For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Internal Revenue Service

DLN: 93493304017140

2019

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

☐ Add	ck if ap _l dress ch	plicable: hange	C Name of organization PEN AMERICAN CENTER INC				D Employer identification number						
	me cha	-	6 . 1 .				13-3447	/888					
	tial retu		Doing business as										
	ı return/ ended	/terminated return		ail is not delivered to street address) Ro	om/suite		E Telephon	e number					
□ Арі	olication	n pending	588 BROADWAY NO 303				(212) 3	34-1660					
			City or town, state or province, coun NEW YORK, NY 100125246	try, and ZIP or foreign postal code			G Gross red	ceipts \$ 14	4,214,860				
			F Name and address of principa	l officer:	Н	(a) Is this	a group ret	turn for					
			SUZANNE NOSSEL 588 BROADWAY NO 303				dinates?		□Yes ☑No				
			NEW YORK, NY 100125246			(b) Are al includ	l subordinat ed?	es	☐ Yes ☐No				
Tax	k-exem	pt status:	✓ 501(c)(3)	insert no.) \square 4947(a)(1) or \square 5		If "No	," attach a l		instructions)				
) W	ebsite	e:► WW	/W.PEN.ORG			I(c) Group	exemption	number	>				
K Forn	n of org	ganization:	Corporation Trust Associated	ciation Other ►	L	Year of forma	tion: 1985	M State	of legal domicile: NY				
Da	ırt I	Sumi	mary										
Гα			scribe the organization's mission or	most significant activities:									
	PE	EN ÁMER	ICAN CENTÉR, INC. IS AN ASSOC	IATION OF WRITERS AND OTHERS			YTINUMMC	WORKIN	G TO DEFEND FREE				
၂၄		XPRESSI	ON, ADVANCE LITERATURE, AND I	FOSTER INTERNATIONAL LITERARY	FELLOW	SHIP.							
اع ا													
E Ke	_												
Activities & Governance				continued its operations or dispose g body (Part VI, line 1a)		e than 25%	of its net a	ssets. 3	36				
ಶ ∣			3	the governing body (Part VI, line 1				4	36				
i i i				, , , , ,	•		•	5	65				
∑			number of individuals employed in calendar year 2019 (Part V, line 2a)										
AC			·	VIII, column (C), line 12			•	7a	123				
			ated business taxable income from	, ,,	• •			7b	0				
	D I	vet uniter	ated business taxable income from	110mm 990-1, mie 39	• • •	Dri	or Year	175	Current Year				
	8 (Contribut	ions and grants (Part VIII, line 1h)				9,417,0	207	11,435,239				
ğ			service revenue (Part VIII, line 2g)				317,9		277,624				
Rəvenue		-	ent income (Part VIII, column (A), li	134	531,874								
æ			ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,802										
			, , , , , , , , , , , , , , , , , , , ,	st equal Part VIII, column (A), line 1	2)		9,896,8		45,190 12,289,927				
			nd similar amounts paid (Part IX, c		/		719,8	374	779,988				
			, , ,	lumn (A), line 4)			<u> </u>	0	· ·				
S			•	nefits (Part IX, column (A), lines 5-			4,027,4	116	5,090,221				
Expenses		-	nal fundraising fees (Part IX, colun	, , , , , , , , , , , , , , , , , , , ,	,			0	0				
D G			raising expenses (Part IX, column (D), I	, ,									
Щ			penses (Part IX, column (A), lines :	· -	_		3,339,5	581	3,577,763				
	18 T	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)		8,086,871 9,							
	19 F	Revenue	less expenses. Subtract line 18 fro	om line 12			1,810,0	028	2,841,955				
ટ કે <u>જ</u>						Beginning	of Current Y	ear	End of Year				
Net Assets or Fund Balances	20 7	Total acc	ets (Part X, line 16)				9,951,9	330	12,976,954				
A B			ilities (Part X, line 26)				473,4		628,932				
2 E			s or fund balances. Subtract line 2		•		9,478,4		12,348,022				
	īt II		ature Block	11 110111 11111 20 1 1 1 1 1			3,470,4	130	12,540,022				
				ned this return, including accompa	nying sch	nedules and	statements	s, and to	the best of my				
			f, it is true, correct, and complete.	Declaration of preparer (other tha	n officer)	is based o	n all informa	ation of v	vhich preparer has				
ally Ki	nowled	uge.											
		*****					0-10-28						
Sign		Signatu	ure of officer			Date	9						
Here	:		NE NOSSEL CHIEF EXECUTIVE OFFICER	<u> </u>									
		<u> </u>	r print name and title										
		P	rint/Type preparer's name	Preparer's signature	Date	Che		PTIN P00298107	 7				
Paid		ļ_					employed						
	oare	·	irm's name LUTZ AND CARR CPAS	LLY		Firm	n's EIN ▶ 13-	1022062					
Use	Onl	у 🗏	irm's address ▶ 551 FIFTH AVENUE SUI	TE 400		Pho	ne no. (212) (697-2299					
			NEW YORK, NY 10176										
			this return with the preparer show			- 1			'es □ No				

Cat. No. 11282Y

Form 990 (2019)

Form	990 (2	019)					Page 2						
Pa	rt III	Statement	of Program Servic	e Accomplis	hments								
		Check if Sched	dule O contains a respo	nse or note to	any line in this Part III .		🗹						
1	Briefly	describe the o	rganization's mission:										
					AND OTHERS IN THE LITE NAL LITERARY FELLOWSH	ERARY COMMUNITY WORKING IP.	TO DEFEND FREE						
2	Did the	e organization	undertake any significa	nt program ser	vices during the year which	ch were not listed on							
	the pri	ior Form 990 oi	r 990-EZ?				🗌 Yes 🗹 No						
	If "Yes	," describe the	se new services on Sch	iedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program												
	services?												
	If "Yes	," describe the	se changes on Schedul	e O.									
4	Section	n 501(c)(3) and		ns are required	to report the amount of	rgest program services, as me grants and allocations to other							
4a	(Code:) (Expenses \$	2,421,647	including grants of \$	228,874) (Revenue \$	134,797)						
	See Ad	ditional Data											
4b	(Code:) (Expenses \$	1,894,680	including grants of \$) (Revenue \$	76,703)						
	See Ad	ditional Data											
4c	(Code:) (Expenses \$	671,449	including grants of \$	376,275) (Revenue \$	62,468)						
	See Ad	ditional Data											
	(Code:) (Expenses \$	2,533,102	including grants of \$	174,839) (Revenue \$	3,656)						
	PUBLIC	PROGRAMS; COI	NTENT AND OUTREACH; M	EMBERSHIP; BRAN	NCHES; PRISON WRITING; PE	N AMERICA JOURNAL; WRITERS FU	JND.						
4d	Other	program servic	ces (Describe in Schedu	ıle O.)									
	(Expe	nses \$	2,533,102 incl	uding grants of	\$ 174,83	9) (Revenue \$	3,656)						
4e	Total	program serv	rice expenses ▶	7,520,8	78								

Form	990 (2019)			Page 3
Par	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 2	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 2	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? <i>If "Yes," complete Schedule D,</i> Part 2	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 2	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 3	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, VIII, VIII, IX, or X as applicable.			
a	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 🗳	11b		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 2	11c		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	11d		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	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
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		No
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
-				

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b

21

orm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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 and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 319		Yes	No

1b

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

1c

Yes

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	65		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial account) If "Yes," enter the name of the foreign country:			No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	 (FBAR).		
5a	f a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," 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 \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	nization 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or one tax deductible?	gifts were 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a provided to the payor?	nd services 7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi	red to file 7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
		7e		No
				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88 required?	7g as		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 1098-C?	e a Form . 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
	,	9a		
	, , , , , , , , , , , , , , , , , , , ,	9b		
10	Section 501(c)(7) organizations. Enter:			
_	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
а				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41? 12 a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	· · 13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	250			M
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No_
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			
	parachute payment(s) during the year?	15		No No
	If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		nse to l	ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36			
	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 36			
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?	8 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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	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	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	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	12c	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	15b	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?	16a		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?			
	-	16b		
<u>Se</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
	NY , MA , CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 588 BROADWAY SUITE 303 NEW YORK, NY 10012 (212) 334-1660			2 (2010)

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 nor any related organization and any related organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization of the organization from the organization from the organization is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line) 	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) For related organizations below dotted line) List all of the organization organizations organization organ	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's tax
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei												
■ 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. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization of												
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

Name and title	Average hours per week (list any hours		ne bo	ox, u n of	ınles ficer	s pers	on	Reportable compensation from the organization (W-Z/1099- MISC)	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

1b Sub-Total	0	Yes	147,049
d Total (add lines 1b and 1c)	0	Yes	
 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 14 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 	<u> </u>	Yes	
of reportable compensation from the organization ► 14 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on		Yes	No
		Yes	No
line 1a? If "Yes," complete Schedule J for such individual	3		No
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 individual		Yes	

•	Total Holli Continuation sheets to Fait VII, Section A			
ď	Total (add lines 1b and 1c)	0		147,
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 14			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	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			
	individual	4	Yes	
_		1	i	•

	of reportable compensation from the organization ▶ 14			
			Yes	No
3	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			Na
		3		No
4	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			
	individual	4	Yes	•
5	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	_		

5 **Section B. Independent Contractors**

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

(B)

Description of services

COMMUNICATION CONSULTING

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.

(A)

Name and business address

compensation from the organization ▶ 1

NEW YORK, NY 10025

611 WEST 111TH STREET SUITE 66

MLR COMMUNICATIONS

134,750

(C)

Compensation

Form 990 (2019)

orm 9- Part		(2019) Statement	of E	Pavanua						Page 9
rail	VIII				respo	nse or note to any	line in this Part VIII			🗆
					•		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(6)	1:	a Federated campa	aigns	s	1a			revenue		512 - 514
unts		b Membership due:	s.	. [1 b	402,109				
		c Fundraising even	nts .	[1c	2,697,108				
ifts, ar A		d Related organiza	tions	5	1 d					
5°. E:30	e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f				1e	362,637				
Contributions, Gifts, Grants and Other Similar Amounts					1f	7,973,385				
ibut ithe	l,	Noncash contribution	ns in	cluded in		· · ·				
		lines 1a - 1f:\$		L	1 g	110,204				
<u>5 </u>		h Total. Add lines	1a-1	f	• •	•	11,435,239			
						Business Code	142,827	142,827		
a	2a TICKET SALES/PROGRAM FEES					900099	142,027	142,627		
Program Service Revenue	b	PROGRAM MANAGEM	ENT	FEE		561000	134,797	134,797		
æ										+
vice	С									
Se et	d	l								
gran	_									
P	е									
	f	All other program	serv	rice revenue.						
		Total. Add lines 2				277,624	_		1	
		Investment income similar amounts)		luding divide		nterest, and other •	106,040			106,040
		Income from invest	tmer	nt of tax-exe	npt bo	ond proceeds	•			
	5	Royalties	_	(i) Rea		Þ	•			
				(I) Rea	1	(ii) Personal	-			
		Gross rents	6a				_			
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6 c							
	c	Net rental income	e or i	(loss)		•	†			
				(i) Securi	ties	(ii) Other				
	7a	7a Gross amount from sales of assets other than inventory		65,574						
	b	other basis and 7b 1,339,74			39,740					
		sales expenses					-			
		Gain or (loss)	7c		25,834		425.024			425.024
		I Net gain or (loss) Gross income from fu		ising events			425,834	+		425,834
ıπe			2	,697,108 of						
Other Revenue		See Part IV, line 18		• • •	8a	585,193				
ă.		Less: direct expen			8b	585,193				
the	C	: Net income or (los	ss) fr	om fundraisi	ng ev	ents 🕨				
	9a	Gross income from See Part IV, line 19	gam	ing activities.						
	ŀ	Less: direct expen			9a 9b		_			
		Net income or (los				es				
	10	aGross sales of inve returns and allowa	ento	ry, less s	10a					
	Ŀ	Less: cost of good	s so	ld	10 b					
	c	Net income or (los			invent	•	T			
	11	Miscellaneo •aOTHER INCOME	us R	evenue		Business Code 90009	9 45,190			45,190
		J LIN INCOME					,			ĺ
	Ŀ	·								
	c									
		All other revenue								
		Total. Add lines 1				•	45,190			
	12	! Total revenue. S	ee Ir	isu uctions .	•	• • • •	12,289,927	7 277,624		0 577,064

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	mnlete all columns	All other organization	ns must complete colu	mn (A)
Check if Schedule O contains a response or note to any		=		🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,500	2,500	general expenses	скрепосо
2 Grants and other assistance to domestic individuals. See Part IV, line 22	609,414	609,414		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	168,074	168,074		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	858,928	448,842	253,647	156,439
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,445,013	2,844,695	177,008	423,310
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	99,689	89,174	2,364	8,151
9 Other employee benefits	366,300	281,675	25,375	59,250
10 Payroll taxes	320,291	251,068	31,317	37,906
11 Fees for services (non-employees):				
a Management				
b Legal	6,840	6,740	100	
c Accounting	69,811		69,811	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,071,079	852,573	99,072	119,434
12 Advertising and promotion				
13 Office expenses	558,233	417,510	73,329	67,394
14 Information technology				
15 Royalties				
16 Occupancy	547,174	406,747	72,458	67,969
17 Travel	503,121	421,631	58,131	23,359
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	451,869	399,701	7,377	44,791
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,548	61,190	7,653	10,705
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSE	189,645	189,645		
b BOOK PURCHASE/DISTRIB	24,138	23,956	182	
c				
d				
e All other expenses	76,305	45,743	4,886	25,676
25 Total functional expenses. Add lines 1 through 24e	9,447,972	7,520,878	882,710	1,044,384
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

4

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20 21

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30

31

32

33

111,149

249,431

4,742,412

85,959

9,951,939

265,263

72.901

135,325

473,489

2,523,311

6,955,139

9,478,450

9,951,939

Page **11**

3,768,104 149,759 2,963,273

190,765

252,085

5,414,312

238,656

440,614

71.251

117,067

628.932

3,745,557

8,602,465

12,976,954

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

Investments—other securities. 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 follow FASB ASC 958, check here <a> \square and

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

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

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

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

	Beginning of year		End of year
Cash-non-interest-bearing	1,705,528	1	3,
Savings and temporary cash investments	149,639	2	
Pledges and grants receivable, net	2,907,821	3	2,

1.049.972

797,887

1	Cash-non-interest-bearing
2	Savings and temporary cash investments .
3	Pledges and grants receivable, net
4	Accounts receivable, net
5	Loans and other payables to any current or for key employee, creator or founder, substantial entity or family member of any of these persor
6	Loans and other receivables from other disquasection $4958(f)(1)$, and persons described in s
7	Notes and loans receivable, net
8	Inventories for sale or use
9	Prepaid expenses and deferred charges
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D
ь	Less: accumulated depreciation
11	Investments—publicly traded securities .
12	Investments—other securities. See Part IV, line
13	Investments—program-related. See Part IV, lin
14	Intangible assets
15	Other assets. See Part IV, line 11
16	Total assets. Add lines 1 through 15 (must ed
17	Accounts payable and accrued expenses .
18	Grants payable
19	Deferred revenue
20	Tax-exempt bond liabilities
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18

22

23

24

25

26

27

28

31

32

33

Fund Balances

ō 29

Assets 30

Assets
Liabilities

3a

3h

No

Form 990 (2019)

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

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 13-3447888

Name: PEN AMERICAN CENTER INC.

Form 990 (2019)

Form 990, Part III, Line 4a:

FREE EXPRESSION PROGRAMS: PEN AMERICA'S FREE EXPRESSION PROGRAMS DEFEND WRITERS AND JOURNALISTS AND PROTECT THE FREE EXPRESSION RIGHTS IN THE UNITED STATES AND AROUND THE WORLD. THIS WORK INCLUDES RESEARCH AND REPORTS ON TOPICAL ISSUES RANGING FROM FRAUDULENT NEWS TO CENSORSHIP IN CHINA; ADVOCACY INTERNATIONALLY AND IN THE UNITED STATES IN DEFENSE OF PRESS FREEDOM AND ON OTHER FREE EXPRESSION CHALLENGES; AND CAMPAIGNS

ON POLICY ISSUES AND ON BEHALF OF INDIVIDUAL WRITERS AND JOURNALISTS UNDER THREAT.

PEN WORLD VOICES FESTIVAL PEN WORLD VOICES IS AMERICA'S PREMIER INTERNATIONAL LITERARY FESTIVAL, ATTRACTING THE BEST KNOWN WRITERS FROM ACROSS THE GLOBE. SINCE ITS FOUNDING, THE FESTIVAL HAS PRESENTED MORE THAN 1,800 WRITERS AND ARTISTS FROM 118 COUNTRIES SPEAKING 56 LANGUAGES IN VENUES ACROSS NEW YORK CITY IN A WEEKLONG SERIES OF LITERARY EVENTS WITH A HUMAN RIGHTS FOCUS. THE FESTIVAL WAS FOUNDED BY SALMAN RUSHDIE.

Form 990, Part III, Line 4b:

LEADING INTERNATIONAL LITERARY FESTIVAL CONSISTS OF 70+ EVENTS ACROSS NYC. INCLUDING A KEYNOTE LECTURE BY BOOKER PRIZE-WINNING INDIAN NOVELIST ARUNDHATI ROY AT THE APOLLO THEATER, PROGRAMMING INCLUDES EVENTS WITH LAURIE ANDERSON, FATIMAH ASGHAR, RAS BARAKA, REVEREND DR. WILLIAM BARBER II, ELIF BATUMAN, JERICHO BROWN, CAROLE CADWALLADR, MARY H.K. CHOI, KWAME DAWES, JENNIFER EGAN, DAVE EGGERS, NAJAT EL HACHMI, CAROLIN

ESTHER ALLEN AND MICHAEL ROBERTS IN THE AFTERMATH OF SEPTEMBER 11TH, 2001, WITH THE AIM OF BROADENING CHANNELS OF DIALOGUE BETWEEN THE UNITED STATES AND THE WORLD- A MISSION THAT, TODAY, HAS NEVER BEEN MORE RELEVANT, (CONTINUED ON SCHEDULE 0) THE 15TH ANNIVERSARY OF UNITED STATES'

EMCKE, ISAAC FITZGERALD, MASHA GESSEN, SUE HALPERN, ISABELLA HAMMAD, MOHAMMED HANIF, JUAN FELIPE HERRERA, SHEILA HETI, CHRISTOS IKONOMOU,

MARLON JAMES, BILL T. JONES, YUSEF KOMUNYAKAA, EDOUARD LOUIS, YONGEY MINGYUR RINPOCHE, AJA MONET, SCHOLASTIQUE MUKASONGA, H.M. NAQVI, TOMMY ORANGE, MORGAN PARKER, INES PEDROSA, RODRIGO REY ROSA, DOUGLAS RUSHKOFF, SONIA SANCHEZ, ELIF SHAFAK, JESSE PARIS SMITH, DOMENICO STARNONE.

ELIZABETH STREB, KARA SWISHER, COLM TOIBIN, TARA WESTOVER, SHOSHANA ZUBOFF, AND MORE; LINEUP ALSO INCLUDES BRIDGETT M. DAVIS, RODRIGO FRESAN, SHIORI ITO, NIVIAQ KORNELIUSSEN, LIAO YIWU, MA JIAN, GEORGE PACKER, PHILIPPE PETIT, DANI SHAPIRO, PAJTIM STATOVCI, MIRIAM TOEWS, AND RAUL ZURITA.

Form 990, Part III, Line 4c: LITERARY AWARDSSINCE 1963, THE PEN AMERICA LITERARY AWARDS HAVE HONORED MANY OF THE MOST OUTSTANDING VOICES IN LITERATURE ACROSS DIVERSE GENRES, INCLUDING FICTION, POETRY, SCIENCE WRITING, ESSAYS, SPORTS WRITING, BIOGRAPHY, CHILDREN'S LITERATURE, AND DRAMA. WITH THE HELP OF OUR PARTNERS, PEN AMERICA CONFERS OVER 20 DISTINCT AWARDS, FELLOWSHIPS, GRANTS AND PRIZES EACH YEAR, AWARDING NEARLY \$350,000 TO WRITERS AND

TRANSLATORS.

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation from the

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

	any hours	and	a dir	ecto	or/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JENNIFER EGAN PRESIDENT	4.00	Х		х				0	0	0	
MARKUS DOHLE EXECUTIVE VICE-PRESIDENT	1.00	х		х				0	0	0	
MASHA GESSEN VICE PRESIDENT	1.00	Х		х				0	0	0	
TRACY HIGGINS	1.00	X		х				0	0	0	

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MASHA GESSEN
VICE PRESIDENT
TRACY HIGGINS
VICE PRESIDENT
YVONNE MARSH

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SECRETARY

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JOHN CHAO

BRIDGET COLMAN

GABRIELLA DE FERRARI

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JENNIFER FINNEY BOYLAN

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

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ELIZABETH HEMMERDINGER

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ZACHARY KARABELL

PATRICIA FILI-KRUSHEL

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SEAN KELLY

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
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LAUREN EMBREY TRUSTEE	1.00	X						0	0	0	

TRUSTEE						
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JEANMARIE FENRICH TRUSTEE	1.00	Х			0	
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TOM HEALY	1.00	Х			0	

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JEANMARIE FENRICH TRUSTEE	1.00	Х			0	0	
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JAMES HANNAHAM	1.00	×			0	0	

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

	ally llours	ı	. a uii	, ectt	21/11	usice	, ,	Organización	organizacions	I monitule
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
FRANKLIN LEONARD TRUSTEE	1.00	Х						o	0	0
MARGARET MUNZER LOEB TRUSTEE	1.00	х						o	0	0
DINAW MENGESTU TRUSTEE	1.00	Х						0	0	0
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SEVIL MIYHANDAR TRUSTEE

PAUL MULDOON

ALEXANDRA MUNROE

CHRISTIAN OBERBECK

GREGORY PARDLO

MICHAEL PIETSCH

MARVIN PUTNAM

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TRUSTEE

TRUSTEE

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TRUSTEE

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) from the

organization

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19,578

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organizations

any hours

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

								(14/ 2/1000	/14/ 3/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
THERESA REBECK TRUSTEE	1.00	Х						0	0	0
ALIX RITCHIE TRUSTEE	1.00	Х						0	0	0
ANDREW SOLOMON TRUSTEE	1.00	Х						0	0	0
JACOB WEISBERG TRUSTEE	1.00	Х						0	0	0
1AIME WOLF	1.00									

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TRUSTEE
JACOB WEISBERG
TRUSTEE
JAIME WOLF
TRUSTEE

HANYA YANAGIHARA

SUZANNE NOSSEL

DRUSILLA MENAKER

OLAKUNLE APAMPA

CHIP ROLLEY

......

CHIEF EXECUTIVE OFFICER

CHIEF OPERATING OFFICER

CHIEF FINANCIAL OFFICER

SENIOR DIRECTOR, LITERARY PROGRAMS

TRUSTEE

and Independent Contractors

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless hours per compensation compensation amount of other

person is both an officer

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142,533

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from related

compensation

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

	any hours	and	a dir	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DEBORAH WILSON CHIEF DEVELOPMENT OFFICER	40.00					х		156,888	0	14,653
SUMMER LOPEZ	40.00					х		151,016	0	18,471

week (list

SENIOR DIRECTOR, FREE EXPRESSION

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THOMAS MELTA

MICHELLE MEYERING

SENIOR DIRECTOR, WASHINGTON

EXECUTIVE DIRECTOR, LOS ANGELES

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SCI		ULE A	Dubl	ic C	harity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
► Attach to Form 990 or Form 990-EZ.				2019					
Department of the Treasury					Open to Public Inspection				
Nam	e of th	ne organiza AN CENTER INC						Employer identific	ation number
								13-3447888	
Pa The o			for Public Charity S private foundation bed					see instructions.	
1	. ga2		onvention of churches,		•	•		(A)(i).	
2		·	scribed in section 170						
3			or a cooperative hospital			,			
4			esearch organization op		-			-	nter the hospital's
•	Ш	name, city,		eratec	a in conjunction with	a nospital descri	ibed iii sectioii .	170(b)(1)(A)(III). L	nter the hospital's
5			ition operated for the beat II.]		of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local governme	nt or g	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7			ition that normally receing (b)(1)(A)(vi). (Com			s support from a	governmental u	init or from the gener	al public described in
8			ty trust described in se	-	•	(Complete Part I	I.)		
9			ural research organization						ege or university or a
10	✓	from activit investment	ition that normally receives related to its exempincome and unrelated been section 509(a)(2)	t funci ousine:	tions—subject to cert ss taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	tion organized and ope	rated e	exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ition organized and ope ly supported organization through 12d that descr	ons de	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a	
a		Type I. A so	upporting organization n(s) the power to regula Part IV, Sections A an	operat arly ap	ted, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization of the supporting orgolete Part IV, Section	supei anizat	ion vested in the san			• • • • • • • • • • • • • • • • • • • •	-
c		Type III f	unctionally integrated organization(s) (see inst	I. A su	pporting organization				ted with, its
d		Type III n	on-functionally integring integrated. The organization (). You must complete	rated. zation	A supporting organi generally must satis	zation operated fy a distribution	in connection wi	th its supported orgar	
e		Check this	oox if the organization r	eceive	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III non-function of supported organization		ntegrated supporting · · · · · · · · · ·	-			
g	Provi	de the follow	ing information about th	he sup	ported organization(s).			_
	(i) N	lame of supp organizatior			(iii) Type of organization (described on lines 1- 10 above (see instructions))	on in your governing document? monetary support other super (see instructions) instru		(vi) Amount of other support (see instructions)	
						Yes	No		
Tota			tion Act Notice, see th			Cat. No. 11285		 Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

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P	art IIII Support Schedule fo						
	(Complete only if you the organization fails t						Part II. If
S	ection A. Public Support	o quality under t	ne tests listed b	leiow, piease co	illipiete Part II.)		
	Calendar year	(-) 201E	(1.) 2016	(-) 2017	(4) 2010	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	4,348,221	6,549,175	7,204,502	9,417,007	11,435,239	38,954,144
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 Gross receipts from activities that	116,688	140,815	251,628	317,956	277,624	1,104,711
3	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	Total. Add lines 1 through 5	4,464,909	6,689,990	7,456,130	9,734,963	11,712,863	40,058,855
	Amounts included on lines 1, 2, and 3 received from disqualified persons	555,308	412,663	764,429	1,415,226	1,455,350	4,602,976
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
С	Add lines 7a and 7b	555,308	412,663	764,429	1,415,226	1,455,350	4,602,976
8	Public support. (Subtract line 7c						35,455,879
S	from line 6.) ection B. Total Support						
	Calendar year	() 2245	(1) 2016	() 2017	(D) 2010	() 2010	(6) =
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9		4,464,909	6,689,990	7,456,130	9,734,963	11,712,863	40,058,855
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,545	55,690	65,890	108,642	106,040	369,807
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.	33,545	55,690	65,890	108,642	106,040	369,807
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	52,034	13,205	13,795	33,802	45,190	158,026
13	Total support. (Add lines 9, 10c, 11, and 12.).	4,550,488	6,758,885	7,535,815	9,877,407	11,864,093	40,586,688
14	First five years. If the Form 990 is for check this box and stop here	-			,	() ()	. —
S	ection C. Computation of Public						
15	Public support percentage for 2019 (I		•			15	87.360 %
16	Public support percentage from 2018	Schedule A, Part II	I, line 15			16	88.580 %
_							

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 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 Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b 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 sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 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 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

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Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
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Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
2	bid the organization operate for the benefit of any supported organization other than the supported organization(s) that perated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit arried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	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.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019		
		Pre-2019	Allibant for 2013
1 Distributable amount for 2019 from Section C, line 6		110 2015	Allount for 2013

details in Part VI). See instructions		(
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018.			

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

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

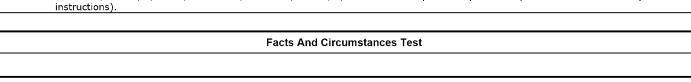
Additional Data

Software ID: Software Version:

EIN: 13-3447888

Name: PEN AMERICAN CENTER INC.

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



efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493304017140

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

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

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

Inswered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities) organizations: Complete Parts I-A and B. Do not complete Part I-C.

If the	organization answered "Yes" or	n Form 990, Part IV, Line 3, or Form 9	90-EZ, Part V, lin	e 46 (Political Campaign	Activities), then
		nplete Parts I-A and B. Do not complete			
		01(c)(3)) organizations: Complete Parts	s I-A and C below.	Do not complete Part I-B.	
	Section 527 organizations: Complet		00 F7 D41// Ii-	47 ()	-) 4l
ir the	e organization answered "Yes" or	n Form 990, <mark>Áart IV, Line 4, or Form 9</mark> I have filed Form 5768 (election under s	ection 501(b)): Co	ne 47 (Lobbying Activities	s), then
		t have NOT filed Form 5768 (election under s			
		n Form 990, Part IV, Line 5 (Proxy Tax			
(Prox	xy Tax) (see separate instruction:	s), then	, (,	, · · · · · · , · · · · · · ·
	Section 501(c)(4), (5), or (6) organiz	zations: Complete Part III.			
	ne of the organization			Employer ider	ntification number
PEN	AMERICAN CENTER INC			13-3447888	
Dav	TA Complete if the over	nization is exempt under section	- F01/a) ar ia		
Par	•	•	. ,		
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political car	npaign activities in	Part IV (see instructions f	for definition of
2	Political campaign activity expend	litures (see instructions)		>	\$
3	Volunteer hours for political camp	aign activities (see instructions)			
Par		nization is exempt under section			
1	•	ax incurred by the organization under se		•	\$
2	•	ex incurred by organization managers u			\$
3	•	tion 4955 tax, did it file Form 4720 for t			· -
3	-	,	•		☐ Yes ☐ No
4a	Was a correction made?				🗌 Yes 🔲 No
b					
Par	t I-C Complete if the organ	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3)	
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities 🕨	\$
2	Enter the amount of the filing org	anization's funds contributed to other o	rganizations for se	ction 527 exempt	
					\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and or	n Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver see (PAC). If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such a	. Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none,

				organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-EZ.	Cat.	No. 500845 Schedule C (Form 990 or 990-EZ) 2019

104,432

119,936

138,586

155,600

Schedule C (Form 990 or 990-EZ) 2019

3,111,318

518,554

777,831

Lobbying ceiling amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Return Reference

or each "Yes	response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b))
ctivity.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Amo	ınt
	the year, did the filing organization attempt to influence foreign, national, state or local legislation, g any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunte	ers?				
b Paid sta	iff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media a	dvertisements?				
d Mailings	s to members, legislators, or the public?				
e Publicat	tions, or published or broadcast statements?				
f Grants	to other organizations for lobbying purposes?				
g Direct o	ontact with legislators, their staffs, government officials, or a legislative body?				
h Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other a	ctivities?				
j Total. A	dd lines 1c through 1i				
a 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 fi	ling organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5) o	r cocti	~ ~	
Part III-A		(3), 0	ı secu	On	
Part III-A	501(c)(6).	(3), 0		Yes	N
					N
L Were si	501(c)(6).			Yes	i N
L Were so	501(c)(6). ubstantially all (90% or more) dues received nondeductible by members?		E	Yes	i N
Were so Did the Did the	bstantially all (90% or more) dues received nondeductible by members?	(5), o		Yes 1 2 3 on 501(
Were so Did the Did the art III-B	501(c)(6). ubstantially all (90% or more) dues received nondeductible by members?	 (5), o		Yes 1 2 3 on 501(
Were so Did the Did the Part III-B Dues, a Section	bstantially all (90% or more) dues received nondeductible by members?	(5), o		Yes 1 2 3 on 501(
Were so Did the Did the Did the Did the Dues, a Section expens	501(c)(6). ubstantially all (90% or more) dues received nondeductible by members?	(5), o		Yes 1 2 3 on 501(
Were so Did the Did the art III-B Dues, a Section expensa Current b Carryov	501(c)(6). ubstantially all (90% or more) dues received nondeductible by members?	(5), o III-A		Yes 1 2 3 on 501(
. Were signed to be determined to be det	bestantially all (90% or more) dues received nondeductible by members?	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(
Dues, a Section expens Correct	bstantially all (90% or more) dues received nondeductible by members?	(5), o IIII-A 2a 2b 2c 3		Yes 1 2 3 on 501(
. Were so 2. Did the 3. Did the 4. Dues, a 4. Section expens a Current b Carryov c Total 6. Aggreg. 6. If notice the org expend	bistantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." ssessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amounts of political ses for which the section 527(f) tax was paid). year ver from last year ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are severe sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does anization agree to carryover to the reasonable estimate of nondeductible lobbying and political iture next year?	(5), o IIII-A 2a 2b 2c 3		Yes 1 2 3 on 501(
L Were so Did the Did the Dart IIII-B L Dues, a C Section expens C Carryov C Total Aggreg. If notice the org expend	bstantially all (90% or more) dues received nondeductible by members?	(5), o IIII-A 2a 2b 2c 3		Yes 1 2 3 on 501(

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493304017140

OMB No. 1545-0047

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.

2019

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

		ne organization AN CENTER INC			Empi	loyer identification number	
						147888	
Pa	rt I	Organizations Maintaining Donor Advi			r Acco	ounts.	
		Complete if the organization answered "Ye		·			
1	T-4-1		(a) Donor	advised funds	•	(b) Funds and other accounts	
		umber at end of year					
		ate value of contributions to (during year)					
		ate value of grants from (during year)					
1	Aggrega	ate value at end of year					
5		e organization inform all donors and donor adviso zation's property, subject to the organization's ex				unds are the \qed Yes \qed !	٥V
5	charita	e organization inform all grantees, donors, and do ble purposes and not for the benefit of the donor be benefit?	r or donor advisor, o	r for any other purpose c		ng impermissible	
Par		Conservation Easements.				☐ Yes ☐ I	10
(:	1.2.7.2	Complete if the organization answered "Ye	es" on Form 990.	Part IV, line 7.			
L	Purpos	e(s) of conservation easements held by the organ					
	_	reservation of land for public use (e.g., recreation			historia	cally important land area	
	_	rotection of natural habitat	Tor education)	Preservation of a c		•	
		reservation of open space			crimed	Thistoric structure	
2	Comple	ete lines 2a through 2d if the organization held a ent on the last day of the tax year.	qualified conservati	on contribution in the for	m of a	conservation Held at the End of the Year	
а		umber of conservation easements			2a	neid at the End of the Year	
b	Total a	creage restricted by conservation easements			2b		
С	Numbe	r of conservation easements on a certified histori	ic structure included	in (a)	2c		
d		r of conservation easements included in (c) acquire listed in the National Register	ired after 7/25/06, a	and not on a historic	2d		_
3	Numbe tax yea	er of conservation easements modified, transferre ar Þ	ed, released, extingu	uished, or terminated by t	the org	anization during the	
ı	Numbe	er of states where property subject to conservation	on easement is locat	ed >			
5		he organization have a written policy regarding the organding the deferment of the conservation easements it holds			of violat	tions, Yes No	
5	Staff a	nd volunteer hours devoted to monitoring, inspec	cting, handling of vi	plations, and enforcing co	nserva	tion easements during the year	
7	Amoun ► \$	nt of expenses incurred in monitoring, inspecting,	handling of violatio	ns, and enforcing conserv	/ation e	easements during the year	
3	Does e	each conservation easement reported on line 2(d)	above satisfy the r	equirements of section 17	70(h)(4	·)(B)(i)	
	and se	ction 170(h)(4)(B)(ii)?				☐ Yes ☐ No	
)	balanc	: XIII, describe how the organization reports cons e sheet, and include, if applicable, the text of the ganization's accounting for conservation easemen	footnote to the org				
ari		Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historica	•	er Sin	nilar Assets.	
La	art, his	organization elected, as permitted under SFAS 11 storical treasures, or other similar assets held for e, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducation, or research in f			
b	If the o	organization elected, as permitted under SFAS 11 cal treasures, or other similar assets held for pub ng amounts relating to these items:	16 (ASC 958), to rep	ort in its revenue statem			
(i		nue included on Form 990, Part VIII, line 1				▶ \$	
		included in Form 990, Part X					
2	If the o	organization received or held works of art, histori ng amounts required to be reported under SFAS	cal treasures, or oth	ner similar assets for finar			
а		ue included on Form 990, Part VIII, line 1	` ,			. ▶\$	
		included in Form 990, Part X					
- P	lanarii	ork Reduction Act Notice, see the Instruction	no for Earm 000	Cat Na	E22021	Schodula D (Farm 000)	-

Par	t III	Organizations Ma	aintaining Col	lections of	Art, Hist	orical 1	reas	ures, or	Other	Similar As	sets (conti	nued)	
3		g the organization's acq s (check all that apply):		n, and other r	ecords, che	ck any o	f the fo	ollowing t	hat are a	significant u	se of its coll	ection	
а		Public exhibition			(d 🗆	Loan	or excha	ange prog	rams			
b		Scholarly research			1	e 🗌	Othe	er					
C		Preservation for future	generations										
4	Provi Part :	de a description of the XIII.	organization's col	lections and e	explain how	they fur	ther th	e organiz	ation's ex	empt purpo	se in		
5		ng the year, did the orga s to be sold to raise fur									☐ Yes	□ N	o
Pa	rt IV	Escrow and Cust	odial Arrange	ments.									
		Complete if the org	ganization answ	ered "Yes"	on Form 9	90, Par	t IV, I	ine 9, or	r reporte	d an amou	nt on Form	990,	Part ———
1 a		e organization an agent										_	
	includ	ded on Form 990, Part)	Xf								∐ Yes	∐ N	0
b	If "Y€	es," explain the arrange	ment in Part XIII	and complete	e the follow	ing table	:			A	mount		
c	Begir	nning balance							1c				_
d	Addit	ions during the year .						[1d				
е	Distri	butions during the year						[1e				
f	Endir	ng balance						[1f				_
2a	Did tl	he organization include	an amount on Fo	rm 990, Part	X, line 21, 1	for escro	w or cu	ustodial a	ccount lia	bility?	☐ Yes	□м	o
b	If "Y∈	es," explain the arrange	ment in Part XIII	. Check here	if the explai	nation ha	s beer	provided	d in Part)	(III			
	rt V	Endowment Fund											
		Complete if the org	ganization answ										
				(a) Current	· •	Prior ye		(c) Two y		(d) Three yea		our yea	
	_	ning of year balance .		1,4	88,624	1,63	34,167		1,493,480	1,	438,101	1,:	506,429
		outions		2	97,576	_f	59,543		207,187		130,679		-8,028
		vestment earnings, gair	•		37,370		,,,,,,,		207,107	,	150,075		
		or scholarships											
	and pr	expenditures for facilitie ograms			71,100	-	76,000		66,500		75,300		60,300
		istrative expenses .											
g		year balance			15,100		38,624		1,634,167	1,	193,480	1,	438,101
2		de the estimated perce	-	•	palance (line	∍ 1g, col	umn (a	i)) held a	s:				
а		d designated or quasi-e		0 %									
b		anent endowment 🟲	***************************************										
C		porarily restricted endov	***************************************	280 %									
2-		percentages on lines 2a	•				اسا						
3а		here endowment funds nization by:	not in the posses	Sion of the or	yanızation 1	ııat are	neid ar	iu aumi ni	sterea foi	uie		Yes	No
	(i) u	nrelated organizations									3a(i)		No
	(ii) r	elated organizations .									3a(ii)		No
		es" on 3a(ii), are the rel									3b		
4		ribe in Part XIII the inte			s endowme	nt funds	•						
Pa	rt VI	Land, Buildings, Complete if the org			on Form C	100 Do	+ T\/ !	ino 115	Soc For	m 000 Pa	rt V lina 17	١	
	Descr	iption of property	(a) Cost or oth (investme	er basis ((b) Cost or ot				umulated d			ook valu	e
	Land							-					
		igs					E2 F25	-		407.044			144.601
		nold improvements					552,535			407,844			144,691
d	∟quipn	nent					234,042	1		186,966			47,076

263,395

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

60,318

252,085

203,077

	Part VII Investments—Other Securities.) Dowt IV line	11h Coo Form 000 F	nort V line 12
	(a) Description of security or category	(b) Book	(c) Method	d of valuation:
	(1) Financial derivatives			
CDD ED ED ED ED ED ED ED ED ED	(A)			
(a) Description of investments—Program Refered. Complete if the organization answered Yello on Form 990, Part IV, line 11c. See Form 990, Part X. line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-d-year market value. (b) Book value (c) Method of valuation: Cost or end-d-year market value. (c) Pethod of valuation: Cost or end-d-year market value. (d) Description of investment (b) Book value (c) Method of valuation: Cost or end-d-year market value. (d) Description of investment (e) Pethod of Valuation: Cost or end-d-year market value. (d) Description of the organization answered Yea' on Form 990, Part IV, line 11d. See Form 990, Part X. line 15. (e) Description of the organization answered Yea' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (f) Description of the organization answered Yea' on Form 990, Part IV, line 11d or 11f.See Form 990, Part X, line 25. (a) Description of linear taxes (c) Description (e) Des	(B)			
Fig.	(C)			
Fig.	(D)			
Fig.	(E)			
Total, Column (b) must equal Form 990, Part X, col. (8) line 12.) Total, Column (c) must equal Form 990, Part X, col. (8) line 12.) Total Column (c) must equal Form 990, Part X, col. (8) line 12.) Total Column (c) must equal Form 990, Part X, col. (8) line 12.) Total Column (c) must equal Form 990, Part X, col. (8) line 13. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book value (d) Book value (d) Book value (e) Book value (f) Book value (g) Description of liabilities. (g) Description of liability (h) Book value (g) Description of liability (g) Book value (h) Book value (g) Book value (h) Book value (h) Book value (l) Book	(F)			
Treat. (Calumn (b) must equal Form 990, Part X, col. (d) line 12.) Part XI Investments—Program Related. (a) Description of investment (b) Book value (c) Book value (c) Book value (d) Book value	(G)			
	(H)			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 25. (a) Description of investment. (b) Book value (c) Method of valuation: Cost or enc-of-year market value (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g	Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
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Schedule D (Form 990) 2019

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements .			1 1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ities	2b			
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1 :				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b		7	
С	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.	.) .		5	
Par		penses per Audited Financial Stater ization answered 'Yes' on Form 990, Pa			Return.	
1		dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facili	ities	2a			
b	Prior year adjustments		2b		7	
С	Other losses		2c		7	
d	Other (Describe in Part XIII.) .		2d		1	
е	Add lines 2a through 2d		•		2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b		7	
С	Add lines 4a and 4b		·		4c	
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18	3.) .		5	
Pai	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and 32 and 4b. Also complete this part to provic			rt V, line 4	; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

EIN: 13-3447888

Name: PEN AMERICAN CENTER INC.

Supplemental Information

Return Reference Explanation PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS ARE DONOR DESIGNATED ENDOWMENTS TO FUND SPECIFIC LITERARY AWARDS.

Software ID: Software Version: efile GRAPHIC print - DO NOT PROCESS DLN: 93493304017140 As Filed Data -OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** PEN AMERICAN CENTER INC 13-3447888 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 168.074 3a Sub-total . b Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b) 168,074

Schedule F (Form 990)	2019							Page 2
		ssistance to Organ ny recipient who rece						on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(7)	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ICELAND & GREENLAND) - ALBANIA, ANDORRA,	STRENGTHENING EURASIAN PEN CENTERS PROJECT AND STATUTORY ACTIVITIES	12,000	WIRE TRANSFER			
		PACIFIC - AUSTRALIA,	CENTER DEVELOPMENT ACTIVITIES	122,267	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	ANNUAL DUES	14,300	WIRE TRANSFER			
		'					1	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2019

Part III can be du				(-) M	(6) A 6	(-) Description	(I-) Mathadas
Гуре of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

Schedule F (F	orm 990) 2019 Page 5						
	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 S ched	ule F, Supplemental Information						
Return Reference	Explanation						
Reference							

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.

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

Additional Data

(a) Region

Software ID: Software Version:

EIN: 13-3447888

Name: PEN AMERICAN CENTER INC

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

(a) Negion	offices in the region	employees or agents in region	in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0		GRANTS TO RECIPIENTS IN THE REGION		125,767
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0		GRANTS TO RECIPIENTS IN THE REGION & INTERNATIONAL PEN		32,800

DUES

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) SUB-SAHARAN AFRICA 0 IGRANTS TO RECIPIENTS 3,500 IN THE REGION CENTRAL ASIA 0 IGRANTS TO RECIPIENTS 5.000 IN THE REGION

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region reaion recipients located in the reaion) 0 IGRANTS TO RECIPIENTS 1,007 WESTERN ASIA IN THE REGION

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
SUPPORT GRANT	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	2	2,500	WIRE TRANSFER						
SUPPORT GRANT	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU	2	3,500	WIRE TRANSFER						

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
SUPPORT GRANT	EAST ASIA AND THE PACIFIC	1	1,000	WIRE TRANSFER					
EMERGENCY SUPPORT GRANT	WEST AFRICA	1	1,500	WIRE TRANSFER					

Form 990 Schedu	Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)				
EMERGENCY SUPPORT GRANT	SOUTH AFRICA	1	2,000	WIRE TRANSFER							
EMERGENCY SUPPORT GRANT	WESTERN ASIA	1	1,007	CHECK							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493304017140 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization PEN AMERICAN CENTER INC 13-3447888 Part I 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 e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 services? ☐ Yes ☐ No If "Yes," list the 10 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 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.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

	dule G (Form 990 or 990-EZ) 2019 rt II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$!		gross income on Form	1 990-EZ, lines 1 and 6	b. List events with
	g	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		PEN LITERARY GALA (event type)	PEN LITFEST GALA (event type)	(total number)	col. (c))
Revenue					
	1 Gross receipts	2,424,207	416,666	441,428	3,282,301
	2 Less: Contributions	1,983,617	285,439	428,052	2,697,108
	3 Gross income (line 1 minus line 2)	440,590	131,227	13,376	585,193
	4 Cash prizes				
Ş	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
Ä	7 Food and beverages	300,498	95,124	13,376	408,998
red G	8 Entertainment	0			
ā	9 Other direct expenses10 Direct expense summary. Add lines 4 t	140,092	36,103		176,195
	11 Net income summary. Subtract line 10				585,193
Pai	t III Gaming. Complete if the organization		es" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue	on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Re	1 Gross revenue				
ses	2 Cash prizes				
ž Š	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes%	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	☐ No	□ No	
	7 Direct expense summary. Add lines 2 t	through 5 in column (d)		•	
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)		
9 a	Enter the state(s) in which the organization licensed to conduct go				 □ Yes □ No
b	If "No," explain:				
10-					
10a b	Were any of the organization's gaming lie If "Yes," explain:			e tax year?	∐ Yes

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3				
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио					
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes						
13	Indicate the percentage of gam	ing activity conducted in:									
а	The organization's facility .			13a			%				
b	An outside facility			13b			%				
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:							
	Name •										
	Address >										
15a			m the organization receives gaming		· 🗆 Yes	Пио					
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization ▶ \$ and	the							
c	If "Yes," enter name and addre	ss of the third party:									
	Name •										
	Address ►										
16	Gaming manager information:										
	Name 🟲	Name ▶									
	Gaming manager compensation	1 ▶ \$									
	Description of services provided	d ▶									
	☐ Director/officer	☐ Employee	☐ Independent contractor								
17	Mandatory distributions:										
а	•		stributions from the gaming proceeds to		□Yes	Пио					
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	Ī	□ 1es						
		pt activities during the tax year 🕨	•								
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.				
	Return Reference		Explanation								

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

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

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.

OMB No. 1545-0047

Open to Public

DLN: 93493304017140

Schedule I (Form 990) 2019

reasury nternal Revenue Service		► Go to <u>ww</u>	<u>w.irs.gov/Form990</u> for	the latest information	on.		
ame of the organization						Employer identifi	cation number
EN AMERICAN CENTER INC						13-3447888	
	ormation on Grants						
the selection criteria u	ised to award the grants	or assistance?			for the grants or assistanc	e, and	☑ Yes ☐ No
	- '	=	se of grant funds in the U			F 000 P+ IV I'm	21 famana madalah
			ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, III	3 21, for any recipient
(a) Name and address of organization or government	of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
2 Enter total number of	section 501(c)(3) and g	overnment organization:	s listed in the line 1 table			•	
3 Enter total number of	other organizations liste	ed in the line 1 table .				> <u></u>	

Cat. No. 50055P

(2) PRISON WRITING CONTEST PRIZE 36 85,205 (3) TRANSLATION GRANTS 19 43.706 (4) WRITER'S FUND GRANT

60.800 (5) PRESS FREEDOM INCENTIVE FUND 34 87,134

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part IV

Part III can be duplicated if additional space is needed.

Schedule I (Form 990) 2019

Part III

(5)

PART I, LINE 2:

(6) (7)

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

Explanation Return Reference

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-JUNTRANSLATED WORK, HALF OF THE GRANT IS FUNDED UPFRONT AND THE REMAINDER IS FUNDED AT THE COMPLETION OF THE TRANSLATION, EMERGENCY

THE ORGANIZATION AWARDS LITERARY PRIZES TO INDIVIDUALS BASED ON ARTISTIC MERIT IN RECOGNITION OF SIGNIFICANT ACCOMPLISHMENTS IN THE FIELD.

GRANTS ARE MADE TO WRITERS, WITH WHOM PEN SHARES A COMMUNITY, FOR IMMEDIATE CASH NEEDS THAT ARE DOCUMENTED IN A WRITTEN APPLICATION. THE

Schedule I (Form 990) 2019

Page **2**

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 93493	30401	7140
Sch	edule J	C	ompensati	on Information	OMB N	No. 1545-	0047
(For	n 990)		Compensa ganization answ	rustees, Key Employees, and Highest ited Employees ered "Yes" on Form 990, Part IV, line 23. to Form 990.	2	019	9
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest information.		n to Pu	
Nar	ne of the organiz			Employe	er identification		
PEN	AMERICAN CENTER	INC		13-3447	888		
Pa	rt I Questi	ons Regarding Compensa	ntion				
						Yes	No
1a				the following to or for a person listed on Forn y relevant information regarding these items.	٦		
	First-class	s or charter travel		Housing allowance or residence for personal	use		
	_	· companions	닏	Payments for business use of personal reside	nce		
		nification and gross-up paymen	_	Health or social club dues or initiation fees			
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauffeur, che	7)		
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain	1	ь	
2				or allowing expenses incurred by all		2	
	airectors, truste	ees, officers, including the CEO/	Executive Director	r, regarding the items checked on Line 1a? .	,		
3				d to establish the compensation of the			
				not check any boxes for methods CEO/Executive Director, but explain in Part III			
		-					
		ation committee ent compensation consultant	⊻	Written employment contract Compensation survey or study			
		of other organizations	\bar{\bar{\bar{\bar{\bar{\bar{\bar{	Approval by the board or compensation com	mittee		
		-	_				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the filing orga	nization or a		
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .		4	a	No
b	Participate in, o	r receive payment from, a supp	lemental nonquali	fied retirement plan?	4	b	No
С			,	nsation arrangement?	4	·c	No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part III.			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9			
5	, ,,,		, ,	the organization pay or accrue any			
	compensation c	ontingent on the revenues of:	,	,			
а	The organization	n?			5	а	No
b	Any related orga	anization?			. 5	b	No
	If "Yes," on line	5a or 5b, describe in Part III.					
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any			
а	The organization	n?			_6	а	No
b				$\dots \dots \dots \dots \dots \dots \dots \dots \dots \dots $	6	b	No
	•	6a or 6b, describe in Part III.					
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed rt III		7	No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe 		,	N -
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in Regulatic	ons section	9	No
For F	<u>``</u>	uction Act Notice, see the Ins					2019

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

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

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 SUZANNE NOSSEL CHIEF EXECUTIVE OFFICER	(i)	373,478	50,000	0	19,600	2,190	,190 445,268	
	(ii)	0	0	0	0	0	0	0
2 DRUSILLA MENAKER CHIEF OPERATING OFFICER	(i)	166,935	40,000	0	11,900	9,756	228,591	0
	(ii)	0	0	0	0	0	0	0
3 OLAKUNLE APAMPA CHIEF FINANCIAL OFFICER	(i)	160,491	5,000	0	11,463	8,115	185,069	0
	(ii)	0	0	0	0	0	0	0
4 CHIP ROLLEY SENIOR DIRECTOR,	(i)	155,042	5,000	0	4,789	11,298	176,129	0
LITERARY PROGRAMS	(ii)	0	0	0	0	0	0	0
5 DEBORAH WILSON CHIEF DEVELOPMENT	(i)	151,888	5,000	0	4,850	9,803	171,541	0
OFFICER	(ii)	0	0	0	0	0	0	0
6 SUMMER LOPEZ SENIOR DIRECTOR, FREE	(i)	141,016	10,000	0	9,996	8,475	169,487	0
EVDDECCION	(ii)	0	0	0	0	0	0	0
7 THOMAS MELIA SENIOR DIRECTOR,	(i)	142,533	0	0	7,000	800	150,333	0
MACHINICTON	IA OR, (i) 142,533 0 0 7,000 800 150,333 0 (ii) 0 0 0 0 0 0 0 0 YERING (i) 113,500 20,000 0 2,850 24,164 160,514 0	0						
8 MICHELLE MEYERING EXECUTIVE DIRECTOR, LOS	(i)	113,500	20,000	0	2,850	24,164	160,514	0
ANGELEG	(ii)	0	0	0	0	0	0	0
							Schedule	J (Form 990) 2019



DLN: 93493304017140 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** PEN AMERICAN CENTER INC 13-3447888 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures **3** Art—Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 110,204 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, colu complete this part for an	umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2019)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 93493304	017140
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spending form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.	ecific questions on information.	9 Public
tamel & the of g PEN AMERICAN CE 990 Schedul		Employer identification num 13-3447888	ber
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION. THE MEMBER PLAYWRIGHTS, EDITORS, ESSAYISTS, NOVELISTS, SHORT STORY WE PHILOSOPHERS, CRITICS, TRANSLATORS, AND OTHERS SIMILARLY E EMBERSHIP IS ACKNOWLEDGED ACHIEVEMENT IN THE LITERARY FIE TO THE LITERARY COMMUNITY. A SEPARATE ASSOCIATE MEMBERSH DENTS, NON-QUALIFYING WRITERS, AND INDIVIDUALS WHO SUPPORIP CARRIES NO VOTING RIGHTS.	ITERS, BIOGRAPHERS, HISTORIANS, NGAGED. THE QUALIFICATION FOR M LD OR OTHER DISTINGUISHED SERVICE IP CATEGORY IS CONFERRED UPON STL	I

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	PEN AMERICAN CENTER IS A MEMBERSHIP ORGANIZATION WITH APPROXIMATELY 7,000 CURRENT MEMBERS. THE MEMBERSHIP, IN ITS ANNUAL MEETING GENERALLY HELD IN MARCH OF EACH YEAR, ELECTS PEN'S GOVERNING BODY. ACCORDING TO OUR BY-LAWS: - "THE AFFAIRS AND PROPERTY OF PEN SHALL BE MANA GED BY ITS GOVERNING BOARD, THE BOARD OF TRUSTEES, WHO ARE LEGALLY RESPONSIBLE AS FIDUCIAR IES TO SEE THAT PEN CARRIES OUT ITS PROGRAMS IN FULFILLMENT OF ITS CHARITABLE PURPOSES" - "THE ANNUAL MEETING OF PEN MEMBERS, FOR THE ELECTION OF TRUSTEES, OF CORPORATE OFFICERS , AND OF MEMBER COMMITTEE CHAIRS, THE RECEIPT OF REPORTS AND THE CONDUCT OF SUCH OTHER BUS INESS AS MAY COME BEFORE THE MEETING, SHALL BE HELD DURING THE FIRST SIX MONTHS OF THE FIS CAL YEAR."

Return
Reference

Explanation

FORM 990 ONLY TO THE EXTENT OF BY-LAW CHANGES

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

Return Explanation

FORM 990,	THE CHIEF FINANCIAL OFFICER, THE CHIEF OPERATING OFFICER, THE CHIEF EXECUTIVE OFFICER AND
PART VI,	THE AUDIT COMMITTEE REVIEWED A DRAFT OF FORM 990. THE FINAL FORM 990 IS THEN PROVIDED TO T
SECTION B,	HE BOARD OF TRUSTEES PRIOR TO FILING.
LINE 11B	

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AT EACH MARCH BOARD MEETING (FIRST MEETING OF THE YEAR), THE CONFLICT OF INTEREST POLICY I S CIRCULATED PRIOR TO THE MEETING AND RETURNED BY EACH TRUSTEE TO THE CHIEF EXECUTIVE OFFI CER. IN ADDITION, EACH DIRECTOR-LEVEL STAFF MEMBER MUST SIGN A CONFLICT OF INTEREST FORM. ANY TRUSTEE WHO IS UNCERTAIN ABOUT A POSSIBLE CONFLICT SHOULD REQUEST THE BOARD TO MAKE A DETERMINATION, AND THE BOARD SHALL RESOLVE THE QUESTION BY MAJORITY VOTE. TRUSTEES WHO HAV E 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 INTERPR ETATION 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,	THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS DETERMINED BY THE BOARD OF DIRECTORS WI
PART VI,	TH INPUT FROM INDEPENDENT EXTERNAL SOURCES. THE CHIEF EXECUTIVE OFFICER, IN CONSULTATION W
SECTION B,	ITH THE CHIEF FINANCIAL OFFICER, DETERMINES STAFF COMPENSATION BASED ON THE SALARY LEVEL O
LINE 15	F PREVIOUS STAFF WITH SIMILAR RESPONSIBILITIES, AND TAKING INTO CONSIDERATION THE EXPERIEN
	CE OF THE CANDIDATE AND THE MARKETPLACE.

Evolunation

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Reference	Explanation
PART IX, LINE 11G	PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 680,055. MANAGEMENT AND GENERAL EXPENSES 4,8 51. FUNDRAISING EXPENSES 79,599. TOTAL EXPENSES 764,505. OTHER CONSULTANTS: PROGRAM SERVIC E EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 38,035. TOTAL EXPENS ES 38,035. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 172,518. MANAGEMENT AND GENER AL EXPENSES 94,221. FUNDRAISING EXPENSES 1,800. TOTAL EXPENSES 268,539.

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XI, LINE 9:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

DLN: 93493304017140

Open to Public Inspection

Employer identification number

PEN AMERICAN CENTER INC							13-344	17888			
Part I Identification of Disregarded Entities. Complet	e if the organi	zation answe	ered "Yes	" on Form	990, Part	IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary act	ivity	(c) Legal domic or foreign (ile (state country)	(d) Total inco	ome	(e) End-of-year as	ssets Direct cont entity	rolling ⁄	
Part II Identification of Related Tax-Exempt Organizat	tions. Comple	te if the orga	nization	answered	"Yes" on F	orm 990	Part IV	line 34 he	ecause it had one or r	more	
related tax-exempt organizations during the tax yea (a) Name, address, and EIN of related organization	r.	(b) y activity	Legal do	(c) micile (state gn country)	(d Exempt Co)	Public ch	(e) arity status i 501(c)(3))	(f) Direct controlling	Section (13) co	g) 512(l introlle
(1)PEN CENTER USA WEST INC 8444 WILSHIRE BLVD 4TH FL BEVERLY HILLS, CA 90211 95-3502910	FREE EXPRES			CA	501(C)(3)		LINE 7		PEN AMERICA CENTER INC	Yes	No No
For Paperwork Reduction Act Notice, see the Instructions for For	m 990.		Ca	t. No. 50135	Y				Schedule R (Form 9	90) 20	019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	(k) rcentage ynership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	/ -	- 000)	

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1 b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1 Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	10	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1 q	No
r Other transfer of cash or property to related organization(s)	1r	No

			1K	No
			11 Y	res
			1m	No
			1n	No
			10	No
			1 p	No
			1 q	No
			1r	No
			1s	No
ne, including covered i	elationships and tra	ansaction thresholds.		
(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount inv	olved
		ACTUAL EXPENSES INCURRED		
L	134,797	ACTUAL EXPENSES INCURRED		
	ine, including covered (b) Transaction	ine, including covered relationships and tra (b) Transaction type (a-s) Amount involved	Transaction Amount involved Method of determining a type (a-s)	II N Im In

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(g) Share of d-of-year assets (h) Disproprtionate allocations? (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General (managin partner	or g ?	(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Forn	990	0) 2019

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Part VII	Supplemental Info	ntal Information						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).						
Retu	ırn Reference	Explanation						