990 S S S Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-

Open to Public Inspection

foundation: Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

| | | ue Service | 1 | | | | | | | |
|--------------------------------|----------------------|----------------------|---|--|-----------------|------------------------------|-----------------|-----------------------|--|--|
| | | | lendar year, or tax year beginning C Name of organization | g 01-01-2021 , and ending 12-31-2 | 021 | D Employ | or idonti | fication number | | |
| | neck if a Address | pplicable: change | D Employ | ployer identification number | | | | | | |
| | Name ch | _ | | | | 13-344 | 17888 | | | |
| | initial ref | turn | Doing business as | | | | | | | |
| | Final urn/termi | inated | | | | E Telephon | e number | | | |
| | | d return | EGG BDOVDMVA 303 | il is not delivered to street address) Room/ | suite | (212) | (212) 334-1660 | | | |
| _ ′ | чррпсац | ion pending | | my and 7TD or foreign postal sada | | (212) | 334-10 | 00 | | |
| | | | City or town, state or province, count NEW YORK, NY 100125246 | ry, and ZIP or foreign postal code | | G Gross red | reints \$ 20 | 9.551.600 | | |
| | | | F Name and address of principa | al officer: | H(a) Ic | this a group re | | | | |
| | | | SUZANNE NOSSEL | | | ordinates? | turn for | ☐ Yes 🔽 No | | |
| | | | 588 BROADWAY 303 NEW YORK,NY 100125246 | | H(b) Are | e all subordina | ites | Yes No | | |
| T T | ax-exer | mnt status: | | | | :luded? 'No " attach a | lict So. | e instructions. | | |
| | ux exer | inpe status. | ✓ 501(c)(3) | sert no.) 4947(a)(1) or 527 | | oup exemption | | | | |
| J / | Nebsit | te:▶ WW | /W.PEN.ORG | | (3) (1) | oup exemption | Humbe | | | |
| K Fo | rm of o | raanization | : V Corporation Trust Association | Other L | L Year of fo | rmation: 1985 | M State | of legal domicile: NY | | |
| K FO | 1111 01 0 | iganization | . Corporation Trust Association | on Coner | - 1001 01 10 | | | or regar dominent it. | | |
| F | Part I | Sum | ımary | | | | | | | |
| | | | scribe the organization's mission | or most significant activities: | | | | | | |
| | I | PEN ÁME | RICAN CENTER, INC. IS AN AS | SSOCIATION OF WRITERS AND O | | | | | | |
| Ce | - | TO DEFE | ND FREE EXPRESSION, ADVAN | CE LITERATURE, AND FOSTER IN | ITERNATION | IAL LITERARY | FELLO | WSHIP. | | |
| ja j | - | | | | | | | | | |
| Governance | - | | | | | | | _ | | |
| 9 | _ | | | scontinued its operations or dispose | | an 25% of its | net asse | ets. | | |
| 8 | | | | ng body (Part VI, line 1a) · · · | | | 3 | 3 9 | | |
| es | 4 | Number | of independent voting members o | f the governing body (Part VI, line 1 t |) | | 4 | 3 9 | | |
| ¥ | 5 | Total nu | mber of individuals employed in o | calendar year 2021 (Part V, line 2a) | | | 5 | 5 5 | | |
| Activities & | 6 | Total nu | mber of volunteers (estimate if n | ecessary) · · · · · · | | | 6 | 117 | | |
| | 7a | Total un | related business revenue from Pa | rt VIII, column (C), line 12 · · · | | | 7a | 0 | | |
| | b | Net unre | lated business taxable income fr | om Form 990-T, Part I, line 11 • | <u></u> | | 7b | 0 | | |
| | | | | | | Prior Year | | Current Year | | |
| 9 | 8 | Contribu | tions and grants (Part VIII, line 1h | n) · · · · · · · · · · · · · · · · · · · | | 14,394,9 | 49 | 28,436,835 | | |
| Revenue | 9 | Program | service revenue (Part VIII, line 20 | | 169,9 | 98 | 188,047 | | | |
| Rev | 10 | Investm | restment income (Part VIII, column (A), lines 3, 4, and 7d) · · · · 11 | | | | | 295,674 | | |
| | | | venue (Part VIII, column (A), lines | , | | 174,6 | | 138,536 | | |
| | 12 | Total rev | enue—add lines 8 through 11 (m | ust equal Part VIII, column (A), line | 12) | 14,855,3 | 17 | 29,059,092 | | |
| | 13 | Grants a | nd similar amounts paid (Part IX, | column (A), lines 1-3) | | 1,338,3 | 68 | 963,503 | | |
| | 14 | Benefits | paid to or for members (Part IX, o | olumn (A), line 4) | | | 0 | 0 | | |
| 88 | 15 | Salaries, | other compensation, employee b | penefits (Part IX, column (A), lines 5 | -10) | 5,542,3 | 10 | 5,825,532 | | |
| Expenses | 16a | Professi | onal fundraising fees (Part IX, col | umn (A), line 11e) · · · · · | | 26,5 | 00 | 298,589 | | |
| dx | b | Total fund | raising expenses (Part IX, column (D), I | ine 25) 1,629,925 | | | | | | |
| ш | 17 | Other ex | openses (Part IX, column (A), line | | 2,795,4 | | 3,695,583 | | | |
| | 18 | Total ex | penses. Add lines 13–17 (must e | qual Part IX, column (A), line 25) | | 9,702,6 | 20 | 10,783,207 | | |
| | | Revenue | less expenses. Subtract line 18 | from line 12 | • | 5,152,6 | 97 | 18,275,885 | | |
| Ces of | | | | | Begin | nning of Curren Year | t | End of Year | | |
| Net Assets or Fund Balances | 30 | Total ac | sets (Part X, line 16) | | | 18,457,3 | 64 | 36,781,487 | | |
| AB | 20 | | bilities (Part X, line 26) | | | 900,2 | - | 852,954 | | |
| Neg. | 21 | | ets or fund balances. Subtract line | | | 17,557,1 | - | 35,928,533 | | |
| | | | | 21 110111 111110 20 | | 17,337,1 | 00 | 33,920,333 | | |
| | Part II er nen | | nature Block | mined this return, including accomp | anving sched | lules and state | ments | and to the hest of | | |
| | | | | plete. Declaration of preparer (other | | | | | | |
| prep | oarer h | nas any ki Ti | nowledge. | | - | 2022-11-04 | | | | |
| | | Signat | ure of officer | | | Date | | | | |
| Sig | | SUZAN | INE NOSSEL CHIEF EXECUTIVE OFFICER | | | | | | | |
| He | . 6 | | or print name and title | | | | | | | |
| | | <u> </u> | Print/Tuno propagada nom- | Dranararia signatura | Date | | TIN | | | |
| - | : al | | Print/Type preparer's name | Preparer's signature | | Check If F | TIN 20029810 | 7 | | |
| Pa | | F | Firm's name LUTZ AND CARR CPAS L | <u>l</u> LP | | self-employed Firm's EIN 13- | 1655065 | | | |
| | epar | er | | | | | | | | |
| Us | e On | ıly F | Firm's address > 551 FIFTH AVENUE SUIT | TE 400 | | Phone no. (212) | 697-2299 | | | |
| | | | NEW YORK, NY 10176 | | | | | | | |
| Мау | the IF | RS discus | s this return with the preparer sh | nown above? (see instructions) • | | | .] | Yes No | | |

Cat. No. 11282Y

Form **990** (2021)

For Paperwork Reduction Act Notice, see the separate instructions.

(Code:) (Expenses \$ 1,382,699 including grants of \$ 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, 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 O) THE 15TH ANNIVERSARY OF UNITED STATES' 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 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, DOUARD LOUIS, YONGEY MINGYUR RINPOCHE, AJA MONET, SCHOLASTIQUE MUKASONGA, H.M. NAOVI, TOMMY ORANGE, MORGAN PARKER, INS PEDROSA, RODRIGO REY ROSA, DOUGLAS RUSHKOFF, SONIA SANCHEZ, ELIF SHAFAK, JESSE PARIS SMITH, DOMENICO STARNONE, ELIZABETH STREB, KARA SWISHER, COLM TIBN, TARA WESTOVER, SHOSHANA ZUBOFF, AND MORE; LINEUP ALSO INCLUDES BRIDGETT M. DAVIS, RODRIGO FRESN, SHIORI ITO, NIVIAQ KORNELIUSSEN, LIAO YIWU, MA JIAN, GEORGE PACKER, PHILIPPE PETIT, DANI SHAPIRO, PAJTIM STATOVCI, MIRIAM TOEWS, AND RAL ZURITA.

) (Expenses \$ 849,349 including grants of \$ (Code: 495,306) (Revenue \$ 113,936) 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.

) (Expenses \$ 1,900,875 including grants of \$ 167.976) (Code: 57,108) (Revenue \$

PUBLIC PROGRAMS: CONTENT AND OUTREACH: MEMBERSHIP: BRANCHES: PRISON WRITING: PEN AMERICA JOURNAL: WRITERS FUND.

Other program services (Describe in Schedule O.)

4d

(Expenses \$ 1,900,875 including grants of \$ 57,108) (Revenue \$ 167,976) 7,498,569 Total program service expenses >

Form 990 (2021)

| Form | 990 (2021) | | | Page : |
|------|---|---|-----|--------|
| Pa | rt IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 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 | | Νo |
| 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 Rev. Proc. 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 I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Νo |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Νo |
| 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 | | | |

Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

. If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

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

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

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

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🥦

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

negotiation services? If "Yes," complete Schedule D, Part IV 🥦

VIII, IX, or X, as applicable.

15

16

17

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Νo

Form 990 (2021)

Yes

Yes

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

18

19

20a

20b

21

Yes

Yes

Yes

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|-------|---|-----|------|
| IV | Checklist of Required Schedules (continued) | | |
| | | Yes | No |

istance to or for domestic individuals on 22 Yes Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

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

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

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 . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

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

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

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

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

ชี้เข้Yสระ" ชีญชิคโซโซเอิร์ทิติปูนโตโลใะ, terminate, or dissolve and cease operations? If "Yes," complete schedule N. Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

พื่แร้งหลื เชาสูมิศาร์ลเรียกใช้เลี้ยง ใช้เร็กง tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

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

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 🖠 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

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

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Nο

Νo

Nο

Nο

Νo

Nο

Nο

Nο

No

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35b

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235

Λ

1a

1b

Yes

Yes

Yes

Yes

Form 990 (2021)

| | | | | • | | |
|---|----------------------|-------------|----------------|-----------|------------|-------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| • | Did the organization | roport more | than #E 000 | of aranta | or other | 2001 |
| _ | Did the organization | report more | tilali \$5,000 | or grants | or other a | assis |

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

Form

30

Part V

| Pai | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | rage J |
|-----|---|----------------|-----|---------------|
| | | | | |
| 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 | 5 5 | | |
| 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 | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Νo |
| 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 | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial | 4a | | Νo |
| | arctves(t)enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| 5a | With organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| c | 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? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or g were not tax deductible? | fts 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an services provided to the payor? | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282? | d to 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required? | as 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| | 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 | | | |
| | Enter the amount of reserves on hand | 14- | | N o |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration c excess parachute payment(s) during the year? | 14b | | No |
| 16 | | e? 16 | | No |
| 17 | If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activity that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069 | ies 17 | | |

year by the following: **a** The governing body? .

13

| P (2021) | Pag |
|---|-----|
| Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines | |
| 92 9h or 10h holow doscribe the sircumstances, processes, or changes in Schodule O. See instructions | |

| Par | Governance, Management, and Disclosure. For each "Yes" response to lines 2 th. 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI. | _ | • | , | e to line: | 5 |
|------------|--|----|-----|---|------------|---|
| Se | ection A. Governing Body and Management | | | | | |
| | | | | | Yes | Ž |
| 1 a | Enter the number of voting members of the governing body at the end of the tax | 1a | 3 9 | | | |
| | Yethere 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. | | | | | |

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

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

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

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

Did the organization contemporaneously document the meetings held or written actions undertaken during the

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

a The organization's CEO, Executive Director, or top management official

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization have members or stockholders?

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

Did the organization have a written whistleblower policy? . . .

14 Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

1b

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? .

Yes

Νo

Νo

Nο

Nο

Nο

No

2

4

6

7a

Яa

9

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY,CASection 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website V Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, 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 Form 990 (2021) Part VII

TRUSTEE

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from organization and any related organizations.

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

- of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| Check this box if neither the organization no | | | | | | | | | | | |
|---|--|-----------------------------------|---|------------------------------|------------------------------------|------------------------------|----------|---|---|--|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations | unles d | ition ore th ss per offic directo | han rson cer a or/t | not one n is and trust | both a tee) | an | (D) Reportable compensation from the organization (W-2/1099- MISC/1099- | Reportable compensation from related organizations (W-2/1099-MISC/1099- | (F) Estimated amount of other compensation from the organization and related | |
| | below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | NEC) | NEC) | organizations | |
| (1) AYAD AKHTAR | 4.00 | | | | | | | 0 | 0 | | |
| PRESIDENT | | X | | Х | | | | 0 | 0 | 0 | |
| (2) MARKUS DOHLE EXECUTIVE VICE-PRESIDENT | 1.00 | Х | | Х | | | | 0 | 0 | 0 | |
| (3) MASHA GESSEN VICE PRESIDENT | 1.00 | X | | х | | | | 0 | 0 | 0 | |
| (4) TRACY HIGGINS | 1.00 | | | | | | \top | | | | |
| VICE PRESIDENT | | X | | X | |] | | 0 | 0 | 0 | |
| (5) YVONNE MARSH TREASURER | 1.00 | х | | х | | | | 0 | 0 | 0 | |
| (6) MARIE ARANA | 1.00 | | | | \vdash | | \vdash | † | | | |
| TRUSTEE | | X | | | |] | | 0 | 0 | 0 | |
| (7) PETER BARBEY | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| TRUSTEE | | , | | | <u> </u> | | | | v | | |
| (8) JENNIFER FINNEY BOYLAN TRUSTEE | 1.00 | | | [| | | | 0 | 0 | 0 | |
| (9) JOHN CHAO | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| TRUSTEE | | | | | <u> </u> | | | v | v | | |
| (10) SUSAN CHOI TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| (11) BRIDGET COLMAN | 1.00 | X | | | | | | 0 | 0 | 0 | |
| TRUSTEE | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | | | <u> </u> | |
| (12) ROXANNE DONOVAN TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 | |
| (13) JENNIFER EGAN | 1.00 | | | | | | | 0 | 0 | 0 | |
| TREASURER | | ^ | | | | | | V | | <u> </u> | |
| (14) LAUREN EMBREY TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 | |
| (15) JEANMARIE FENRICH TRUSTEE | 1.00 | I | | | | | | 0 | 0 | 0 | |
| (16) PATRICIA FILI-KRUSHEL | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| TRUSTEE | | | <u> </u> | <u> </u> | <u> </u> | ļ! | | | | | |
| (17) JAMES HANNAHAM | 1.00 | × | | | | | | 0 | 0 | 0 | |

0

0

0

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0

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0

0

0

0

0

0

0

22,668

25,197

14,156

19,584

20,056

27,190

27,238

No

Νo

Νo

298,589

(C)

Compensation

Form 990 (2021)

Yes

3

5

Description of services

DEVELOPMENT CONSULTANTS

939

0

Form 990 (2021) Page **8** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) Name and title Reportable Reportable Position (do not check Estimated Average compensation hours per more than one box, compensation amount of other compensation week (list unless person is both an from the from related officer and a any hours for organization organizations from the director/trustee) related (W-2/1099-(W-2/1099organization MISC/1099-MISC/1099organizations and related Highest compensat Individual trustee or director NEC) NEC) organizations below dotted Institutional line) employee 99 Trustee TRUSTEE (19) ELIZABETH HEMMERDINGER 1.00 TRUSTEE (20) ZACHARY KARABELL TRUSTEE (21) SEAN KELLY 0 TRUSTEE

TRUSTEE (37) ANDREW SOLOMON TRUSTEE (38) LUIS ALBERTO URREA (39) JACOB WEISBERG 1.00 TRUSTEE (40) TARA WESTOVER TRUSTEE ••••

..... (42) SUZANNE NOSSEL 40.00 467,283 Χ CHIEF EXECUTIVE OFFICER (43) DRUSILLA MENAKER Χ 260,454 CHIEF OPERATING OFFICER

SENIOR (49) MA 133,114 PROGRAM DIRECTOR, DIGITAL FREEDOM 1b Sub-Total

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ightharpoonup 14

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

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

. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

Section B. Com

COMMUNITY COUNSELING SERVICE CO LLC

461 5TH AVENUE NEW YORK, NY 10017

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE (30) LYNN NOTTAGE

TRUSTEE

TRUSTEE

(24) MARGARET MUNZER LOEB

.....

.....

.....

(25) DINAW MENGESTU

(26) SEVIL MIYHANDAR

(27) WELSEY MORRIS

(29) ALEXANDRA MUNROE

(31) GREGORY PARDLO

(32) MICHAEL PIETSCH

(33) MARVIN PUTNAM

(35) ANYA SALAMA

(41) JAMIE WOLF

(44) OLAKUNLE APAMPA

(46) SUMMER LOPEZ

2

3

CHIEF FINANCIAL OFFICER (45) DEBORAH WILSON

CHIEF DEVELOPMENT OFFICER

(47) CLARISSE ROSAZ SHARIYF

TRUSTEE

(36) RICHARD SARNOFF

(28) PAUL MULDOON

| n B. Independent (| contra | CLOIS |
|---------------------------|-----------|--------|
| plete this table for your | five hig | hest c |
| pensation from the orga | nization. | Repor |
| | | (A) |

compensated independent contractors that received more than \$100,000 of com rt compensation for the calendar year ending with or within the organization's tax year. Name and business address

\$100,000 of compensation from the organization \blacktriangleright 1

......

| c Total from continuation sheets to Part VII, Section A | • | | | |
|---|---|-----------|---|---------|
| d Total (add lines 1b and 1c) | • | 1,770,786 | 0 | 157,028 |
| • • • • • • • • • • • • • • • • • • • | | | | |

Χ

Χ

Х

250,000

192,052

169,658

| | | | | | 149,421 | |
|---------------------|-------|--|--|---|---------|--|
| ΓOR, LITERARY | | | | , | 113/121 | |
| FEE | 40.00 | | | X | 148.804 | |
| TOR, COMMUNICATIONS | | | | , | 110/001 | |
| | | | | | | |

| SENIOR DIRECTOR, LITERARY | | | | Х | 149,421 |
|---------------------------------|-------|--|--|---|---------|
| (48) STEPHEN FEE | 40.00 | | | Х | 148,804 |
| SENIOR DIRECTOR, COMMUNICATIONS | | | | | - 10/00 |
| (49) MATTHEW BAILEY | 40.00 | | | | |

| IKOSTEL | | | | | | | | |
|-----------------------|-------|---|------|--|---|---|---|--|
| (22) MIN JIN LEE | 1.00 | X | | | 0 | 0 | | |
| TRUSTEE | ••••• | | ···· | | | • | , | |
| (23) FRANKLIN LEONARD | 1.00 | | | | | | | |

1.00

1.00

1.00

1.00

1.00

| Form | 990 (2021) | | | | | | Page 9 |
|-------------------------|---|-----------------------|--|---|-------------------|--|--|
| Par | Statement of Revenue Check if Schedule O contains a res | nonco or noto to | any line in this Ba | rt \/III | | | г |
| | Check if Scriedule O contains a res | ponse or note to | (A) Total revenue | (B) Related exemp functio | or ot n | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contr | ibutions, Gifts, Grants, and OtherAmt Simil | b c d e f | Membership dues Fundraising events Related organizatio Government grants (co All other contributions, and similar amounts no above Noncash contributions is lines 1a - 1f:\$ | ons entributions) gifts, grants, t included included in | 1a 1b 1c 1d 1e 1f | 342,595 2,418,648 1,154,798 24,520,794 908,067 | 312 314 |
| | T | Business Code | Fotal. Add lines 1a | -1f | | • | 28,436,835 |
| | 2a TICKET SALES/PROGRAM FEES | 900099 | 113,936 | | 113,936 | | |
| Revenue | b PROGRAM MANAGEMENT FEE | 561000 | 74,111 | | 74,111 | | |
| Program Service Revenue | c | | | | | | |
| ram | | | | | | | |
| Prog | f All other program copyics revenue | | | | | | |
| | f All other program service revenue. 9 Total. Add lines 2a-2f | 188,047 | | | | | |
| | 3 Investment income (including dividends other 49mclare from 15 Royalties | , interest, and | 257,32 | 22 | | | 257,322 |
| | (i) Real | (ii) Personal | | | | | |
| | 6a Gross rents 6a | | | | | | |
| | b Less: rental expenses 6b | | | | | | |
| | c Rental income or 6c | | | | | | |
| | d (Nets) ental income or (loss) (i) Securities 7a Gross amount | (ii) Other | | | | | |
| | from sales of assets other than inventory | | | | | | |
| | b Less: cost or other basis and sales expenses 7b 118,830 | | | | | | |
| | c Gain or (loss) 7c 38,352 | | 20.21 | -2 | | | 20.252 |
| | d Net gain or (loss) | · · · • | 38,35 | 52 | | | 38,352 |
| Other Revenue | (not including \$ 2,418,648 of contributions reported on line 1c). See Part IV, line 18 8a | 373,67 | 8 | | | | |
| Rev | b Less: direct expenses 8b | 373,67 | 8 | 0 | | | |
| Jer | c Net income or (loss) from fundraising e | events | | 0 | | | |
| 0 | 9a Gross income from gaming activities. See Part IV. line 19 | | | | | | |
| | See Part IV, line 19 9b Less: direct expenses c Net income or (loss) from gaming activ | vities | | | | | |
| | | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances 10a | | | | | | |
| | b Less: cost of goods sold | | | | | | |
| | c Net income or (loss) from sales of inve | ntory | | | | | |
| | Miscellaneous Revenue 11a OTHER INCOME | Business Code | | 36 | 93,865 | | 44,671 |
| | | | · | | • | | · |
| | ь | | | | | | |
| | С | | | | | | |
| | d All other revenue | | | <u> </u> | | | |
| | e Total. Add lines 11a-11d | | 138,53 | 36 | | | |
| | 12 Total revenue. See instructions | • • • • | 29,059,09 | 92 | 281,912 | | 0 340,345 |

| Form 990 (2021) | | | | Page 10 |
|--|-----------------------|------------------------------|---|-----------------------------------|
| Part IX Statement of Functional Expenses | | | | |
| Section 501(c)(3) and 501(c)(4) organizations must | t complete all colum | nns. All other organ | izations must comple | te column (A). |
| Check if Schedule O contains a response or note to | any line in this Part | IX | | <u>V</u> |
| 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 | | · |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 664,179 | 664,179 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 296,824 | 296,824 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,039,758 | 514,356 | 349,852 | 175,550 |
| 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 | 3,788,133 | 2,955,983 | 265,109 | 567,041 |
| 8 Pension plan accruals and contributions (include section | 174,517 | 138,209 | 9,520 | 26,788 |
| 401(k) and 403(b) employer contributions) | ,- | ., | .,, | |
| 9 Other employee benefits | 444,945 | 322,019 | 54,139 | 68,787 |
| 10 Payroll taxes | 378,179 | 272,878 | 47,112 | 58,189 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 5,179 | | 5,179 | |
| c Accounting | 81,355 | | 81,355 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 298,589 | | | 298,589 |
| 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) | 1,470,025 | 1,003,591 | 250,304 | 216,130 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 616,062 | 433,610 | 134,410 | 48,042 |
| 14 Information technology | | | | _ |
| 15 Royalties | | | | _ |
| 16 Occupancy | 518,141 | 351,239 | 93,662 | 73,240 |
| 17 Travel | 141,153 | 69,618 | 56,048 | 15,487 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 Conferences, conventions, and meetings | 220,929 | 206,190 | 7,797 | 6,942 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 74,645 | 53,924 | 9,270 | 11,451 |
| 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 BAD DEBT EXPENSE | 264,167 | | 264,167 | |
| b OTHER PROGRAM EXPENSES | 178,872 | 164,131 | 5,976 | 8,765 |
| c OTHER ADMIN EXPENSES | 106,528 | 30,916 | 20,781 | 54,831 |
| d BOOK PURCHASE/DISTRIBUT | 18,527 | 18,402 | 32 | 93 |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 10,783,207 | 7,498,569 | 1,654,713 | 1,629,925 |

25 Total functional expenses. Add lines 1 through 24e **26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

7,498,569

Form **990** (2021)

| Forr | n 990 | 0 (2021) | | | | | Page 11 |
|---------------|--------|---|--------------------|------------------|--------------------------|---------|-----------------------------|
| P | art X | Balance Sheet | | | | | |
| | | Check if Schedule O contains a response or | note to any line i | n this Part IX . | | | 🗆 |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 4,984,857 | 1 | 10,828,416 |
| S) | 2 | Savings and temporary cash investments | 150,014 | 2 | 150,043 | | |
| | 3 | Pledges and grants receivable, net | 4,464,506 | 3 | 13,090,449 | | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 6 | Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu | | 5 | | | |
| | | under section $4958(f)(1)$), and persons described | ribed in section 4 | 1958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges . | | | 199,652 | 9 | 122,488 |
| - | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 1,111,313 | | | |
| | ь | Less: accumulated depreciation | 10b | 959,486 | 207,587 | 10c | 151,827 |
| | 11 | Investments—publicly traded securities . | | | 8,104,750 | 11 | 11,920,633 |
| | 12 | Investments—other securities. See Part IV, li | | | 12 | | |
| | 13 | Investments—program-related. See Part IV, I | | | 13 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | 345,998 | 15 | 517,631 | |
| | 16 | Total assets: Add lines 1 through 15 (must e | qual line 33) . | | 18,457,364 | 16 | 36,781,487 |
| | 17 | Accounts payable and accrued expenses . | | | 545,673 | 17 | 492,220 |
| | 18 | Grants payable | | | 100,081 | 18 | 109,651 |
| | 19 | Deferred revenue | 167,950 | 19 | 105,913 | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| S | 21 | Escrow or custodial account liability. Complet | te Part IV of Sche | dule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t | | 22 | | | |
| Ë | 23 | Secured mortgages and notes payable to unre | | 05 | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | · | - | | 24 | |
| | 25 | Other liabilities (including federal income tax parties, and other liabilities not included on li | - | 86,552 | 25 | 145,170 | |
| | 26 | Complete Part X of Schedule D Total liabilities. Add lines 17 through 25. | | | 900,256 | 26 | 852,954 |
| S | | Organizations that follow FASB ASC 958, che | | d complete | , | | 552,555 |
| Fund Balances | 27 | lines 27, 28, 32, and 33. Net assets without donor restrictions | ck liele 🗾 🕕 all | a complete | 8,043,508 | 27 | 15,169,912 |
| Sal | | · · · · · · · · · · · · · · · · · · · | | | 2,7.12,222 | | ,, |
| pur | 28 | Net assets with donor restrictions | | | 9,513,600 | 28 | 20,758,621 |
| ī | | Organizations that do not follow FASB ASC 9 | 58, check here 🕨 | and | | | |
| Assets or | 29 | complete lines 29 through 33. Capital stock or trust principal, or current fun | | | | 29 | |
| Se | 30 | Paid-in or capital surplus, or land, building or | | ,· ,· · | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated i | income, or other | funds | <u>,</u> | 31 | 05.000.50 |
| Net | 32 | Total net assets or fund balances | | _ | 17,557,108 | 32 | 35,928,533 |
| ~ | 33 | Total liabilities and het assets/fund balances | | | 18,457,364 | 33 | 36,781,487 |

Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

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

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

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

Consolidated basis

basis, consolidated basis, or both:

Single Audit Act and OMB Circular A-133?

Separate basis

Schedule O.

Form **990** (2021)

Νo

2c

За

3b

Yes

| Form 990 (2021) | | |
|---------------------------------|-------------------------------|----------------|
| Additional Data | | Return to Form |
| | Software ID: | |
| | Software 1D: | |
| | Software Version: | |
| Form 990, Special Condition Des | cription: | |
| | Special Condition Description | |

(Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

PEN AMERICAN CENTER INC

SCHEDULE A

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number**

| Pa | rt I | Reason for Publi | c Charity S | tatus (All organiza | tions must co | mplete this n | art.) See instruction | ns. |
|------|------------------------------------|---|----------------------------------|--|--------------------------------------|---------------------------------------|---|---|
| | | zation is not a private fo | | | | | | |
| 1 | | A church, convention of | of churches, o | r association of churc | hes described i | n section 170(l | b)(1)(A)(i). | |
| 2 | | A school described in | section 170(b |)(1)(A)(ii). (Attach So | chedule E (Forr | n 990).) | | |
| 3 | | A hospital or a cooper | ative hospital | service organization o | described in sec | tion 170(b)(1) |)(A)(iii). | |
| 4 | | A medical research org hospital's name, city, a | | rated in conjunction w | vith a hospital c | described in sec | ction 170(b)(1)(A)(iii |). Enter the |
| 5 | | An organization operat 170(b)(1)(A)(iv). (Co | | _ | versity owned o | or operated by | a governmental unit d | escribed in section |
| 6 | | A federal, state, or loc | al government | or governmental unit | described in se | ection 170(b)(1 | 1)(A)(v). | |
| 7 | | An organization that no described in section 1 : | 70(b)(1)(A)(v | i). (Complete Part II. |) | _ | ental unit or from the g | general public |
| 8 | | A community trust des | scribed in sect | ion 170(b)(1)(A)(vi). | (Complete Par | t II.) | | |
| 9 | | An agricultural researd university or a non-lan | | | | | | |
| 10 | V | An organization that n receipts from activitie from gross investment organization after June | s related to its income and u | s exempt functions—su nrelated business tax | ubject to certain able income (le | n exceptions, a ess section 511 | nd (2) no more than 3 | 33 1/3% of its support |
| 11 | | An organization organi | zed and opera | ted exclusively to test | for public safe | ety. See section | 1 509(a)(4). | |
| 12 | | An organization organization or more publicly s the box on lines 12a th | upported orga | nizations described in | section 509(a) | (1) or section ! | 509(a)(2). See section | 1 509(a)(3). Check |
| а | | Type I. A supporting o supported organization organization. You mus | (s) the power | to regularly appoint o | r elect a majori | | | |
| b | | Type II. A supporting management of the su must complete Part IV | pporting orgar | nization vested in the | | | | |
| С | | Type III functionally i supported organization | ntegrated. A s | supporting organizatio | | | = | grated with, its |
| d | | Type III non-functions not functionally integra (see instructions). You | ated. The orga | nization generally mu | st satisfy a dist | ribution require | | ` ' |
| е | | Check this box if the o integrated, or Type III | - | | | | is a Type I, Type II, T | ype III functionally |
| f | Ente | r the number of support | | | | | <u></u> | |
| g | | Provide the following in | nformation abo | out the supported orga | nization(s). | | T | T |
| | (i) Name of supported organization | | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | instructions)) | Yes | No | | |
| | | | | | | | | |
| Tota | <u> </u> | | | | | | | |
| | - | vork Reduction Act Noti or 990-EZ. | ce, see the In | structions for | Cat. No. 1128! | 5F | Schedul | e A (Form 990) 2021 |

Schedule A (Form 990) 2021 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 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 furnished by a governmental unit to the organization without charge... Total. Add lines 1 through 3 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) **Public support.** Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 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 business is regularly carried on 10 Other income. Do not include gain

or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

12

Schedule A (Form 990) 2021

Section C. Computation of Public Support Percentage

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))

14 15

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization $\ldots\ldots\ldots\ldots\ldots\ldots$

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Public support percentage for 2020 Schedule A, Part II, line 14 16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

1,205,253

72,093,785

7,677,206

7,677,206

64,416,579

72,093,785

616,627

616,627

405,975

73,116,387

88.100 %

85.870 %

0.840 %

Schedule A (Form 990) 2021

(f) Total

Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part

II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Cal | endar year |
|-----|------------------------------|
| (or | fiscal year beginning in) 🕨 |
| 1 | Gifts grants contributions a |

.

persons

(a) 2017

9,417,007

(b) 2018

11,435,239

(c) 2019

14,394,949

28,436,835

(f) Total 70,888,532

Girts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2,

c Add lines 7a and 7b. .

(or fiscal year beginning in)

June 30, 1975.

11, and 12.). .

16

17

c Add lines 10a and 10b. Net income from unrelated business activities not included on 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

9 Amounts from line 6. . . Gross income from interest, dividends, payments received on

Section B. Total Support

from line 6.)

Calendar year

and 3 received from disqualified

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.

Public support. (Subtract line 7c

securities loans, rents, royalties and income from similar sources

Unrelated business taxable income (less section 511 taxes) from businesses acquired after

assets (Explain in Part VI.) . . 13 Total support. (Add lines 9, 10c,

Gross receipts from admissions, merchandise sold or services

7,204,502

(d) 2020

188,047

28,624,882

1,600,700

1,600,700

28,624,882

257,322

257,322

138,536

29,020,740

15

17

(e) 2021

251,628

317,956

277,624

169,998

(e) 2021

any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513

performed, or facilities furnished in

7,456,130

764,429

764,429

7,456,130

65,890

65,890

13,795

Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))

Public support percentage from 2020 Schedule A, Part III, line 15

Investment income percentage from 2020 Schedule A, Part III, line 17

7,535,815

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

(a) 2017

9,734,963

1,415,226

1,415,226

9,734,963

108,642

108,642

33,802

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

9,877,407

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than $\overline{33}$ 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

(b) 2018

11,712,863

1,455,350

1,455,350

11,712,863

106,040

106,040

45,190

11,864,093

(c) 2019

14,564,947

2,441,501

2,441,501

14,564,947

78,733

78,733

174,652

14,818,332

(d) 2020

Yes

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

No

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

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

omplete Sections A and D, and complete Part V.)

| Section A | All Supporting Organ |
|-------------|------------------------|
| checked box | 12d, of Part I, co |
| checked | box 12b, of Part I, co |

| | occion in in outporting organizations | | |
|---|---|---|---|
| | | | , |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, | | |
| | describe the designation. If historic and continuing relationship, explain. | 1 | |

Supporting Organizations

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

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

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

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

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

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

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

Did the organization have any supported organization that does not have an IRS determination of status under was described in section 509(a)(1) or (2).

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization 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.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Supporting Organizations (continued)

Has the organization accepted a gift or contribution from any of the following persons?

Page 5

No

| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c | | | | |
|--|--|--------|------|-----|
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in | 11c | | |
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | 2 | | |
| 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 supporting organization was vested in the same persons that controlled or managed the supported | 1 | | |
| | ection of the supporting organizations | | | |
| | section 217th Type 111 Supporting Organizations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in line 2 above, 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 | 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 inst | ructio | ns): | |
| 7 | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| ı | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| • | The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions) | (see | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | I | 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 | 163 | 140 |

b Did the activities described on line 2a, above 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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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.

2b

За

3b

instructions)

Page **6**

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

See instructions.

a Excess from 2017. . . .
 b Excess from 2018. . . .
 c Excess from 2019. . . .
 d Excess from 2020. . . .
 e Excess from 2021. . . .

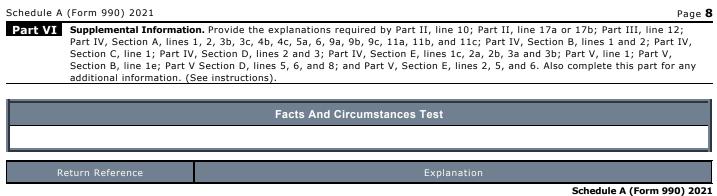
3j and 4c.

8 Breakdown of line 7:

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines

Schedule A (Form 990) (2021)



SCHEDULE C (Form 990)

Internal Revenue Service

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

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

- Section 527 organizations: Complete Part I-A only.

- If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

| • | Section 501(c)(4), (5), or (6) organizations: Complete Part III. | |
|-----|--|--------------------------|
| | ame of the organization N AMERICAN CENTER INC | er identification number |
| | 13-344 | 7888 |
| ar | rt I-A Complete if the organization is exempt under section 501(c) or is a section | 527 organization. |
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV. See definition of "political campaign activities." | e instructions for |
| 2 | Political campaign activity expenditures. See instructions | \$ |
| 3 | Volunteer hours for political campaign activities. See instructions | |
| Par | rt I-B Complete if the organization is exempt under section $501(c)(3)$. | |
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | \$ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | . \$ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | Yes No |
| 4a | Was a correction made? | Yes No |
| | If "Yes," describe in Part IV. | |
| Par | rt I-C Complete if the organization is exempt under section 501(c), except section | n 501(c)(3). |
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | \$ |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | \$ |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b | ···· \$ |

| 2 | exempt function activities | | | | | | | | |
|-----|--|--|---------|---|--|--|--|--|--|
| 3 | Total exempt function exp | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b | | | | | | | |
| 4 | Did the filing organization | ☐ Yes ☐ No | | | | | | | |
| 5 | Enter the names, address organization made payme amount of political contril separate segregated fund | nds. Also enter the zation, such as a | | | | | | | |
| (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, enter -0 | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| | | | | | • | | | | |

Page 3

(b)

Amount

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,

1 through the use of:

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

h

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

2a

If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the 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)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

expenses for which the section 527(f) tax was paid).

Current year Carryover from last year

Part IV

Return Reference

3

Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures. See Instructions

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

Explanation

1

2a

2b 2c

3

4

5

1

Yes No 2

Schedule C (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public

| Intern | al Revenue Service | ► Go to <u>www.irs.gov/For</u> | <u>m990</u> for instructio | ns and the latest infor | mation. | Inspection |
|--------|-----------------------------|---|----------------------------|---------------------------|-----------------------|----------------------|
| | ame of the organ | | | | Employer identif | ication number |
| ΡĒ | N AMERICAN CENTE | KINC | | | 13-3447888 | |
| Pa | art I Organ | nizations Maintaining Donor A | dvised Funds o | r Other Similar Fu | | nts. |
| | Comple | ete if the organization answered " | | | | |
| | | | (a) Donor | advised funds | (b) Funds ar | nd other accounts |
| 1 | | t end of year | | | | |
| 2 | | e of contributions to (during year) | | | | |
| 3 | | e of grants from (during year) | | | | |
| 4 | Aggregate value | e at end of year | | | | |
| 5 | _ | zation inform all donors and donor adv on's property, subject to the organizat | - | | | re Yes No |
| 6 | charitable purp | zation inform all grantees, donors, and poses and not for the benefit of the don | or or donor advisor | , or for any other purpo | se conferring . | |
| Da | | private benefit? | | | · · · · · | Yes No |
| Fε | | ete if the organization answered " | Yes" on Form 99 | 0, Part IV, line 7. | | |
| 1 | | conservation easements held by the or | | | | |
| | Preservation | on of land for public use (e.g., recreation | on or education) | Preservation of an | historically import | cant land area |
| | Protection | of natural habitat | | Preservation of a c | certified historic st | ructure |
| | Preservation | on of open space | | | | |
| 2 | Complete lines | s 2a through 2d if the organization held | d a qualified conser | vation contribution in t | he form of a conse | rvation |
| _ | • | he last day of the tax year. | - 4 | | | he End of the Year |
| а | Total number o | of conservation easements | | | 2a | |
| b | _ | restricted by conservation easements | | | 2b | |
| c | | servation easements on a certified his | toric structure inclu | ded in (a) | 2c | |
| d | | servation easements included in (c) ac | | ` ' | 2d | |
| u | | ure listed in the National Register | | o, and not on a | 20 | |
| 3 | Number of con tax year ▶ | servation easements modified, transfe | rred, released, exti | nguished, or terminated | d by the organizati | on during the |
| 4 | Number of sta | tes where property subject to conserv | ation easement is l | ocated 🕨 | | |
| 5 | | nization have a written policy regarding | - | J | _ | Yes No |
| 6 | Staff and volur | nteer hours devoted to monitoring, ins | pecting, handling of | · violations, and enforci | ing conservation ea | asements during the |
| 7 | Amount of exp | enses incurred in monitoring, inspection | ng, handling of viola | ations, and enforcing co | onservation easem | ents during the year |
| - | * \$ | | | | | |
| 8 | | sservation easement reported on line 2 tion 170(h)(4)(B)(ii)? | | | | Yes No |
| 9 | balance sheet, | escribe how the organization reports of and include, if applicable, the text of | the footnote to the | | • | - |
| Pa | | on's accounting for conservation easer | | orical Treasures. | or Other Simil: | ar Assets. |
| | | ete if the organization answered " | | | or other omini | ii Assetsi |
| 1a | of art, historic | ation elected, as permitted under FASE al treasures, or other similar assets he de, in Part XIII, the text of the footnot | eld for public exhibit | ion, education, or rese | arch in furtherance | |
| b | art, historical t | ation elected, as permitted under FASE treasures, or other similar assets held llowing amounts relating to these items | for public exhibitio | | | |
| | (i) Revenue inclu | uded on Form 990, Part VIII, line 1 . | | | > \$ | |
| | | ed in Form 990, Part X · · · · · · | | | | |
| 2 | If the organiza | ation received or held works of art, hist unts required to be reported under FA! | torical treasures, or | other similar assets for | · | ovide the |
| a | _ | ded on Form 990, Part VIII, line 1 | - | | > \$ | |
| b | Assets include | ed in Form 990, Part X | | | 🕨 \$ | |

Page **2**

| 3 | Using the organization's acquisition, access collection items (check all that apply): | ion, and other record | ds, check a | ny of t | he following that | are a signifi | cant use of | its | |
|-----|--|----------------------------|--------------------|----------------|------------------------------|----------------|---|----------|---------------------|
| а | Public exhibition | | d 🗀 | Loan | or exchange progi | ams | | | |
| b | Scholarly research | | е 🗀 | Other | | | | | |
| c | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's c | collections and ovalai | in how that | , furth, | or the organization | 's avampt r | urnoco in | | |
| 7 | Part XIII. | onections and explai | iii iiow tile | ruitiit | er the organization | i s exempt p | our pose iii | | |
| 5 | During the year, did the organization solicit assets to be sold to raise funds rather than | | | | | | ☐ Yes | - No | |
| Pa | rt IV Escrow and Custodial Arrang Complete if the organization and Part X, line 21. | | orm 990, | Part I | V, line 9, or rep | orted an a | amount on | Form | າ 990, |
| 1a | Is the organization an agent, trustee, custo included on Form 990, Part X? | | • | | | | │ Yes │ | No | |
| b | If "Yes," explain the arrangement in Part XI | III and complete the | following | able: | | Aı | nount | | _ |
| c | Beginning balance | | | | 1c | | | | _ |
| d | Additions during the year | | | | 1d | | | | _ |
| е | Distributions during the year | | | | | | | | _ |
| f | Ending balance | | | | | | | | _ |
| 2a | Did the organization include an amount on | | | | <u> </u> | int liability2 | □ Yes □ | - No | _ |
| Za | • • • | FOITH 990, Part X, IIII | 16 21, 101 6 | SCIOW | or custodial accou | int nabinty: | | | |
| b | If "Yes," explain the arrangement in Part X | III. Check here if the | e explanati | on has | been provided in | Part XIII . | □ | | |
| Pa | rt V Endowment Funds. | | | | | | | - | |
| | Complete if the organization ans | | | | | L D =1 | | | |
| | Designing of ware balance | (a) Current year 1,881,567 | (b) Prior | year 15,100 | (c) Two years back 1,488,624 | | 34,167 | | ars back 493,480 |
| | Beginning of year balance | 821,581 | 1,7 | 13,100 | 1,400,024 | 1,0 | 154,107 | 1, | 493,400 |
| | Contributions | 243,167 | 2 | 43,167 | 297,576 | | 69,543 | | 207,187 |
| С | Net investment earnings, gains, and losses | , | | , | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | 25.114 | | | =1.100 | | ======================================= | | |
| | and programs | 96,114 | | 76,700 | 71,100 | | 76,000 | | 66,500 |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | 2,850,201 | 1,8 | 31,567 | 1,715,100 | 1,4 | 88,624 | 1, | 634,167 |
| 2 | Provide the estimated percentage of the cur | rent year end baland | ce (line 1g | colum | n (a)) held as: | | | | |
| а | | 0 % | | | | | | | |
| b | Permanent endowment > 57.542 % | | | | | | | | |
| C | Term endowment 42.458 % | | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c sh | • | | | | | | | |
| 3а | Are there endowment funds not in the posse organization by: | ssion of the organiza | ation that i | are hel | d and administered | d for the | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | | No |
| | (ii) Related organizations | | | | | | 3a(ii) | | No |
| b | If "Yes" on 3a(ii), are the related organizat | ons listed as require | ed on Sche | dule R? | • | | 3b | | |
| 4 | Describe in Part XIII the intended uses of t | he organization's on | dowment f | unde | | | | | |
| | rt VI Land, Buildings, and Equipm | | aowinelit I | unus. | | | | | |
| · u | Complete if the organization and | | orm 990, | Part I | V, line 11a. See | Form 990 |), Part X, | ine 1 | 0. |
| | Description of property (a) Cost or oth (investme | er basis (b) Cost o | or other basis | | | | | ook valu | |
| 1a | Land | | | | | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | | 552,535 | | 476,154 | | | 76,381 |
| | Equipment | | | 275,383 | | 226,524 | | | 48,859 |
| | Other | | | 283,395 | | 256,808 | | | 26,587 |

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

| | (Form 990) 2021 | | | | Page 3 |
|----------------|--|-----------|-------------------|-----------|--|
| Part VII | Investments - Other Securities. Complete if the organization answered "Yes" on Form 99 | | | | |
| | (a) Description of security or category (including name of security) | (b) Boo | | | of valuation: year market value |
| (2) Closely | al derivatives | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | Investments - Program Related. | • | | | |
| Part VIII | Complete if the organization answered 'Yes' on Form 99 | 90, Part | | | |
| | (a) Description of investment | | (b) Book value | | Method of valuation: end-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (9) | | | | | |
| | (1) 15 000 0 17 1/01/5 12 | | | | |
| Part IX | Other Assets. | | | | |
| | Complete if the organization answered 'Yes' on Form 99((a) Description | 0, Part | IV, line 11d. See | Form 990, | , Part X, line 15. (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | mn (b) must equal Form 990, Part X, col.(B) line 15.) | | | | |
| Part X | Other Liabilities. Complete if the organization answered 'Yes' on Form 990 See Form 990, Part X, line 25. | 0, Part 1 | | 1f. | -1 |
| 1. | (a) Description of liability | | | | (b) Book value |
| (3) | income taxes | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| 2. Liability f | for (b) must equal Form 990, Part X, col.(B) line 25.) for uncertain tax positions. In Part XIII, provide the text of the fon's liability for uncertain tax positions under FIN 48 (ASC 740). C | | | | |

Page **4**

| | Return. | | D 1 71 1 10 | | |
|-----|--|--|--------------------------------|---------|-------------------------|
| | <u> </u> | nization answered 'Yes' on Form 990, | • | | <u></u> |
| 1 | | support per audited financial statements . | | 1 | |
| 2 | | t not on Form 990, Part VIII, line 12: | l I | | |
| а | Net unrealized gains (losses) o | | 2a | | |
| b | Donated services and use of fa | icilities | 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 2e from line 1 . | | | 3 | |
| 4 | |), Part VIII, line 12, but not on line 1 : | | 3 | |
| a | | ded on Form 990, Part VIII, line 7b . | 4a | | |
| | • | | 4a 4b | | |
| b | | | 46 | 4- | |
| _ C | Add lines 4a and 4b | 4. (This work as all 5. or 000 Part Alliand | | 4c | |
| 5 | | 4c. (This must equal Form 990, Part I, line 1 Expenses per Audited Financial St. | · | 5 | Dotum |
| Pal | | nization answered 'Yes' on Form 990, | | s per | Return. |
| 1 | • | audited financial statements | - | 1 | |
| 2 | | not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of fa | | 2a | | |
| ь | Prior year adjustments | | 2b | | |
| С | Other losses | | 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 | , Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not inclu | ded on Form 990, Part VIII, line 7b | 4a | | |
| | | | l l | | I |
| b | Other (Describe in Part XIII.) | | 4b | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | | d 4c. (This must equal Form 990, Part I, line | | 5 | |
| Pa | rt XIII | | , | | |
| | ipplemental Information | | | | |
| Pro | vide the descriptions required fo | r Part II, lines 3, 5, and 9; Part III, lines 1a | and 4; Part IV, lines 1b and 2 | b; Part | V, line 4; Part X, line |
| | | t XII, lines 2d and 4b. Also complete this pa | | | |
| | Return Reference | | Explanation | | |
| PAR | ΓV, LINE 4: | THE ORGANIZATION'S ENDOWMENT FU SPECIFIC LITERARY AWARDS. | NDS ARE DONOR DESIGNAT | TED EN | IDOWMENTS TO FUND |

| SCHEDULE F (Form 990) | |
|---|--|
| Department of the Treasury Internal Revenue Service | |
| Name of the organization PEN AMERICAN CENT | |
| Part I General "Yes" on | |

▶ 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.

Statement of Activities Outside the United States

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

CAN CENTER INC 13-3447888 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants đfffer assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

| 3 Activites per Region. (The following | owing Part I, line | 3 table can be | duplicated if additional sp | pace is needed.) | |
|---|--|--|---|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| (1) EUROPE | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION & INTERNATIONAL PEN DUES | | 174,004 |
| (2) EAST ASIAN AND THE PACIFIC | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 107,851 |
| (3) CENTRAL ASIA | 0 | 0 | GRANTS TO RECIPIENTS IN THE REGION | | 14,969 |
| (4) | | | | | |
| (5) | | | | | |

| | | DUES | |
|--------------------------------|---|--|---------|
| (2) EAST ASIAN AND THE PACIFIC | 0 | GRANTS TO RECIPIENTS IN THE REGION | 107,851 |
| (3) CENTRAL ASIA | 0 | GRANTS TO RECIPIENTS IN THE REGION | 14,969 |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| (12) | | | |
| (13) | | | |
| (14) | | | |
| (15) | | | |
| (16) | | | |
| (17) | | | |

296,824 3a Sub-total . . **b** Total from continuation sheets to Part I. c Totals (add lines 3a and 3b) 296,824 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2021

| | • |
|--------|--|
| art II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, |
| | Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. |

| 1 (a) Name of organization | (b) IRS code section and EIN (if | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, |
|----------------------------|--|---|---|--------------------------|---------------------------------------|--|---|-------------------------------------|
| (1) | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | ANNUAL DUES | 89,734 | WIRE TRANSFER | 0 | | appraisal, other) |
| (2) | | EAST ASIA AND THE PACIFIC - | CENTER DEVELOPMENT ACTIVITIES | | WIRE TRANSFER | 0 | | |
| (3) | | (INCLUDING | CENTER DEVELOPMENT ACTIVITIES | 48,602 | WIRE TRANSFER | 0 | | |
| (4) | | EUROPE (INCLUDING ICELAND & GREENLAND) - | STRENGTHENING EURASIAN PEN CENTERS PROJECT AND STATUTORY ACTIVITIES | 35,668 | WIRE TRANSFER | 0 | | |
| (5) | | EAST ASIA AND THE PACIFIC | CENTER DEVELOPMENT ACTIVITIES | 22,180 | WIRE TRANSFER | 0 | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| 10) | | | | | | | | |
| 11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| 14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

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

3 Enter total number of other organizations or entities .

Schedule F (Form 990) 2021

5

0

(4) (5) (6)

(7) (8) (9)

(10) 11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2021

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | recipients | cash grant | disbursement | noncash assistance | of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-------------------|------------|------------|---------------|-----------------------|-----------------------|--|
| (1) EMERGENCY SUPPORT | SOUTH ASIA - | 4 | 7,250 | WIRE TRANSFER | | | |
| GRANT | AFGHANISTAN, | | | | | | |
| | BANGLADESH, | | | | | | |
| | BHUTAN, INDIA, | | | | | | |
| | MALDIVES, NEPAL, | | | | | | |
| (2) EMERGENCY SUPPORT | EAST ASIA AND THE | 4 | 7,719 | WIRE TRANSFER | | | |
| GRANT | PACIFIC - | | | | | | |
| | AUSTRALIA, | | | | | | |
| | BRUNEI, BURMA, | | | | | | |
| | CAMBODIA, | | | | | | |
| (3) | | | | | | | |
| | 1 | 1 | | | | | |

| | BHUTAN, INDIA, MALDIVES, NEPAL, | | | | |
|-----------------------|------------------------------------|---|-------|---------------|--|
| (2) EMERGENCY SUPPORT | EAST ASIA AND THE | 4 | 7,719 | WIRE TRANSFER | |
| GRANT | PACIFIC - | | | | |
| | AUSTRALIA, | | | | |
| | BRUNEI, BURMA, | | | | |
| | CAMBODIA, | | | | |
| (3) | | | | | |
| | | | | | |

Schedule F (Form 990) 2021

Additional Data Software ID: Software Version:

SCHEDULE G (Form 990)

Supplemental Information Regarding

Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information Name of the organization **Employer identification number** PEN AMERICAN CENTER INC 13-3447888 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I 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 Solicitation of government grants Internet and email solicitations 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 Ves No services? 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. (iv) Gross receipts (vi) Amount paid to (i) Name and address of (ii) Activity (iii) Did (v) Amount paid to individual from activity (or retained by) (or retained by) fundraiser have or entity (fundraiser) custody or fundraiser listed in organization control of col. (i) contributions? Yes CAPITAL CAMPAIGN COMMUNITY COUNSELING SERVICE CONSULTING PO BOX 824885 Nο 0 298,589 PHILADELPHIA, PA 19182 298,589 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.

| Pa | rt II Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g | aising event contribut | | | |
|-----------------|--|--|---|-----------------------------------|--|
| 1550 | | (a)Event #1 PEN LITERARY GALA (event type) | (b) Event #2 PEN AUTHOR'S EVENINGS (event type) | (c)Other events 1 (total number) | (d) Total events (add col. (a) through col. (c)) |
| Revenue | | | | | |
| | 1 Gross receipts | 2,525,778 | 197,786 | 68,762 | 2,792,326 |
| | 2 Less: Contributions | 2,161,232 | 188,654 | 68,762 | 2,418,648 |
| | 3 Gross income (line 1 minus line 2) | 364,546 | 9,132 | | 373,678 |
| | 4 Cash prizes | , | , , | | , |
| " | 5 Noncash prizes | | | | |
| Direct Expenses | 6 Rent/facility costs | 132,125 | | | 132,125 |
| xpe | 7 Food and beverages | 98,775 | 9,132 | | 107,907 |
| g | 8 Entertainment | 2,534 | | | 2,534 |
| ă | 9 Other direct expenses | 131,112 | | | 131,112 |
| | 10 Direct expense summary. Add lines | 4 through 9 in column (d |) | | 373,678 |
| Revenue | Gaming. Complete if the or \$15,000 on Form 990-EZ, li | | "Yes" on Form 990, P (b) Pull tabs/Instant bingo/progressive | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
| Rel | 1 Gross revenue | | omgo | | |
| Direct Expenses | 2 Cash prizes | | | | |
| rect | 4 Rent/facility costs | | | | |
| ā | 5 Other direct expenses | | 1 | 1 | |
| | 6 Volunteer labor | Yes% No | ☐ Yes% ☐ No | ☐ Yes% ☐ No | |
| | 7 Direct expense summary. Add lines8 Net qaming income summary. Subtra | | | | |
| 9 a b | Enter the state(s) in which the organiz Is the organization licensed to conduc If "No," explain: | t gaming activities in ea | ch of these states? . | | Yes No |
| 10a b | Were any of the organization's gaming If "Yes," explain: | licenses revoked, susper | nded or terminated durin | g the tax year? | ☐Yes ☐No |
| | | | | | |

| | | Softwa | are ID: | | | |
|--------|--------------------------------------|----------------------------|---|------------|--------------|-----|
| Ac | lditional Data | | Schedu | - | turn to Form | |
| | Return Reference | | Explanation Schedu | le G (Form | 990) 2021 | |
| Par | | | planations required by Part I, line 2b, co b, as applicable. Also provide any additi | | | |
| | in the organization's own exempt ac | tivities during the tax ye | ear 🕨 \$ | |) 1 () | |
| b | | | | | Yes No | |
| а | Is the organization required under s | | ble distributions from the gaming proceeds to | _ | _ | |
| 17 | Mandatory distributions: | | | | | |
| | ☐ Director/officer | Employee | ☐ Independent contractor | | | |
| | Description of services provided - | | | | | |
| | Gaming manager compensation ► \$ | | | | | |
| | | | | | | |
| | | | | | | |
| 16 | Gaming manager information: | | | | | |
| | Address | | | | | |
| | Name 🕨 | | | | | |
| С | If "Yes," enter name and address of | • • | | | | |
| | amount of gaming revenue retained | | · | | | |
| b | If "Yes," enter the amount of gaming | revenue received by th | e organization 🕨 \$ and | the | 169 140 | |
| 15a | | | n whom the organization receives gaming | _ | Vas ENa | |
| | Address | | | | | |
| | Name | | | | | |
| 14 | Enter the name and address of the p | person who prepares the | organization's gaming/special events books a | nd records | : | |
| a b | - | | | 13b | | % |
| 13 | Indicate the percentage of gaming a | , | | 13a | | % |
| 12 | formed to administer charitable gam | ing? | t or a member of a partnership or other entity | 🗖 | Yes □No | |
| 11 | Does the organization conduct gami | ng activities with nonme | embers? | . [| Yes No | |
| Sche | dule G (Form 990) 2021 | | | | Pag | е 3 |

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number PEN AMERICAN CENTER INC 13-3447888 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (if applicable) arant cash (book, FMV, appraisal, noncash assistance or assistance or government assistance other) (1) (2) (3) (4) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Cat. No. 50055P For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2021

(f) Description of noncash assistance

Schedule I (Form 990) 2021

| art III | Grants and Oth |
|---------|-----------------|
| | Part III can be |

(1) LITERARY AWARDS

(3) TRANSLATION GRANTS

(4) WRITER'S FUND GRANT

(4)

(5)

(6)

(7)

Part IV

Return Reference

PART I, LINE 2:

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

| ocirculare 1 | (101111 330) 20 |
|--------------|----------------------|
| Part III | Grants and Ot |
| | Part III can be |

| Part III can be duplicated if a | dditional space is needed. |
|---------------------------------|----------------------------|
| (a) Type of grant or assistance | (b) Number of |
| | recipients |

(2) PRISON WRITING CONTEST PRIZE

Explanation

20

115

(c) Amount of

cash grant

399,973

40,733

53,473

170,000

(d) Amount of

noncash assistance

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

IMMEDIATE, SUBSTANTIATED NEED. THE WRITER'S FUND COMMITTEE MAINTAINS RECORDS OF APPLICATIONS.

ACCOMPLISHMENTS IN THE FIELD. THEREFORE, SINCE THE AWARDS AND PRIZES ARE NOT MADE TO FUND SPECIFIC PROJECTS OR ACTIVITIES OF THE RECIPIENTS, THE ORGANIZATION DOES NOT MONITOR THE EXPENDITURES OF THE RECIPIENTS. AWARDS ARE GIVEN TO INDIVIDUALS OF PROVEN MERIT FOR THEIR PERSONAL USE, TRANSLATION FUND GRANTS, INCLUDED AS PART OF LITERARY AWARDS, ARE AWARDED BASED ION A PROPOSAL AND SAMPLE TRANSLATION INTO ENGLISH OF A PREVIOUSLY-UNTRANSLATED WORK, HALF OF THE GRANT IS FUNDED UPFRONT AND THE REMAINDER IS FUNDED AT THE COMPLETION OF THE TRANSLATION. EMERGENCY GRANTS ARE MADE TO WRITERS, WITH WHOM PEN SHARES A COMMUNITY, FOR IMMEDIATE CASH NEEDS THAT ARE DOCUMENTED IN A WRITTEN APPLICATION. THE ORGANIZATION'S WRITER'S FUND COMMITTEE MEETS OUARTERLY TO REVIEW APPLICATIONS FROM WRITERS IN NEED. GRANTS ARE PROVIDED TO THOSE WITH

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

(e) Method of valuation

(book, FMV, appraisal, other)

orm 990, Part IV, line 23.

I the latest information.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Νo

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13-3447888 **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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 equ | | e total amount of | | | 1a, applicable col | umn (D) and (E |) amounts for | that individual. |
|--|------|-------------------------------------|--|---|--------------------------|-----------------------------|--|--|
| (A) Name and Title | | of W-2, 1099-MIS and/or 1099-NEC | | (C) Retirement and other | (D) Nontaxable | (E) Total of columns | (F) Compensation in | |
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | deferred compensation | benefits | (B)(i)-(D) | column (B) reported as deferred on prior Form 990 |
| 1SUZANNE NOSSEL CHIEF EXECUTIVE OFFICER | (i) | 392,283 | 75,000 | 0 | 20,300 | 2,368 | 489,951 | 0 |
| | (ii) | 0 | | | | | | |
| 2DRUSILLA MENAKER | (i) | 215,454 | 0 45,000 | 0 | 0 13,440 | 0 11,757 | 0 285,651 | 0 |
| CHIEF OPERATING OFFICER | | | | | | , | | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3OLAKUNLE APAMPA CHIEF FINANCIAL OFFICER | (i) | 225,000 | 25,000 | 0 | 14,156 | 0 | 264,156 | 0 |
| | (ii) | 0 | 0 | | | 0 | 0 | 0 |
| 4DEBORAH WILSON CHIEF DEVELOPMENT OFFICER | (i) | 177,052 | 15,000 | 0 | 9,633 | 9,951 | 211,636 | 0 |
| | (ii) | | | | | | | |
| 5SUMMER LOPEZ | (i) | 154,658 | 0 15,000 | 0 | 0 9,878 | 0 10,178 | 0 189,714 | 0 |
| SENIOR DIRECTOR, FREE EXPR | | | | | | l | | · |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 CLARISSE ROSAZ SHARIYF SENIOR DIRECTOR, LITERARY | (i) | 141,921 | 7,500 | 0 | 6,550 | 20,640 | 176,611 | 0 |
| | (ii) | 0 | | | | 0 | 0 | 0 |
| 7STEPHEN FEE SENIOR DIRECTOR COMMUNICATIONS | (i) | 138,804 | 10,000 | 0 | 8,934 | 18,304 | 176,042 | 0 |
| SENIOR DIRECTOR, COMMUNICATIONS | (ii) | | | | | | | |
| | () | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| | | | | | | | Schedule J (| Form 990) 2021 |

Schedule J (Form 990) 2021 Page 3 Part Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference Explanation

Schedule J (Form 990) 2021



(Form 990)

SCHEDULE M

Noncash Contributions

▶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.

2021

OMB No. 1545-0047

Open to Public

| | al Revenue Service | | | | | | Inspe | ectio | n |
|-----|---|-------------------------------|---|---|-----------|-------------------------------|--------|-------|-----|
| | ne of the organization | | | | Emplo | yer identificat | ion nu | mber | |
| PEN | AMERICAN CENTER INC | | | | 12.2 | | | | |
| D: | art I Types of Property | | | | 13-34 | 147888 | | | |
| | Types of Property | (-) | (h) | (5) | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, lin | | Method of c oncash contril | | _ | ıts |
| 1 | Art—Works of art | | | _ | | | | | |
| 2 | Art—Historical treasures . | | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household | | | | | | | | |
| _ | goods | | | | + | | | | |
| | Cars and other vehicles | | | | +- | | | | |
| | Boats and planes | | | | + | | | | |
| | Intellectual property Securities—Publicly traded . | X | 1 5 | 908.06 | 7 F A I D | MARKET VA | LUE | | |
| | Securities—Closely held stock | | 1.3 | 300,00 | / I AIN | MARKET VA | LUL | | |
| | , | | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | | |
| | Securities—Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution—Historic | | | | | | | | |
| 14 | structures Qualified conservation | | | | + | | | | |
| 17 | contribution—Other | | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | | |
| 17 | Real estate—Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| | Drugs and medical supplies . | | | | | | | | |
| | Taxidermy | | | | 4— | | | | |
| | Historical artifacts | | | | + | | | | |
| | Scientific specimens | | | | + | | | | |
| | Archeological artifacts Other ► () | | | | + | | | | |
| | Other ▶ () | | | | + | | | | |
| | Other ► () | | | | + | | | | |
| | Other ► () | | | | + | | | | |
| | Number of Forms 8283 received b | , , | , | | 29 | | | | |
| | for which the organization comple | tea Form 82 | 83, Part IV, Donee Acknow | wieagement | 23 | | | Yes | No |
| 30a | During the year, did the organization | tion receive | by contribution any proper | ty reported in Part I, lines | 1 thro | ough 28, that | | | |
| | it must hold for at least three yea exempt purposes for the entire ho | rs from the | date of the initial contribut 12 | ion, and which isn't requir | ed to b | e used for | | | |
| | · · · · · · · · · · · · · | | | | | | 30a | | Νo |
| ı | If "Yes," describe the arrangemen | nt in Part II. | | | | | | | |

b If "Yes," describe in Part II.

describe in Part II.

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

31

32a

Νo

Νo

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PEN AMERICAN CENTER INC **Employer identification number** 13-3447888 Return **Explanation** Reference FORM 990. THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION. THE MEMBERSHIP OF PEN IS COMPOSED OF POETS. PLAYWRIGHTS. PART VI, EDITORS, ESSAYISTS, NOVELISTS, SHORT STORY WRITERS, BIOGRAPHERS, HISTORIANS, PHILOSOPHERS, CRITICS, SECTION A, TRANSLATORS, AND OTHERS SIMILARLY ENGAGED. THE QUALIFICATION FOR MEMBERSHIP IS ACKNOWLEDGED LINE 6 ACHIEVEMENT IN THE LITERARY FIELD OR OTHER DISTINGUISHED SERVICE TO THE LITERARY COMMUNITY. A SEPARATE ASSOCIATE MEMBERSHIP CATEGORY IS CONFERRED UPON STUDENTS, NON-QUALIFYING WRITERS, AND INDIVIDUALS WHO SUPPORT PEN'S GOALS. ASSOCIATE MEMBERSHIP CARRIES NO VOTING RIGHTS. FORM 990, PEN AMERICAN CENTER IS A MEMBERSHIP ORGANIZATION WITH APPROXIMATELY 7,000 CURRENT MEMBERS. THE PART VI. MEMBERSHIP. IN ITS ANNUAL MEETING GENERALLY HELD IN MARCH OF EACH YEAR. ELECTS PEN'S GOVERNING BODY. SECTION A. ACCORDING TO OUR BY-LAWS: - "THE AFFAIRS AND PROPERTY OF PEN SHALL BE MANAGED BY ITS GOVERNING BOARD, LINE 7A THE BOARD OF TRUSTEES, WHO ARE LEGALLY RESPONSIBLE AS FIDUCIARIES TO SEE THAT PEN CARRIES OUT ITS PROGRAMS IN FULFILLMENT OF ITS CHARITABLE PURPOSES..." - "THE ANNUAL MEETING OF PEN MEMBERS. FOR THE ELECTION OF TRUSTEES, OF CORPORATE OFFICERS, AND OF MEMBER COMMITTEE CHAIRS, THE RECEIPT OF REPORTS AND THE CONDUCT OF SUCH OTHER BUSINESS AS MAY COME BEFORE THE MEETING, SHALL BE HELD DURING THE FIRST SIX MONTHS OF THE FISCAL YEAR." FORM 990. ONLY TO THE EXTENT OF BY-LAW CHANGES. PART VI. SECTION A, LINE 7B FORM 990, THE CHIEF FINANCIAL OFFICER, THE CHIEF OPERATING OFFICER, THE CHIEF EXECUTIVE OFFICER AND THE AUDIT COMMITTEE PART VI. REVIEWED A DRAFT OF FORM 990. THE FINAL FORM 990 IS THEN PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO FILING. SECTION B, LINF 11B FORM 990. AT EACH MARCH BOARD MEETING (FIRST MEETING OF THE YEAR), THE CONFLICT OF INTEREST POLICY IS CIRCULATED PART VI. PRIOR TO THE MEETING AND RETURNED BY EACH TRUSTEE TO THE CHIEF EXECUTIVE OFFICER. IN ADDITION, EACH SECTION B. 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 LINE 12C QUESTION BY MAJORITY VOTE. TRUSTEES WHO HAVE BEEN FOUND TO HAVE A CONFLICT IN ANY MATTER PENDING BEFORE THE BOARD SHALL REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE MATTER. THE BOARD MAY REQUEST INFORMATION OR INTERPRETATION FROM THE PERSON(S) INVOLVED IN THE CONFLICT. THE TRUSTEE INVOLVED IN THE CONFLICT SHALL NOT VOTE ON SUCH MATTERS. FORM 990, THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS DETERMINED BY THE BOARD OF DIRECTORS WITH INPUT FROM PART VI. INDEPENDENT EXTERNAL SOURCES. THE CHIEF EXECUTIVE OFFICER. IN CONSULTATION WITH THE CHIEF FINANCIAL OFFICER. SECTION B. DETERMINES STAFF COMPENSATION BASED ON THE SALARY LEVEL OF PREVIOUS STAFF WITH SIMILAR RESPONSIBILITIES. LINE 15 AND TAKING INTO CONSIDERATION THE EXPERIENCE OF THE CANDIDATE AND THE MARKETPLACE. FORM 990, THE ORGANIZATION'S CHARTER, ANNUAL REPORT, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS PART VI. WEBSITE. FORM 990 AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON WRITTEN REQUEST. SECTION C. LINE 19 FORM 990, PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 942,859. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 148,217. TOTAL EXPENSES 1,091,076. OTHER CONSULTANTS: PROGRAM SERVICE EXPENSES 0. PART IX, LINE 11G MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 63.280. TOTAL EXPENSES 63.280. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 60,732. MANAGEMENT AND GENERAL EXPENSES 250,304. FUNDRAISING EXPENSES 4.633. TOTAL EXPENSES 315.669. FORM 990. RETURN OF PRIOR YEAR GRANTS -60.954. PART XI. LINE 9:

SCHEDULE R (Form 990)

Department of the Treasury

PEN AMERICAN CENTER INC

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

2021
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-3447888

| Part I Identification of Disregarded Entities. Comple | ete if the | organization a | nswere | ed "Yes" on F | orm 99 | 00, Part IV, | line 3 | 33. | | | |
|---|------------|--------------------------------|----------------|--|-----------|------------------------|--------|--|--------------------------------------|--------------------------|----------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary activity | | (c) Legal domicile (s' or foreign count | | (d) Total income ntry) | | (e) End-of-year assets | ets Direct controlling entity | | |
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| Part II Identification of Related Tax-Exempt Organiz | ations. C | Complete if the | organ | ization answ | ered "Y | es" on Forr | n 990 | 0, Part IV, line | e 34 because it had | one | — |
| or more related tax-exempt organizations during the (a) Name, address, and EIN of related organization | | (b) mary activity | Legal or fo | (c) domicile (state reign country) | Exempl | (d) Code section | | (e) lic charity status ection 501(c)(3)) | (f) Direct controlling entity | Sec 512 (1 cont | |
| (1)PEN AMERICA LOS ANGELES | | PRESSION AND | CA | | 501(C)(3) | | LINE 7 | | PEN AMERICA CENTER INC | Yes | No No |
| 8444 WILSHIRE BLVD 4TH FL BEVERLY HILLS, CA 90211 95-3502910 | LITERARY | ' ACTIVITIES | | | | | | | | | |
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| For Paperwork Reduction Act Notice, see the Instructions for Form 990 | | | Ca | at. No. 50135 | Y | | | | Schedule R (Form 990 |) 20: | 21 |

| Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 | ٠, |
|--|----|
| because it had one or more related organizations treated as a partnership during the tax year. | |

| | | | | | , - | | | | | | | |
|---|--------------------------------------|---|--|--|------------------------------------|--|-------------------|----------------------------|--|---------------------|-----------------|--------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | Disprop alloca | h) ortionate ations? | (i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065) | Gene man part | laging tner? | (k) Percentage ownership |
| | | | <u> </u> | | | | Yes | No | | Yes | No | |
| 3. | | | | | | | | | | | | |
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| Part IV Identification of Related Organ 34 because it had one or more rela | nizations Taxable ated organizations | as a Contreated as | rporation a corpora | or Trust. Contion or trust do | mplete if uring the | the orga tax year | nization | answered | "Yes" on | Form 9 | 90, Part | IV, line |
| (a) | (b) | | c) | (d) | (e) |) | (f) | (a) | (t | 1) | | (i) |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile | (d) Direct controlling entity | (e) Type of entity (C corp, S | (f) Share of total income | (g) Share of end- of-year | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | | |
|--|--------------------------------|---------------------------------|-------------------------------|-------------------------------------|---------------------------------|---------------------------------|---------------------------------------|---|---------|--|
| | | (state or foreign country) | | corp, or trust) | | assets | | Yes | No | |
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| | <u> </u> | | | | | | Schedule | R (Form 99 | 0) 2021 | |

| che | edule R (Form 990) 2021 | | Pa | ge 3 | | | | |
|------------|--|------------|-----|-------------|--|--|--|--|
| Pa | 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 D | During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | | | | |
| а | 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) | 1b | | No | | | | |
| c | Gift, grant, or capital contribution from related organization(s) | 1 c | | No | | | | |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | No | | | | |
| е | Loans or loan guarantees by related organization(s) | | | | | | | |
| f | Dividends from related organization(s) | 1f | | No | | | | |
| g | Sale of assets to related organization(s) | 1 g | | 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) | 1j | | No | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No | | | | |
| 1 | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | Yes | | | | | |
| rh | 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 | | | | |
| 0 | Sharing of paid employees with related organization(s) | 10 | | No | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1 p | | No | | | | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | No | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | No | | | | |
| s | Other transfer of cash or property from related organization(s) | 1 s | | No | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | | | | | |
| | (a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) (d) Amount involved Method of determining and | | | | | | | |
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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.

| revenue) that was not a related organization. See inst | | | | in invest | ment partne | | | | | | | | | | | | | | |
|--|-----------------------------------|---|---|-----------|---|--|--|-----|--|--|-----------|--------------|------------------|------------------------------------|--|--|----------------------|--|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | Legal Predominant Income state or (related, ountry) excluded from | | domicile income (state or (related, foreign unrelated, country) excluded from | | r (related, 501(c)(3 organizatio) excluded from | | (e) I partners ction (c)(3) iizations? | e) (f) partners tion Share of total en income actions? | | total end-of | otal end-of-year | (h) Disproprtionate r allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 | managing partner? | | (k) Percentage ownership |
| | | | tax under sections 512- 514) | Yes | No | | | Yes | No | (Form 1065) | Yes | No | | | | | | | |
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|----------------------------|-------------------|----------------------------|
| Part VII Supplemental In | | |
| Provide additional inf | | |
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| | | Schedule R (Form 990) 2021 |
| Additional Data | | Return to Form |
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