklist o	f Requi	red S	Schedules	(conti	nued)			

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

member of any of these persons? *If "Yes," complete Schedule L, Part III* . . . . . . . . . . . . . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

•	 2

_

Yes

Yes

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

**28**c

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32

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35a

35b

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Yes

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Complian
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Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
		check if Schedule o contains a response of flote to any line in this	rait	v		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	145		103	110
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments to		dors and reportable			
·		g (gambling) winnings to prize winners?			<b>1</b> c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	3-	3.6			
	•	s return	2a	36	2b	Yes	
D		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			20	1 63	
За		e organization have unrelated business gross income of \$1,000 or more during		,	3a		No
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>		´	3b		
		y time during the calendar year, did the organization have an interest in, or a si		ŀ			
	over,	a financial account in a foreign country (such as a bank account, securities acc					
	accou	nt) <sup>7</sup>			4a		No
Ь		s," enter the name of the foreign country 🕨					
	See in	istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
Ea	•		a tho	tay year?	En		No
		he organization a party to a prohibited tax shelter transaction at any time durin ny taxable party notify the organization that it was or is a party to a prohibited t		İ	5a		No No
			.a. 5 [ ]	Cite Gailsachull	5b		140
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$10	00.00	0. and did the	6a		No
•		ization solicit any contributions that were not tax deductible as charitable cont			-		110
b		s," did the organization include with every solicitation an express statement th	at su	ch contributions or gifts			
_		not tax deductible?			<b>6</b> b		
	_	izations that may receive deductible contributions under section 170(c).		4	<b>-</b> -	V	
a		e organization receive a payment in excess of \$75 made partly as a contribution in the payor?		a partiy for goods and	7a	Yes	
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	ed?	7b	Yes	
С		e organization sell, exchange, or otherwise dispose of tangible personal proper	ty for	which it was required to			
		rm 8282?	_:		<b>7</b> c		No
a	IT Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
				_	7e		No
		e organization, during the year, pay premiums, directly or indirectly, on a perso		ŀ	7f		No
g	If the require	organization received a contribution of qualified intellectual property, did the or	rganız	zation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a			
	Form :	1098-C?			7h		
8	-	oring organizations maintaining donor advised funds.		s holdings at any time			
		donor advised fund maintained by the sponsoring organization have excess bus i the year?	• •		8		
Q2	Did th	e sponsoring organization make any taxable distributions under section 49667	)		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		on <b>501(c)(7) organizations.</b> Enter	ч р		-55		
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıtı	ies					
11	Section	on 501(c)(12) organizations. Enter					
		income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
	_						
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? <b>N</b> ional information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states			a		
-		ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	<b>13</b> c				
14a	Did th	e organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion ir	Schedule O	14b		

orm	1990 (2015)			Page
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🔽
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12h	Voc	

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

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

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

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

▶THE ORGANIZATION 588 BROADWAY SUITE 303 NEW YORK, NY 10012 (212) 334-1660

NY, MA

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

interest policy, and financial statements available to the public during the tax year

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 勇含 dotted line) Trustee See Additional Data Table

art VII	Section A. Officers,	Directors, Trustees	, Key Employees,	, and Highest Comp	ensated Employees (contir	nued)
---------	----------------------	---------------------	------------------	--------------------	---------------------------	-------

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)  ordinector  ordinector		Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-M15C)	organization and related organizations	
See Additional Data Table										
1b Sub-Total					<u> </u>	<u> </u>				
c Total from continuation sheet d Total (add lines 1b and 1c).	s to Part VII, S			٠.		. <b>*</b>		795,008	0	116,367
2 Total number of individuals (inc			o the	se I	ısted	d abov	e) wl	no received more th	an	

- \$100,000 of reportable compensation from the organization > 5

(A)

- Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
- on line 1a? If "Yes," complete Schedule J for such individual .
- For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
- organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . . . Section B. Independent Contractors

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

Name and business address	Description of services	Compensation

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

Yes

Yes

3

4

No

Νo

Form 99								Page <b>9</b>
Part V	/	Statement o						
		Check if Schedi	ile O contains a respor	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S	1a	Federated camp	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership du	es <b>1b</b>	312,060				
E G	c	Fundraising eve	ents <b>1c</b>	1,269,645				
ifts. ar A	d	Related organiz	ations <b>1d</b>					
E	e	Government grants	s (contributions) <b>1e</b>	70,000				
OIIS Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	2,696,516				
buti the		similar amounts no	nt included above					
	g	1a-1f \$	ons included in lines					
Containd	h	Total. Add lines	3 1a-1f	· · · •	4,348,221			
<u> 1</u>				Business Code				
Ven	2a	TICKET SALES		900099	116,688	116,688		
å	b							
MC.	C							
ž	d e	_						
ram	f	All other progra	ım service revenue					
Program Service Revenue					445.500			
	g 3		s 2a-2f ome (including dividen		116,688			
		and other simila	aramounts)	•	33,545			33,545
	4   5		tment of tax-exempt bond	proceeds >				
	•	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(1)					
	Ь	Less rental						
	_	expenses Rental income						
	ر ا	or (loss)	me or (loss)					
	d	Net rental incor	(i) Securities	▶ (II) O ther				
	7a	Gross amount from sales of assets other than inventory	110,263	,				
	ь	Less cost or other basis and	110,689					
	c	sales expenses Gain or (loss)	-426					
	d	Net gain or (los	s)		-426			-426
Other Revenue	8a	Gross income fi events (not incl \$ 1,269 of contributions See Part IV, lin	luding ,645 reported on line 1c)					
ier			а	344,244				
₽			penses b	344,244	0			
	9a		loss) from fundraising or rom gaming activities e 19	events ▶	0			
	b c		penses <b>b</b> loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	wances .	P				
	Ь	Less cost of go	a pods sold b					
	c		loss) from sales of inve	entory ▶				
		Miscellaneous	s Revenue	Business Code				
	11a	MISCELLANEC	ous	900099	52,034			52,034
	ь							
	C	A.II						
	d e	All other revenu		•				
					52,034			
	12	rocar revenue.	See Instructions	• • • •	4,550,062	116,688	0	85,153

### Part IX Statement of Functional Expenses

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

	<u> Г</u>			<del></del>	
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,500	1,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22	237,641	237,641		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	130,278	130,278		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	384,765	159,789	89,429	135,547
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,572,930	1,224,542	42,271	306,117
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	57,146	46,231	1,517	9,398
9	Other employee benefits	168,054	121,477	8,671	37,906
10	Payroll taxes	162 630	116 240	10.636	26 652
11	Fees for services (non-employees)	163,629	116,340	10,636	36,653
a	Management				
b	Legal	4,600		4,600	
c	Accounting	85,966	22,997	43,320	19,649
d	Lobbying	·	,	·	·
е	Professional fundraising services See Part IV, line 17	68,098			68,098
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	467,854	371,872	38,012	57,970
12	Advertising and promotion				
13	Office expenses	293,132	209,848	18,400	64,884
14	Information technology	153,664	116,208	3,363	34,093
15	Royalties				
16	Occupancy	322,874	229,563	20,987	72,324
17	Travel	262,463	216,921	7,486	38,056
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	236,248	179,283	4,974	51,991
20	Interest				
21	Payments to affiliates	20.255	30,000	4 027	6 220
22 23	Depreciation, depletion, and amortization	28,255	20,089	1,837	6,329
24	Insurance				
а	ADMINISTRATIVE EXPENSE	63,054	16,286	31,560	15,208
b	PROGRAM EXPENSE	51,687	30,334	6,707	14,646
c d	BOOK PURCHASE/DISTRIB	10,071	5,531		4,540
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,763,909	3,456,730	333,770	973,409
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)				

(B)

End of year

1,843,295

1.043.041

149,312

24,166

47,878

16,459

59 298

5,091,445

178,440

83,575

63,951

325,966

1,407,553

2,539,446

4,765,479

5,091,445

Form 990 (2015)

818,480

1,907,996

(A)

Beginning of year

1,161,144

2.087,322

149,221

14,724

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33

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82,059

44.714

57.965

5,420,340

238,175

90,375

70,897

399,447

1,435,591

2,766,822

5.020.893

5,420,340

818,480

1,823,191

661 101

644,642

10a

10b

Form 990 (2015) Check if Schedule O contains a response or note to any line in this Part X . . .

> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

> 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 employees' beneficiary organizations (see instructions) Complete Part

Part X	Bal	ance	Shee

Cash-non-interest-bearing . . . . .

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

**Total assets.**Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Investments—publicly traded securities . .

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Accounts payable and accrued expenses

Other assets See Part IV, line 11 . . .

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

complete lines 30 through 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

1

2

3

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10a

b

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Net Assets or Fund Balances

0 (2	.013)		 	r
<b>(</b>	<b>Balance Sheet</b>			

Total revenue (must equal Part VIII, column (A ), line 12)					
Total expenses (must equal Part IX, column (A), line 25)					

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Net unrealized gains (losses) on investments . .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

1 2 3

4

5

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9

4,763,909 -213,847

Page **12** 

4,550,062

Revenue less expenses Subtract line 2 from line 1 . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

5,020,893 -41,567

Other changes in net assets or fund balances (explain in Schedule O) .

Both consolidated and separate basis

Both consolidated and separate basis

4,765,479

Yes

No

Νo

Nο

Form 990 (2015)

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . Cash ✓ Accrual Other

2a If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on 2b Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes

3a

3b

## **Additional Data**

Software ID: Software Version:

**EIN:** 13-3447888

Name: PEN AMERICAN CENTER INC

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 1,259,697 including grants of \$ 251,100 ) (Revenue \$ 50,709 )
LITERARY AWARDS, PUBLIC PROGRAMS, MEMBERSHIP, PEN AMERICA JOURNAL, READERS & WRITERS, BRANCHES, PRISON
WRITING, WRITERS FUND, OPEN BOOK

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former		MISC)	organization and related organizations
ANDREW SOLOMON PRESIDENT	4 00	x		х				0	0	0
JOHN TROUBH  EXECUTIVE VICE-PRESIDENT/ TREASURER	1 00	х		×				0	0	0
JERI LABER VICE-PRESIDENT	1 00	x		×				0	0	0
ANNETTE TAPERT VICE-PRESIDENT	1 00	×		×				0	0	C
THERESA REBECK SECRETARY	1 00	×		×				0	0	C
AYAD AKHTAR TRUSTEE	1 00	×						0	0	0
GABRIELLA DE FERRARI	1 00							_	_	

1 00

1 00

1 00

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TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

ROXANNE DONOVAN

NATHAN ENGLANDER

JENNIFER EGAN

.........

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

compensated Employees, and Inde	pendent co.	111140	,	_				I	1	I
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore ti ss pe	than ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former		MISC)	organization and related organizations
MORGAN ENTREKIN	1 00	[ , ]	<u> </u>		[ '	[ '			[ ]	Γ.
TRUSTEE		Х		<u> </u>	<u></u>	<u> </u>	Ĺ'	0	0	
JEANMARIE FENRICH	1 00	×	'		ĺ '	[ '	[ '	0	0	Γ ,
TRUSTEE	l'		L'	<u>_</u> '	<u>_</u> '	L'	<u>'</u>	1'	1!	1
MASHA GESSEN TRUSTEE	1 00	x						0	0	
WENDY GIMBEL TRUSTEE	1 00	×						0	0	C
BARBARA GOLDSMITH TRUSTEE	1 00	x						0	0	C
ANNETTE GORDON-REED TRUSTEE	1 00	x						0	0	(
TOM HEALY TRUSTEE	1 00	x						0	0	(

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1 00

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SAMUEL HEINS

TRUSTEE

TRACY HIGGINS TRUSTEE

......... TRUSTEE

ELIZABETH HEMMERDINGER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore ti ss pe	than ersor icer a	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
SEAN KELLY TRUSTEE	1 00	х						0	0	0
YVONNE MARSH TRUSTEE	1 00	х						0	0	0
ERROLL MCDONALD TRUSTEE	1 00	х						0	0	0
SEVIL MIYHANDAR TRUSTEE	1 00	x						0	0	0
PAUL MULDOON TRUSTEE	1 00	×						0	0	C
ALEXANDRA MUNROE TRUSTEE	1 00	х						0	0	С
CHRISTIAN OBERBECK TRUSTEE	1 00	x						0	0	С

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TESS O'DWYER

TRUSTEE

TRUSTEE

TRUSTEE

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LAURA BAUDO SILLERMAN

MICHAEL PIETSCH

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

5,474

3,321

31,552

22,813

16,504

Compensated Employees, and Inde					rus	stee	S, F		. nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unles	sition ore thess pe	(C) (do han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
COLM TOIBIN	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
COLM TOIBIN TRUSTEE	1 00	x						0	0	0
DAVIS WEINSTOCK TRUSTEE	1 00	×						0	0	0
JACOB WEISBERG TRUSTEE	1 00	×						0	0	0
LEON FRIEDMAN GENERAL COUNSEL	1 00			×				0	0	C
SUZANNE NOSSEL EXECUTIVE DIRECTOR	40 00			×				274,738	0	19,414

40 00

40 00

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24,346

57,472

111,565

113,997

104,659

ROBYN DESHOTEL

JESSICA PAZ

LINDA MORGAN

KIM CHAN

PAUL MORRIS

DIRECTOR OF DEVELOPMENT

DIRECTOR OF LITERARY PROGRAMS

..... DIRECTOR OF FINANCE (TO FEB 2015)

PEN WORLD VOICES FESTIVAL GENERAL MANAGER

DIRECTOR OF FINANCE (AS OF JUL 2015)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t ss pe	tor/t	not one n is and trust	tee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LASZLO ORSOS PEN WORLD VOICES FESTIVAL DIRECTOR	40 00					×	108,231	0	17,289

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

**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.

OMB No 1545-004 Open to Public Inspection

DLN: 93493320010306

**Employer identification number** 

13-3447888

Treasury Internal Revenue Service Name of the organization PEN AMERICAN CENTER INC

SCHEDULE A

(Form 990 or

990EZ)

1

2 3

Department of the

V

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

10	_			See <b>section 509(a)(2).</b>			ion 509(a)(4)					
11	-	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.										
а	Г	<b>Type I.</b> A supporting o supported organization	/pe I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the upported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting qanization You must complete Part IV, Sections A and B.									
b	Γ	management of the su	II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or gement of the supporting organization vested in the same persons that control or manage the supported organization(s) You complete Part IV, Sections A and C.									
c		Type III functionally i supported organization					th, and functionally integ	rated with, its				
d e f	Enter	Type III non-functions not functionally integra (see instructions) You Check this box if the ointegrated, or Type III the number of supports	ally integrate ated The orga I must comple organization re I non-function ad organizatio	d. A supporting organi anization generally mu ete Part IV, Sections A eceived a written deter ally integrated suppor ons	zation operated st satisfy a dis a <b>and D, and Pa</b> mination from t ting organizatio	in connection tribution required view tribution required view that in the IRS	in with its supported org	eness requirement				
g		Provide the following in	nformation ab	out the supported orga	inization(s)							
(i) Name of supported organization			(ii)EIN	Type of Is t		nization governing ent?	A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)				
					Yes	No						
Tota	1											
For P	aperw	ork Reduction Act Noti	ce, see the Ir	nstructions for Form 99	90 or 990EZ.	Cat No 1:		990 or 990-EZ) 2015				

	edule A (Form 990 of 990-EZ) 2015						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i die iii.	,
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T
(or	fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any unusual grants )						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5						
S	from line 4 ection B. Total Support						
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar sources  Net income from unrelated						
9	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
13	First five years.If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(	3) organization,
	check this box and <b>stop here</b>				<del></del>	▶ ┌	
S	ection C. Computation of Pub						
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14	
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box
b	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2014.</b> If the	•			, and line 15 is 33	3 1/3% or more, o	► Check this
	box and <b>stop here.</b> The organization						▶┌
17a	<b>10%-facts-and-circumstances test</b> - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain	oorted
	organization			_	•		▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ				•	•	-1
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•
18	supported organization <b>Private foundation.</b> If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b. check this	s box and see	▶
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	20% and 300	▶┌
							• 1

Gifts, grants, contributions, and

Section A. Public Support Calendar year

(or fiscal year beginning in) ▶

20

(f)Total

**(e)**2015

(d)2014

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

(a)2011

**(c)**2013

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

**(b)**2012

1	membership fees received (Do not include any "unusual grants")	3,231,682	2,793,207	4,106,841	5,488,077	4,34	18,221	19,968,028
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	134,138	126,767	158,142	134,683	11	16,688	670,418
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							_
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	<b>Total.</b> Add lines 1 through 5	3,365,820	2,919,974	4,264,983	5,622,760	4,46	54,909	20,638,446
	Amounts included on lines 1, 2, and 3 received from disqualified persons	359,489	321,713	362,945	356,518	55	55,308	1,955,973
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0
c	Add lines 7a and 7b	359,489	321,713	362,945	356,518	55	55,308	1,955,973
8	<b>Public support.</b> (Subtract line 7c from line 6)							18,682,473
Se	ction B. Total Support	•	•	•				
, ,	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 201	5	
(or t	iscal year beginning in) ► A mounts from line 6	3,365,820	2,919,974	4,264,983	5,622,760		54,909	20,638,446
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties	27,541	36,425		30,373	·	33,545	155,426
b	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	27,541	36,425	27,542	30,373		33,545	155,426
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	5,281	741	7,822	18,123	!	52,034	84,001
13	Total support. (Add lines 9, 10c, 11, and 12)	3,398,642	2,957,140	4,300,347	5,671,256	4,5	50,488	20,877,873
14	<b>First five years.</b> If the Form 990 is check this box and <b>stop here</b>	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 50	1(c)(3	) organization, ▶ □
Se	ction C. Computation of Pu	blic Support P	ercentage					
15	Public support percentage for 201	5 (line 8, column	(f) divided by line	e 13, column (f))		15		89 480 %
16	Public support percentage from 20	·				16		90 700 %
	ction D. Computation of Inv							
17	Investment income percentage for	,	• •	,	nn (f))	17		0 740 %
18	Investment income percentage from 33 1/3% support tests—2015.If the				lling 1 F is more t	18 han 22 1/20	)/- and	0 800 %
	more than 33 1/3%, check this box	-		•			o, and	► <b>~</b>
b	<b>33 1/3% support tests—2014.</b> If the 18 is not more than 33 1/3%, check	ne organization dic	l not check a box	on line 14 or line	19a, and line 16	is more tha		1/3% and line

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination under	15		 
C	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	<b>10</b> a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in <b>Part VI</b> how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes." describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

а	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7  \$			
a Applied to underdistributions of prior years			-
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
<b>e</b> From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

Employer identification number

13-3447888

## SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

PEN AMERICAN CENTER INC

Service

2

## **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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	<b>▶</b>	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a s	☐ Yes ☐ No			
<b>4</b> a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No
5	Enter the names, addresses are organization made payments. I amount of political contribution separate segregated fund or a	unds Also enter the nızatıon, such as a			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	-EZ. (	Cat No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Α	Check	<b>&gt;</b>	Г	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN
				expenses, and share of excess lobbying expenditures)

N,

		bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots	0	
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)	0	
c	Total lobbying expenditures (add lines 1a and	1b)	0	
d	Other exempt purpose expenditures		4,763,909	
e	Total exempt purpose expenditures (add lines	1c and 1d)	4,763,909	
f	Lobbying nontaxable amount Enter the amour	388,195		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

0	
0	
l of the five	
15 <b>(e)</b> To	Total
388,195 1,	1,377,124
2	2,065,686
	15 <b>(e)</b> 388,195

j	reporting section 4911 tax for this year?	n or line 11, did the	,	Y e s No		
	4-Year Avero (Some organizations that made a sec columns below. See the		ction do not	have to com		e five
	Lobbying Expend	itures During 4	-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> ⊤otal
2a	Lobbying nontaxable amount	309,409	320,450	359,070	388,195	1,377,124
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,065,686
с	Total lobbying expenditures	2,360	1,500			3,860
d	Grassroots nontaxable amount	77,352	80,113	89,768	97,049	344,282

Grassroots ceiling amount 516,423 (150% of line 2d, column (e)) 2,360 1,500 Grassroots lobbying expenditures

Return Reference

	filed Form 5768 (election under section 501(h)).	,			<b>/</b> b>
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)
ctiv	ıty	Yes	No	An	nount
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	163			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	<b>01</b> (c	)(5), c	or sec	ction
			_		Yes N
L	Were substantially all (90% or more) dues received nondeductible by members?		_	1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
3					
3	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				III-A,
ar	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				III-A,
ar 1	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C			III-A
ar 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	1 2a			III-A
a L 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	No" C			III-A
ar L a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	1 2a 2b 2c			III-A
ar 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 2a 2b			111-A,
1 2 a	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2a 2b 2c 3			111-A,
3 Par 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1 2a 2b 2c			III-A,

Explanation

DLN: 93493320010306

# **SCHEDULE D**

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Inspection

	N AMERICAN CENTER INC				Linbi	oyer identifica	i i i i i i i i i i i i i i i i i i i	-1
	THE LEAST CENTER AND				13-3	447888		
Pa	Organizations Maintaining Donor Complete if the organization answere				nds o	or Accounts	1	
	<u> </u>	(a) Donor advised fo		<u>'</u>	(b)	Funds and othe	raccounts	;
	Total number at end of year							
	Aggregate value of contributions to (during year)							
	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor funds are the organization's property, subject to	_			or advis	sed	☐ Yes	□ No
	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		_	-		purpose	Yes	No
a	rt II Conservation Easements. Comple	ete if the organizati	on answei	red "Yes" or	n Form	n 990, Part IV	/, line 7.	
	Purpose(s) of conservation easements held by th	ne organization (check	all that app	oly)				
	Preservation of land for public use (e g , recreducation)	eation or	☐ Prese	ervation of an	hıstorı	ıcally ımportan	t land area	
	Protection of natural habitat		Prese	ervation of a	ertifie	d historic struc	ture	
	Preservation of open space							
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conse	rvation con	tribution in th	ne form	of a conservat	ion	
						Held at the	End of the	Year
a	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easeme				2b			
C	Number of conservation easements on a certified		` '	· •	<b>2</b> c			
d	Number of conservation easements included in (i historic structure listed in the National Register	c) acquired after 8/17,	/06, and no	tona	2d			
	Number of conservation easements modified, tra	nsferred, released, ext	inguished,	or terminated	by the	e organization (	during the	
	tax year ▶							
	Number of states where property subject to cons	ervation easement is	ocated ►_		_			
	Does the organization have a written policy regard violations, and enforcement of the conservation of	· .	toring, insp	pection, hand	ling of	_ Y•	es N	o
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling o	f violations	, and enforcir	ng cons	ervation easer	nents durii	ng the
	<b>-</b>							
	A mount of expenses incurred in monitoring, inspe	ecting, handling of viol	ations, and	enforcing co	nserva	tion easements	during th	e year
	<b>▶</b> \$							
	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$ ?	ne 2(d) above satisfy	the requirer	ments of sect	ion 17	0(h)(4)	es	o
	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text							

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. **▶** \$ \_\_

	edule D (Form 990) 2015					Page Z
Part	Continued) (continued)	Collections of	Art, Historical	Treasures, or	Other Similar A	ssets
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and other re	ecords, check any	of the following that	are a significant us	e of its
а	Public exhibition		d $\Gamma$ Lo	oan or exchange pro	ograms	
b	Scholarly research		e	ther		
c	Preservation for future generations					
4	Provide a description of the organization		xplain how they fur	ther the organization	on's exempt purpose	: in
_	Part XIII					
5	During the year, did the organization sol assets to be sold to raise funds rather th	nan to be maintained				s No
Par	rt IV Escrow and Custodial Arra Complete if the organization	angements. answered "Ves" o	n Form 990 Par	t IV line 9 or re	enorted an amour	nt on Form 990
	Part X, line 21.	aliswered res o	11 1 O 1111 330, Fai	(1V, IIIIe 5, 01 10	sported all alliour	it on Form 550,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inte	ermediary for contr	ibutions or other as	ssets not	s No
b	If "Yes," explain the arrangement in F	Part XIII and comple	ete the following tal	hle	Am	nount
c	Beginning balance	are XIII and comple	te the following tal	1	c	
d	Additions during the year				d	
e	Distributions during the year			1		
f	Ending balance			1	f	
<b>2</b> a	Did the organization include an amount of	on Form 990, Part X	, line 21, for escro	ــــــ w or custodial acco	unt liability? <b>Ye</b>	s
h						·
b Da	If "Yes," explain the arrangement in Par rt V Endowment Funds. Comple					
F 4	Endowment i unus: Compie	(a)Current year	(b)Prior year	<b>b</b> (c)Two years back		(e)Four years back
1a	Beginning of year balance	1,506,429	1,321,035	<u> </u>	<u> </u>	1,117,857
b	Contributions		169,109		52,050	
c	Net investment earnings, gains, and losses	-8,028	85,585	202,892	133,306	-46,537
d	Grants or scholarships					
e	Other expenditures for facilities and programs	60,300	69,300	59,633	41,500	37,400
f	Administrative expenses					
g	End of year balance	1,438,101	1,506,429	1,321,035	1,177,776	1,033,920
2	Provide the estimated percentage of the	current vear end ba	lance (line 1a, coli	umn (a)) held as		
а	Board designated or quasi-endowment ▶		( – 3,	(-1,7,		
ь	Permanent endowment ► 56 910 %					
С	Temporarily restricted endowment ►	43 090 %				
-	The percentages on lines 2a, 2b, and 2c	should equal 100%	)			
3а	Are there endowment funds not in the poorganization by	ssession of the orga	anızatıon that are h	neld and administer	ed for the	Yes No
	(i) unrelated organizations					a(i) No
	(ii) related organizations				<u></u>	n(ii) No
ь 4	If "Yes" on 3a(II), are the related organized Describe in Part XIII the intended uses				· · · · <u>·</u>	3b
	rt VI Land, Buildings, and Equip	-	s endowment lunus			
	Complete if the organization		Form 990, Part	IV, line 11a.See	Form 990, Part >	K, line 10.
	Description of property		(a) Cost or othe (investme		Accumulated basis (c)depreciation	
<b>1</b> a	Land					
b	Buildings					
c	Leasehold improvements			357	7,369 357,	245 124
d	Equipment		. 1	173	156.	811 16,335

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

0

16,459

130,586

130,586

Part VII	Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the orga	anızatıon answered 'Y	es' on Form 990, Part IV, line 11b
	(a) Description of security or categ (including name of security)	ory	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
	al derivatives -held equity interests			
( <b>3)</b> O ther	mera equity interests			
Total. (Colur Part VIII	mn (b) must equal Form 990, Part X, col (B) line 12 Investments—Program Related			
rait VIII	Complete if the organization answe	red 'Yes' on Form 9		
	(a) Description of investment		<b>(b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 13 )	· •		
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	(a) De	escription		(b) Book value
Total (Colu	ımn (b) must equal Form 990, Part X, col (B) li.	no 15 )		
Part X	Other Liabilities. Complete if the o		ed 'Yes' on Form 990,	
1.	See Form 990, Part X, line 25.  (a) Description of liability	(b) Book val	ıe	
	ama tawa			
Federal inc				
DEFERRED	PRENT	59	,229	
REFUNDA	BLE ADVANCE	4	,722	
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 25 )	▶ 63	,951	
2. Liability	for uncertain tax positions. In Part XIII, pro	ovide the text of the fo	otnote to the organization	
organizatio XIII	n's liability for uncertain tax positions unde	:	aneck nere if the text of t	ne loothole has been provided in Part

1

2

b

3

b

c

Part XIII

information

PART V, LINE 4

Schedule D (Form 990) 2015

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII ) .

Other (Describe in Part XIII ) .

**Supplemental Information** 

Add lines 4a and 4b .

Return Reference

Add lines 2a through 2d .

Subtract line 2e from line 1 .

4,513,495

-36,567

4,550,062

4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	4,550,06
Part	<b>XII</b> Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	4,768,90
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 5,000		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)............. <b>2d</b>		
e	Add lines <b>2a</b> through <b>2d</b>	2e	5,00
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,763,90
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990. Part VIII. line 7b 4a		

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

THE ORGANIZATION'S ENDOWMENT FUNDS ARE DONOR DESIGNATED ENDOWMENTS TO

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

FUND SPECIFIC LITERARY AWARDS

2a

2b

2c

2d

-41,567

5,000

2e

3

4c

4,763,909

Schedule D (Form 990) 2015	Page <b>5</b>					
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

efile GRAPHIC print - DO NOT PROCESS		As Filed Dat	a -	DLN:	DLN: 93493320010306	
SCHEDULE F (Form 990)	Statement of	tement of Activities Outside the United St			OMB No 1545-0047	
Denastment of the Trassury	·	Part IV, line 1 ► Attach to	i answered "Yes" to Form 4b, 15, or 16. b Form 990. nd its instructions is at wi		2015 Open to Public Inspection	
Name of the organization PEN AMERICAN CENTER INC				<b>Employer iden</b>	Employer identification number	
			e United States. rm 990, Part IV, line	I		
1 For grantmakers. Does and other assistance, th used to award the grants	e grantees' eligibil			_	√ Yes No	
<ul><li>2 For grantmakers. Descr assistance outside the U</li><li>3 Activites per Region (The</li></ul>	Inited States				nts and other	
Activites per Region (The	lollowing Part 1, line	3 table call be du	plicated if additional Spa	ice is needed ;		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a <b>(f)</b> Total expenditures for and investments in region	
(1) See Add'l Data						
(2)						
(3)						
(4)						
(5)						
<b>3a</b> Sub-total	0				130,278	
b Total from continuation she to Part I					0	
c Totals (add lines 3a and 3b For Paperwork Reduction Act Notice	, ,	0 of the form 000	Cat	No 50082W <b>Sche</b>	130,278 Jule F (Form 990) 2015	

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

(a) Name organizatio	` '	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SUB-SAHARAN AFRICA	GENERAL ASSISTANCE	15,000	WIRE TRANSFER			
( 2)		EUROPE	DUES TO INTERNATIONAL UMBRELLA ORGANIZATION	53,187	WIRE TRANSFER			
(3)		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	GENERAL ASSISTANCE	12,000	WIRE TRANSFER			
(4)		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	PROJECT SUPPORT	5,500	WIRE TRANSFER			

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (a) Type of grant or (b) Region (g) Description (h) Method of disbursement assistance recipients cash grant non-cash of non-cash valuation assistance assistance (book, FMV, appraisal, other) (1) AWARDS AND 31,561 WIRE TRANSFER EUROPE 9 EMERGENCY SUPPORT (INCLUDING GRANTS ICELAND & GREENLAND) (2) EMERGENCY SUPPORT SUB-SAHARAN 5 4,980 WIRE TRANSFER GRANTS AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO, 6,550 WIRE TRANSFER (3) AWARDS AND EAST ASIA AND THE 2 EMERGENCY SUPPORT PACIFIC GRANTS (4) AWARDS AND NORTH AMERICA 1 1,500 WIRE TRANSFER **EMERGENCY SUPPORT** GRANTS (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Yes **▼** No

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

### 990 Schedule F. Supplemental Information

Return Reference	Explanation
PART I, LINE 2	DUES ARE PAID TO PEN'S INTERNATIONAL UMBRELLA ORGANIZATION, INTERNATIONAL PEN, WHICH PROVIDES THE ORGANIZATION WITH AN ANNUAL REPORT TO SUBSTANTIATE THE USE OF FUNDS THE ORGANIZATION AWARDS LITERARY PRIZES TO INDIVIDUALS BASED ON ARTISTIC MERIT IN RECOGNITION OF SIGNIFICANT ACCOMPLISHMENTS IN THE FIELD. THEREFORE, SINCE THE AWARDS AND PRIZES ARE NOT MADE TO FUND SPECIFIC PROJECTS OR ACTIVITIES OF THE RECIPIENTS, THE ORGANIZATION DOES NOT MONITOR THE EXPENDITURES OF THE RECIPIENTS AWARDS ARE GIVEN TO INDIVIDUALS OF PROVEN MERIT FOR THEIR PERSONAL USE. TRANSLATION FUND GRANTS, INCLUDED AS PART OF LITERARY AWARDS, ARE AWARDED BASED ON A PROPOSAL AND SAMPLE TRANSLATION INTO ENGLISH OF A PREVIOUSLY-UNTRANSLATED 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

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-3447888

Name: PEN AMERICAN CENTER INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTS TO RECIPIENTS IN THE REGION		6,550
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS IN THE REGION		31,561
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	DUES PAID TO INTERNATIONAL UMBRELLA ORGANIZATION	53,187

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe region agents in specific type of service region program services, grants to recipients (s) in region located in the region) CENTRAL AMERICA AND GRANTS TO PEN 5,500 CARIBBEAN - HAITI CENTER IN THE 31,980

			REGION	
SUB-SAHARAN AFRICA -	0	0	GRANTS TO PEN	
ANGOLA, BENIN,	_		CENTER IN THE	
BOTSWANA,BURKINA,			REGION	
EACO				i

FASO,

Form 990 Schedule F Part I - Activities Outside The United States

NORTH AMERICA GRANTS TO

1,500

RECIPIENTS IN THE

REGION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320010306

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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/form990

OMB No 1545-0047

Inspection

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
- ▼ Internet and email solicitations
- Phone solicitations
- In-person solicitations

- e 🔽 Solicitation of non-government grants
  - ∇ Solicitation of government grants
  - **▼** Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of Individual or entity (fundraiser)	(ii) A ctivity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of contributions?		fundraiser have fron custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1 EVENT ASSOCIATES INC 162 WEST 56TH STREET	PROFESSIONAL FUNDRAISING	Yes	No	1,613,889	68,098	1,545,791										
NEW YORK, NY 10016																
3																
4																
5																
6																
7																
8																
9																
10																
Total	<u>'</u>	•	<b>•</b>	1,613,889	68,098	1,545,791										

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II	Fundraising	<b>Events</b>

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	receipts greater than \$5,000	. <b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d)
		PEN LITERARY	AUTHOR'S EVENING		Total events (add col (a) through
		GALA (event type)	(event type)	(total number)	col <b>(c)</b> )
<b>a</b> .					
Revenue		1 260 412	245 476		1.612.006
Re	1 Gross receipts	1,368,413			1,613,889
	2 Less Contributions	1,034,093	235,552		1,269,645
	Ine 2)	334,320	9,924		344,244
	4 Cash prizes				
	5 Noncash prizes				
Se	6 Rent/facility costs	60,000			60,000
Expenses	<b>7</b> Food and beverages	205,947	9,837		215,784
젌	8 Entertainment				
Direct Direct	9 Other direct expenses	68,373	87		68,460
ā	10 Direct expense summary Add lines 4	through 9 in column (d	)		344,244
	11 Net income summary Subtract line 1	0 from line 3, column (c	)	<b>.</b>	(
Par	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
ses	2 Cash prizes				
Expenses	<b>3</b> Noncash prizes				
Direct	4 Rent/facility costs				
_	5 Other direct expenses				
	6 Volunteer labor	No	│ No	No	
	7 Direct expense summary Add lines 2	2 through 5 in column (c	1)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organiza				
а	Is the organization licensed to conduct				Yes No
b	If "No," explain				
L0a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990)

Department of the

Internal Revenue Service Name of the organization

PEN AMERICAN CENTER INC

Treasury

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

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

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

OMB No 1545-0047

2015

DLN: 93493320010306

Open to Public Inspection

Employer identification number

13-3447888

						13 3117000	
Part I General Information	on on Grants an	d Assistance					
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organiz</li> </ul>	ward the grants or a	ssistance?				stance, and	√ Yes N
Part II Grants and Other Assistation that received more than				plete if the organization	answered "Yes" on F	form 990, Part IV, line 2:	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
<ul><li>2 Enter total number of section 5</li><li>3 Enter total number of other orga</li></ul>	. , . ,	-				_	
For Paperwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2015

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

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) LITERARY AWARDS	31	149,966			
(2) PRISON WRITING CONTEST PRIZE	25	1,850			
(3) TRANSLATION GRANTS	17	29,625			
(4) WRITER'S FUND GRANT	34	56,200			
Part IV Supplemental Informa	tion. Provide the infor	mation required in P	ı art I, lıne 2, Part III,	column (b), and any other	additional information.
·					

Return Reference Explanation PART I, LINE 2 THE ORGANIZATION AWARDS LITERARY PRIZES TO INDIVIDUALS BASED ON ARTISTIC MERIT IN RECOGNITION OF SIGNIFICANT ACCOMPLISHMENTS IN THE FIELD THEREFORE, SINCE THE AWARDS AND PRIZES ARE NOT MADE TO FUND SPECIFIC PROJECTS OR ACTIVITIES OF THE RECIPIENTS, THE ORGANIZATION DOES NOT MONITOR THE EXPENDITURES OF THE RECIPIENTS AWARDS ARE GIVEN TO INDIVIDUALS OF PROVEN MERIT FOR THEIR PERSONAL USE TRANSLATION FUND GRANTS, INCLUDED AS PART OF LITERARY AWARDS, ARE AWARDED BASED ON A PROPOSAL AND SAMPLE TRANSLATION INTO ENGLISH OF A PREVIOUSLY-UNTRANSLATED WORK HALF OF THE GRANT IS FUNDED UPFRONT AND THE REMAINDER IS FUNDED AT THE COMPLETION OF THE TRANSLATION EMERGENCY

GRANTS ARE MADE TO WRITERS, WITH WHOM PEN SHARES A COMMUNITY, FOR IMMEDIATE CASH NEEDS THAT ARE DOCUMENTED IN A WRITTEN APPLICATION THE ORGANIZATION'S WRITER'S FUND COMMITTEE MEETS QUARTERLY TO REVIEW APPLICATIONS FROM WRITERS IN NEED GRANTS ARE PROVIDED TO THOSE WITH IMMEDIATE, SUBSTANTIATED NEED THE WRITER'S FUND COMMITTEE MAINTAINS RECORDS OF APPLICATIONS Schedule I (Form 990) 2015 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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.

OMB No 1545-0047

DLN: 93493320010306

reas	al Revenue Service	F Information about Schedule 3 (10	ini 550) and its instructions is at www.irs		Insp	ectio	n
	me of the organiz NAMERICAN CENTER			Employer identification	on nur	nber	
PEN	N AMERICAN CENTER	INC		13-3447888			
Pa	rt I Questi	ons Regarding Compensation					
						Yes	No
1a	Check the appr	opiate box(es) if the organization prov	rided any of the following to or for a person	listed on Form			
	990, Part VII,	Section A, line 1a Complete Part III	to provide any relevant information regardi	ng these items			
	First-clas	s or charter travel	Housing allowance or residence fo	r personal use			ļ
	Travel for	companions	Payments for business use of pers	onal residence			ļ
	Tax idemr	nification and gross-up payments	Health or social club dues or initia	tion fees			ļ
	Discretion	nary spending account	Personal services (e g , maid, cha	uffeur, chef)	 		l I
b			anızatıon follow a wrıtten policy regarding p scribed above? If "No," complete Part III t		1b		
2			imbursing or allowing expenses incurred b				
	directors, trust	ees, officers, including the CEO/Exect	utive Director, regarding the items checked	in line 1a?	2		
3	organization's (	CEO/Executive Director Check all tha	ization used to establish the compensation at apply Do not check any boxes for metho ation of the CEO/Executive Director, but ex	ods			
	Compensa	ation committee	✓ Written employment contract				
	Independe	ent compensation consultant	Compensation survey or study	İ			Ì
	Form 990	of other organizations	✓ A pproval by the board or compens	ation committee			
4	During the year or a related org	·	Part VII, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	rance payment or change-of-control p	ayment?		4a		Νo
b	Participate in, o	or receive payment from, a supplemen	tal nonqualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	sed compensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide the applicable amounts for each item	ın Part III			
5	For persons list	, <b>501(c)(4), and 501(c)(29) organizati</b> ted on Form 990, Part VII, Section A, contingent on the revenues of	ions must complete lines 5-9. Ine 1a, did the organization pay or accrue	any			
а	The organization	n?			5a		Νo
b	Any related org	anızatıon?			5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III					
6		ted on Form 990, Part VII, Section A, contingent on the net earnings of	line 1a, did the organization pay or accrue	any			
а	The organization	n?			<b>6</b> a		Νo
b	Any related org	anızatıon?			6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III					
7	•	ted on Form 990, Part VII, Section A , lescribed in lines 5 and 6? If "Yes," de	line 1a, did the organization provide any ne escribe in Part III	on-fixed	7		No
В			aid or accured pursuant to a contract that Regulations section 53 4958-4(a)(3)? If "		8		No

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Page 2

Schedule J (Form 990) 2015

(A) Name and Title			(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in	
	Base (ı) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

17,500

1.914

294.152

1 SUZANNE NOSSEL

EXECUTIVE DIRECTOR

249.738

25,000

Schedule J (Form 990) 2015

chedule J (Form 990) 2015						
Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference	Explanation					

Schedule J (Form 990) 2015



Return Reference	Explanation
FORM 990,	PEN AMERICAN CENTER IS A MEMBERSHIP ORGANIZATION WITH APPROXIMATELY 4,375 CURRENT MEMBERS THE
PART VI,	MEMBERSHIP, IN ITS ANNUAL MEETING GENERALLY HELD IN MARCH OF EACH YEAR, ELECTS PEN'S GOVERNING BODY
SECTION A,	ACCORDING TO OUR BY-LAWS - "THE AFFAIRS AND PROPERTY OF PEN SHALL BE MANAGED BY ITS GOVERNING
LINE 7A	BOARD, THE BOARD OF TRUSTEES, WHO ARE LEGALLY RESPONSIBLE AS FIDUCIARIES TO SEE THAT PEN CARRIES OUT
	TS PROGRAMS IN FULFILLMENT OF ITS CHARITABLE PURPOSES " - "THE ANNUAL MEETING OF PEN MEMBERS, FOR THE
	ELECTION OF TRUSTEES, OF CORPORATE OFFICERS, AND OF MEMBER COMMITTEE CHAIRS, THE RECEIPT OF REPORTS
	AND THE CONDUCT OF SUCH OTHER BUSINESS AS MAY COME BEFORE THE MEETING, SHALL BE HELD DURING THE FIRST
	SIX MONTHS OF THE FISCAL YEAR "

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ONLY TO THE EXTENT OF BY-LAW CHANGES

Return Reference	Explanation
FORM 990, PART VI,	THE DIRECTOR OF FINANCE AND ADMINISTRATION, THE EXECUTIVE DIRECTOR AND THE AUDIT COMMITTEE REVIEWED
SECTION B, LINE 11	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

Return Reference	Explanation
FORM 990,	AT EACH MARCH BOARD MEETING (FIRST MEETING OF THE YEAR), THE CONFLICT OF INTEREST POLICY IS CIRCULATED
PART VI,	PRIOR TO THE MEETING AND RETURNED BY EACH TRUSTEE TO THE EXECUTIVE DIRECTOR IN ADDITION, EACH DIRECTOR-
SECTION B,	LEVEL STAFF MEMBER MUST SIGN A CONFLICT OF INTEREST FORM ANY TRUSTEE WHO IS UNCERTAIN ABOUT A
LINE 12C	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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S CHARTER AND ANNUAL REPORT ARE AVAILABLE ON ITS WEBSITE. AUDITED FINANCIAL STATEMENTS, FORM 990, AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON WRITTEN REQUEST