* * *	PUBLIC	DISCLOSURE	COPY	* * *
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Depa	/. Jan	<b>90</b> uary 2020) of the Treasury enue Service	Return of Organization Exempt From In           Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc           ▶ Do not enter social security numbers on this form as it may b           ▶ Go to www.irs.gov/Form990 for instructions and the latest	ept private foundations e made public. information.	OMB No. 1545-0047 2019 Open to Public Inspection
AF	or th	e 2019 calend	ar year, or tax year beginning $ { m JUL}1,2019$ and ending $ { m J}$	<u>UN 30, 2020</u>	
Bc	heck if	C Name of	organization	D Employer identifica	ation number
	Addre				
	chang Name		IAM PENN HOUSE		0
	chang	ge Doing bi	usiness as	52-084671	8
	returr Final	Number	and street (or P.O. box if mail is not delivered to street address)	E Telephone number	
	returr termi ated	~	EAST CAPITOL STREET SE	(202) 543	
	ated Amer		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	866,924.
	returr Appli	WASH	INGTON, DC 20003	H(a) Is this a group ret	
	tion pend	F Name a	nd address of principal officer: DIANE RANDALL	for subordinates?	
			AS C ABOVE	H(b) Are all subordinates incl	
		empt status:	$\underline{X}$ 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 527 WILLIAMPENNHOUSE.ORG	- '	st. (see instructions)
		f organization:		H(c) Group exemption	State of legal domicile: DC
	nt I	Summary			State of legal dominitie, DC
	1		e the organization's mission or most significant activities: TO OFFER A	COMMUNTTY O	F LEARNING
e	'		LORATION, A PLACE OF REST AND NURTURE, A		
Governance	2	Check this bo			
ver	3		ing members of the governing body (Part VI, line 1a)		13
	4		ependent voting members of the governing body (Part VI, line 1b)	·····	12
ა ა	5		of individuals employed in calendar year 2019 (Part V, line 2a)		6
itie	6		of volunteers (estimate if necessary)		17
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12	7a	0.
A			business taxable income from Form 990-T, line 39		0.
				Prior Year	Current Year
¢)	8	Contributions	and grants (Part VIII, line 1h)	61,333.	848,688.
nué	9	Program servi	ce revenue (Part VIII, line 2g)	235,874.	16,275.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	51.	31.
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,064.	1,930.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	298,322.	866,924.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid	o or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	220,589.	87,761.
nse	<b>1</b> 6a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b		ng expenses (Part IX, column (D), line 25)		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	142,963.	181,387.
	18	Total expense	s Add lines 13-17 (must equal Part IX, column (A), line 25)	363.552	269.148.

Beginning of Current YearEnd of Year20Total assets (Part X, line 16)89,608.918,473.21Total liabilities (Part X, line 26)157,620.388,709.22Net assets or fund balances. Subtract line 21 from line 20-68,012.529,764.Part IISignature Block

Revenue less expenses. Subtract line 18 from line 12

19

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

-65,230.

597,776.

	Bibre Randall		5/17/21	
Sign	Signature of officer		Date	
Here		SECRETARY		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	FRANK H. SMITH	Frank H. Smith	05/17/21 self-employed	₽00639053
Preparer	Firm's name 🕒 MARCUM LLP		Firm's EIN ▶ 1	1-1986323
Use Only	Firm's address 🕨 1899 L STREET, NV	v #850		
	WASHINGTON, DC 20	0036	Phone no. ( 20	2) 822-5000
May the I	RS discuss this return with the preparer shown abov	/e? (see instructions)		X Yes No
932001 01-2	D-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2019)
S	EE SCHEDULE O FOR ORGANIZA *** ELECTRONIC	TION MISSION STATEM ALLY FILED ON 05/17	ENT CONTINUATI /2021 ***	ON COPY

	990 (2019) WILLIAM PENN HOUS		52-0846718	Page <b>2</b>
Pa	t III Statement of Program Service Accompli			
1	Check if Schedule O contains a response or note to a Briefly describe the organization's mission:	ny line in this Part III	<u></u>	
'	TO OFFER A COMMUNITY OF LEARNI	NG AND EXPLORATION.	A PLACE OF REST AN	D
	NURTURE, AND AN OPPORTUNITY FO			
	BETTER WORLD.			
2	Did the organization undertake any significant program serv prior Form 990 or 990-EZ?			XNo
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant	changes in how it conducts, any prog	ram services? Yes	XNo
	If "Yes," describe these changes on Schedule O.			
ŀ	Describe the organization's program service accomplishmen	• • •		
	Section 501(c)(3) and 501(c)(4) organizations are required to revenue, if any, for each program service reported.	report the amount of grants and alloc	ations to others, the total expenses, ar	חמ
a		ncluding grants of \$	) (Revenue \$ 15,1	275 <b>.</b> )
	WILLIAM PENN HOUSE PROVIDED A			
	LEARNING, SPIRITUAL EXPLORATIO	-	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	TRADITION FOR INDIVIDUALS AND EDUCATION AND ADVOCACY ON ISSU			
	EDUCATION AND ADVOCACT ON 1550	ES OF FEACE BOILDIN	G AND SOCIAL DUSTIC	• •
	AS OF JULY 1ST, 2019, THE STAR	T OF FISCAL YEAR 20	20, NO PROGRAM	
	ACTIVITIES WERE OPERATED DUE T	O THE CLOSE OF WILL	IAM PENN HOUSE	
	BUILDING FOR REPAIRS.			
b		ncluding grants of \$		000.)
	WILLIAN PENN HOUSE'S EDUCATION			
	OPPORTUNITIES TO LEARN AND EXP DIRECT SERVICE ACTIVITES, DISC			
	ACTIVISTS, AND VISITS WITH MAR			C
	AND WEST VIRGINIA.		· · ·	
C	(Code:) (Expenses \$ ii	ncluding grants of \$	) (Revenue \$	)
d	Other program services (Describe on Schedule O.)	) (Revenue S	¢ \	
e	(Expenses \$ including grants of \$ Total program service expenses >	) (Hevenue S	۶ ) )	
	· · · · · · · · · · · · · · · · · · ·		Form <b>9</b>	<b>90</b> (2019)
)02	01-20-20			•
		2		<b>DPY</b>
15	17 150872 233459	2019.05094 WILLIA	M PENN HOUSE	255459

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Form	990	12015	,

 Form 990 (2019)
 WILLIAM
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 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	- 23
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	- 23	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D. Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D.		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X
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 Form 990 (2019)
 WILLIAM
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
	5,000 of grants or other assistance to or for domestic individuals on			
	mplete Schedule I, Parts I and III	. 22		_X_
	art VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	key employees, and highest compensated employees? If "Yes," complete	00	x	
		23	~	
	bond issue with an outstanding principal amount of more than \$100,000 as of the			
	er December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
, 0				
	ds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
	w account other than a refunding escrow at any time during the year to defease	24c		
	alf of" issuer for bonds outstanding at any time during the year?			
		<b>24</b> u		
	c)(29) organizations. Did the organization engage in an excess benefit luring the year? If "Yes," complete Schedule L, Part I	25a		х
	ed in an excess benefit transaction with a disqualified person in a prior year, and	23a		- 23
	ted on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
,	on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
	employee, creator or founder, substantial contributor, or 35%			
	ny of these persons? If "Yes," complete Schedule L, Part II	26	x	
	other assistance to any current or former officer, director, trustee, key employee,	20	- 23	
	tor or employee thereof, a grant selection committee member, or to a 35% controlled			
	or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
	less transaction with one of the following parties (see Schedule L, Part IV	21		
instructions, for applicable filing thresho				
	stee, key employee, creator or founder, or substantial contributor? If			
		28a		х
	ribed in line 28a? If "Yes," complete Schedule L, Part IV			X
	individuals and/or organizations described in lines 28a or 28b? If	200		
		28c		х
	\$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>			X
	uns of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
	dule M	30		х
	e, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
	pose of, or transfer more than 25% of its net assets? If "Yes," complete			
		32		х
	ntity disregarded as separate from the organization under Regulations	52		
5	If "Yes," complete Schedule R, Part I	33		х
	exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	. 00		
		34	x	
	entity within the meaning of section 512(b)(13)?			х
	n receive any payment from or engage in any transaction with a controlled entity			
	<ul> <li>B)? If "Yes," complete Schedule R, Part V, line 2</li> </ul>	35b		
	he organization make any transfers to an exempt non-charitable related organization?			
	ine 2	36		х
	n 5% of its activities through an entity that is not a related organization			
	federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
	e O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note: All Form 990 filers are required to		38	x	
Part V Statements Regarding O	Other IRS Filings and Tax Compliance	<u> </u>		
	response or note to any line in this Part V			
			Yes	No
1a Enter the number reported in Box 3 of F	Form 1096. Enter -0- if not applicable	4		
-	ded in line 1a. Enter -0- if not applicable 1b	0		
	up withholding rules for reportable payments to vendors and reportable gaming	-		
(gambling) winnings to prize winners?		1c	х	
2004 01-20-20			<b>990</b> (	(2010)
	4			
)517 150872 233459	2019.05094 WILLIAM PENN HOUSE	し	Ŷ	34

Part V         Statements Regarding Other IRS Flings and Tax Compliance continued.         Yes         No           2a         Enter the number of employees reported on From W3, Transmittal of Wage and Tax Statements, 2a         6         6           2a         Enter the number of employees reported on From W3, Transmittal of Wage and Tax Statements, 2a         6         8           5         If a teast one is reported on line 2a, dot the organization file al required fedral employment tax returns?         2a         X           3a         Ddt the organization have unrelated basiness gross income of \$1,000 or more during the year?         3a         X           4         At any time during the calendar year, did the organization have an intervel in, or a signature or other authonity ows, a financial accounty?         4a         X           5         Wes the organization have anits account, securities account, or other financial accounts?         5a         X           5         Wes the organization from 600 from 60866 f?         5a         X         5b         X           6         Test: foil the organization from 6886 f?         5a         X         5b         X           6         Did the organization include with every solicitation an express statement that contributions or gifts were not tax deductibia at the anomaly greater than \$100,000, and did the organization face the number of emms 828 f?         5a         X           7 <th>Form</th> <th>990 (2019) WILLIAM PENN HOUSE 52-0846</th> <th>718</th> <th>Р</th> <th><sub>age</sub> 5</th>	Form	990 (2019) WILLIAM PENN HOUSE 52-0846	718	Р	<sub>age</sub> 5
2a         Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,         2a         6           b         If at least one is reported on line 2a, did the organization file all required federal employment tax returns?         2b         X           Note: If the sum of lines 1a and 2a is greater than 250, you may be required 10 e.a/b (Be instructions)         3a         X           a         At any time sta and 2a is greater than 250, you may be required 10 e.a/b (Be instructions)         3b         X           b         If Yes, 'instified a form 000 T for this year, did the organization have an interest. In or a significative or other autority over, a financial account in a foreign country year.         3b         X           b         If Yes, 'instified a promibiot tax shell be transciol and any time during that year?         5a         X           b         If Yes, 'instified a promibiot tax shell be transciol and any time during that year?         5a         X           b         If Yes, 'instified a promibiot tax shell be transciol and any time during that year?         5a         X           b         If Yes, 'instified a cognization have than 886.77         5a         X           b         If Yes, 'indition shit hay receive deductible a charitable contributions of small partly for goods and services provided the prograzitation services provided the reganization services provided the reganization services provided the reganization services and trecerive and trave and trave and tre	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Interd or the calendar year ending with or within the year covered by this return     Iza     Iza     Iza       b     If all east one is reported on line 2.4, dith or ognatization fiel all required forcial engineement tax returns?     Box     X       3a     Dot the organization have unrelated business gross income of \$1,000 or more during the year?     Box     X       3a     Diff Tess: final filed a form 990-11 or this year? If two'r to line 3b, provide an explanation on Schedule O     Box     X       3a     At any time during the calendar year, did the organization have an interest in, or a signature or other mathority over, a financial account is eschering controlly lub. At a bank account, security a organization have an interest in, or a signature or other financial accounts (FBAR).     Bax     X       5a     Max     Security lub. At a bank account, security accounts (FBAR).     Bax     X       5a     Max     Security lub. At a bank account, security organization have annual gross recepts that are ornally greater than \$100.000, and did the organization solid any comparization have annual gross recepts that are ontrally greater than \$100.000, and did the organization solid any comparization have annual gross recepts that are normally greater than \$100.000, and did the organization have annual gross recepts that are normally greater than \$100.000, and did the organization solid any accepts active annual greater than \$100.000, and did the organization solid any accepts active annual greater than \$100.000, and did the organization solid any accepts active annual greater than \$100.000, and did the organization second \$100 fore that second \$170 for that are accepts accepts accepts				Yes	No
b       If at least one is reported on line 28, did the organization file all required to a-66 (see instructions)       26       X         36       Did the organization have unrelated business grass income of \$1,000 on one during the year?       36       X       37         37       Did the organization have unrelated business grass income of \$1,000 on one during the year?       38       X       38       X         38       Did the organization have unrelated business grass income of \$1,000 on mee during the year?       38       X       38       X         39       Did the organization have annual grass theire transaction at any time during the tax year?       58       58       56       X       56       X         40       Did any taxable party notify the organization have sheart transaction at any time during the tax year?       58       56       X       56       X         58       Did any taxable party notify the organization have sheart transactions?       50       X       56       X         59       Did the organization nacted with every solicitation an express statement that such contributions or gifts were not tax deductible exclusions and party for goods and services provided to the party?       5a       X         50       Did the organization necke way solicitation an express statement that such contributions or gifts were not tax deductible exclusions under secton 170(c).       5b       176       X <td>2a</td> <td></td> <td></td> <td></td> <td></td>	2a				
Note:         If the sum of lines 1 and 2 as greater than 250, you may be required to a-rise (see instructions)         Image:		filed for the calendar year ending with or within the year covered by this return 2a 6			
3a       Def the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       fif Yes, 'has if field a Form 980-T for this year? /f 'Wo' to <i>line 3b</i> , provide an explanation on Schedule O       3b       X         a       At any time during the calendar year, did the organization have an interest in, or a signature or other submity over, a financial account!       3b       X         b       If 'Yes, 'has if field a Foreign country (such as a bark account, securities account, or other financial account)?       4a       X         b       If 'Yes, 'has if field a Foreign country (such as a bark account, securities account, or other financial account)?       5a       X         58       is the organization have annual gross reaceipts that are normally greater than \$100,000, and did the organization solicit any contributions that was not tax (deductible ac haritable contributions?)       5a       X         60       Does the organization noicide with every solicitation active solicita	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b       If Yes," has it field a form 990-T for this yes? // Wo* to fire 32b, provide an explanation on Schedule 0       3b       X         4A At any time during the calendar year, did the organization have an interest in, or a signature or other authonly over, a different in a foreign county (such as a bank account, securities account, or other financial account)       4a       X         b       If Yos," other the name of the foreign county (such as a bank account, securities account, or other financial accounts)       5a       X         B       Did any taskel party notify the organization have an internaction at any time during the tax year?       5a       X         B       Did any taskel party notify the organization have an interaction at any time during the tax year?       5a       X         C       If Yes," to line Sa or 5b, did the organization have an explexes that are normally greater than \$100,000, and did the organization solidit any contributions that are or normally greater than \$100,000, and did the organization solidit any contributions that are preceive deductible contributions are express statement that such contributions or gifts were not tax deductible?       7a       X         7       Organization setter analy control to the organization setter analy control to the organization setter analy control to the organization set analy setter than anothy the during the year?       7a       X         7       Organization setter analy control to the organization setter analy control to the organization setter analy control to the organization setter analy taxete the analy that a control to the organization s		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
44       At any time during the calendar year, idd the organization have an interest in, or a signature or other authority over, a financial account in a torsign country (such as a bank account, securities account, or other financial accounts)       4a       X         bit 11 * vsc, inter the name of the foreign country is what is a bank account, securities account, or other financial accounts (FBAR),       5a       X         bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         bit or sys, is on the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5a       X         bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         c Uf the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         d Uf the organization include with every solicitation an express statement that such contributions or gifts were no tax deductible?       7a       X         d Uf the organization include with every solicitation an express statement that such contributions or gifts were no tax deductible?       7a       X         d Uf the organization include with every solicitation an express battern contract?       7a       X         d Uf the organization include with every solicitation an express statement contract?       7a       X			3a		
Image: Interval       Image: Ima			3b	X	
b If "Yes," enter the name of the foreign country  → See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization aper to a prohibited sus where transaction? b Id any taxable party notity the organization for filing Born BBAS T? Call If "Yes" to a prohibited as where transaction? can y contributions that were not tax deductible form BBAS T? Call If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions? Call the organization notity the donor of the value of the opods and services provided to the pareit to the form BBAS T? Call the organization notity the donor of the value of the opods and services provided to the pareit to the form BBAS T? Call the organization notity the donor of the value of the opods and services provided to the pareit to the form BBAS T? Call the organization notity the donor of the value of the opods and services provided T To Call the organization notity the donor of the value of the opods or services provided T To Call the organization notity the donor of the value of the opods or services provided T To Call the organization neceive any funds, directly or indirectly, on pay premiums on a personal benefit contract? To Call the organization neceive any funds, directly or indirectly, on pay premiums on a personal benefit contract? To Call the organization neceive any funds, directly or indirectly, on pay premiums on a personal benefit contract? To Call the organization neceive any funds, directly or indirectly, on pay premiums on a personal benefit contract? To Call the organization make a distribution scholing at any time during the year? Sonosring organization have excess bularies, or one, donor advised fund maintained by the sponsoring organization make a any taxable distributions on offers on the second the distribution to a donor, donor advised funds. Diable the sponsoring organization make any ta	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5         54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea?       5       5       X         56 Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       56       X         67 Organization new annual gross receipts that are normally greater than \$100,000, and did the organization solution include with every solicitation an express statement that such contributions of the organization include with every solicitation an express statement that such contributions of the organization network symmet in necesso of \$75 made party as a contribution and party for goods and services provided to the payn?       7         7       Types," did the organization notify the donor of the value of the goods or services provided?       7       7         7       Types," did the number of Forms 8282 filed during the year       7       7       X         10       Types," did the organization scile any tunds, directly or indirectly, on a personal benefit contract?       7       7       X         10       Types," did the organization celve any tunds, directly or indirectly, on a personal benefit contract?       7       7       X         10       Types," did the organization celve any tunds, directly or indirectly, on a personal benefit contract?       7       7       X         10       Did the sponacitation se		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization file Form 888617     5b     X       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 es chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions?     6a     X       b     If "Yes," did the organization notify the done of the goods or asvices provided to the pary?     7a     X       b     If "Yes," did the organization notify the done of the goods or asvices provided to the pary?     7a     X       b     If "Yes," did the organization notify the done of the goods or asvices provided to the pary?     7a     X       c     Did the organization notify the done of the value of the goods or asvices provided?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       d     If the organization, during the year, approximations on a personal benefit contract?     7t     X       d     If the organization mains any done advised fund anintaled by the sponsoring organization mains any done advised funds. Did a done advised fund anintaled by the sponsoring organization mains any done advised funds.     9a	b				
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes" to line 5a or 5b, did the organization file Form 8886 T?       5c       5c         d       Does the organization have annual gross excepts that are normally greater than \$100,000, and did the organization solidit any contributions include with every solicitation an express statement that such contributions or gits       5c       5c         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gits       6b       7c         7 Organization review a general in excess of \$75 made party is a contribution and party for goods and services provided to the part?       7c       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7d       7d         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of cars, boats, any time during the year?       7d       7d       X         g       If the organization received a contribution of cars, boats, any time during the year?       7d       7d       X         g       If the organization received a contribution of cars, boats, any time during the year?       8a       9       9a       0a	_				37
c       If "Yes" to line 5a or 5b, did the organization file Form 8886 T?       5c         6a       Dese 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 chartable contributions?       6e       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and exercises provided?       7e       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and partly for goods and services provided?       7e       X         b       If "Yes," did the organization include with every solicitation on express statement that such contributions or gifts       8b         if Uf the organization neceive a payment in hexces of \$75 made partly as a contribution or goods and services provided?       7e       X         dift the organization receive any unds, directly or indirectly, on a personal benefit contract?       7f       X         dift the organization received a contribution of cars, boats, aprilanes, or other vehicles, dift the organization file Form 8998 or required?       7a       X         b       If the organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b       0b         8       Sp					
Ga       Dess 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?       Ga       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Gb       K         a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Gb       K         b If "Yes," id d the organization exchange, or therwise dispose of tangible personal property for which it was required to file Form 8282?       Td       Te       X         c If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f If the organization receive any funds, directly or indirectly, on a personal benefit contract?       Td       X         g If the organization neceive any funds, directly oriently or indirectly, on a personal benefit contract?       Td       X         g If the organization neceive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8093 as required?       Th       X         g If the organization neceive any funds, directly oriently or indirectly, on a personal benefit contract?       Td       X         g If the organization neceive any funds, directly oriently or indirectly, or a personal benefit contrinduce?       Th       X </td <td></td> <td></td> <td></td> <td></td> <td>X</td>					X
any contributions that were not tax deductible a charitable contributions?     6a     X       b     if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       a     Did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7a     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7a     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7a     X       d     If the organization, during the year, apy remiums, directify or indirectly, or a personal benefit contract?     7f     X       g     If the organization during the year, apy remiums, directify or indirectly, or a personal benefit contract?     7f     X       g     Sponsoring organization mathaining door advised funds.     Did the organization in mathaining door advised funds.     Bid word advised funds.     Bid word advised funds.       a     Did the sponsoring organization make a sitzibulio file advisor, or related person?     Bid     Bid       9     Sponsoring organization. The advisor during the year, apy the sponsoring organization make a sitzibulion advised funds.     Bid			<u>5c</u>		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         C Organizations that may receive deductible contributions under section 170(c).       10 the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1090C7       7h       X         g       If the organization nave excess business holdings at any time during the year?       7g       X         9       Sponsoring organization nave ary xable distributions under section 4966?       9a       9a       9b       9a       9b       9b       9b       9b       9b       9b       9b       9a       9b	6a				
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7a       8 Did the organization neceives of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a       7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       7 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       7 Did the organization neceived a contribution of qualified intellectual property, did the organization file Form 8898 as required?     7d     X       7 Hi the organization neceived a contribution of cars, basts, anplanes, or a personal benefit contract?     7f     X       7 Bi the organization neceived a contribution of cars, basts, anplanes, or other vehicles, differ organization file a Form 1098-C?     8       8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.     9a       9 Did the sponsoring organization make a distribution to a donor, doror advisor, or related person?     9a       9 Did the sponsoring organization. Enter:     10a       10b th sponsoring organizations. Enter:     10a       11b     10b       12a     12a       13 Section 601c(12) organization. Enter:     11a       14b     12b       15 Section 601c(12) organiz		•	<u>6a</u>		
7       Organizations that may receive deductible contributions under section 170(c).       a) did the organization neckive the payment in excess of 5/5 made partly as a contribution and partly for goods and services provided to the payment bit if "Nes," if did the organization neckive a payment in excess of additional information to the goods or services provided?       7a       X         b) If "Nes," if did the organization notify the donor of the value of the goods or services provided?       7c       X         c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7a       X         d) If ves," indicate the number of Forms 8282 filed during the year       7d       7d       X         f) Did the organization received a contribution of qualified intellectual property, idit the organization file a Form 1098-C?       7n       X         g) If the organization received a contribution of qualified intellectual property, idit the organization file a Form 1098-C?       7n       7n         S ponsoring organization maintaining donor advised funds.       Did a donor advised fund fund.       8a       9a         9 Did the sponsoring organization makes any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(2) organizations. Enter:       10a       10a       10a       10a         11 Section 501(c)(2) organizations. Enter:       10a       10b       12a       12a </td <td>b</td> <td></td> <td></td> <td></td> <td></td>	b				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If 'Yes,''indicate the number of Forms 8282 filed during the year       7d       7d       X         f Did the organization received a contribution of qualified intellectual property for which it was required?       7d       X         g If the organization received a contribution of cars, bosts, aiplenses, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667       9a       9a         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9a         10 Section 501(c)(12) organizations. Enter:       10a       10a       11a       12a         11 Gross income from members or shareholders       11a       11a       12a       12a         12 Section 501(c)(12) organizations. Enter:       10b       10b       12a       12a	_		6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization, during the year, pay premiums, on a personal benefit contract?       7f       X         f       Did the organization, during the year, pay premiums, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organization maintaining donor advised funds.       9a       9a       9a       9a         D id the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       9b       9a <td< td=""><td></td><td></td><td>-</td><td></td><td>v</td></td<>			-		v
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       X       Yes," indicate the number of Forms 8282 filed during the year       Td       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tf       X         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?       Th       Th         8       Sponsoring organizations maintaining door advised funds.       Did a donor advised funds.       B       B         9       Sponsoring organization make any taxable distributions under section 4966?       9a       B       B         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       Did       B         11       Section 501(c)(12) organizations. Enter:       Intilation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Intila       Intila       Intila       Intila       Intila       Intila       Intila       Intila	-				_ <u> </u>
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       Td       7e       X         d If "Yes," indicate the number of Forms 8282 filed during the year pay premiums on a personal benefit contract?       7e       X         f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7n       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         10       section 501(c)(7) organizations. Enter:       10a       10b       9b       9b       9b       9b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10d <td< td=""><td></td><td></td><td><u> </u></td><td></td><td></td></td<>			<u> </u>		
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tf       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       The organization maceived a contribution of acris, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?         8       Sponsoring organization make any taxable distributions under section 4966?       B         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross income from members or shareholders       11a       10b         12a       Section 501(c)(12) organization make any taxable distributions acreate against amounts due or received from them.)       12a         12a       Section 501(c)(12) organizations. Enter:       10b       11a         a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a         12a       11a	С				v
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         8       Sponsoring organizations maintaining door advised funds.       Did a door advised fund maintained by the sponsoring organizations maintaining door advised funds.       8       8         9       Sponsoring organizations maintaining door advised funds.       8       8       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9b       9b<	-		/C		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       7n         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       7n         Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       9         Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?       9a       9b       9b       9b         Section 501(c)(17) organizations. Enter:       10a       10b       10c       10c       10c       10c       10c       10c       10c       10c <t< td=""><td></td><td></td><td>7.</td><td></td><td>v</td></t<>			7.		v
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       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 organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         11       Section 501(c)? organizations. Enter:       10a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         12a       Section 501(c)(22) qualified nonprofit health insurance issuers.       12a       13a       13a         13       Section 501(c)(22) qualified nonprofit health plans in more than one state?       13a       13a       13a       13a <td>_</td> <td></td> <td></td> <td></td> <td></td>	_				
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 make any taxable distributions under section 4966?       8         9       Sponsoring organizations maintaining donor advised funds.       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         10       Section 501(c)(12) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         b       Gross income from members or shareholders       11a         b       Gross income from members or shareholders       11b         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       If "Yes," 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 in more than one state?       13a         14       Did the organization r					
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         10       Id the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a         11       Section 501(c)(12) organizations. Enter:       10b       11b       12a         12       Section form members or shareholders       11a       11b       12a         13       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         14       M* Yes,* enter the amount of tax-exempt interest received or accrued during the year       12b       12a         15       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         14       Did the organization receives any payments for indoor tanning services during the xyear?       14a       X         b       If "Yes," has it filed a Form 720 to report t					
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distributions to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Gross receipts, included on Form 990, Part VIII, line 12.       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from them.)       11b       12a       12a         28       Section 501(c)(20) qualified nonprofit health insurance issuers.       12b       12a       12a         b       If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization size qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	_		<u>/n</u>		
9       Sponsoring organizations maintaining donor advised funds.       9         a       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:       10a         a       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 facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b         a       Gross income from others sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a         14       Types," enter the amount of reserves on hand       13b       13c         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is th	0				
a 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: <ul> <li>a Initiation fees and capital contributions included on Part VIII, line 12</li> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>10a</li> <li>10b</li> </ul> 10a           11 Section 501(c)(12) organizations. Enter: <ul> <li>a Gross income from tother sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>11b</li> <li>11b</li> <li>11b</li> <li>12a</li> <li>Section 501(c)(29) qualified nonprofit health insurance issuers.</li> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li> <li>13a</li> <li>Note: See the instructions for additional information the organization must report on Schedule O.</li> <li>b Enter the amount of reserves on hand</li> <li>13a</li> <li>Is the organization receive any payments for indoor tanning services during the tax year?</li> <li>If a X</li> <li>b th "Yes," has it filed a Form 720 to report these payments? <i>It "No," provide an explanation on Schedule O</i></li> <li>14a</li> <li>X</li> <li>If "Yes," see instructions and file Form 4720, Schedule N.</li> </ul> 14a     X           15         Is the organization an educational inform 420, orprovide an explanation on Schedule O <li></li>	0		<u> </u>		
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       Enter the amount of reserves on hand       13c       13a         14a       X       13b <td></td> <td></td> <td>00</td> <td></td> <td></td>			00		
10       Section 501(c)(7) organizations. Enter:         a       Initiation fees and capital contributions included on Part VIII, line 12         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities         11       Section 501(c)(12) organizations. Enter:         a       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.)         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         12b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year         13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves on hand         14a       X         15       Is the organization receive any payments for indoor tanning services during the tax year?         14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?         15       Is the organization an educational institution					
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b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from members or shareholders       11a       11b         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         3       Section 501(c)(2)29 qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject					
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       11b       12b       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       If "Yes," has if filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         b       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X         b       Is the organization an educational information subject to the section 4968 excise tax on net investment income?       15       X					
a Gross income from members or shareholders       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X					
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         b       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       13b       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					
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a 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.       Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X					
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the instruction of the instruction of the instruction of the instruction is licensed to issue qualified health plans       Image: Construction of the instruction of the instructio			13a		
b       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       13b       13b         c       Enter the amount of reserves on hand       13c       14a       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X		-			
organization is licensed to issue qualified health plans       13b       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
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b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X			14a		X
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X	b				
excess parachute payment(s) during the year?					
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16	Is the exercise time of a chiractional institution cubicates the the continue 1000 cubicates and incoment income	16		X

Form **990** (2019)

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WILLIAM PENN HOUSE

52-0846718 Page 6

Form **990** (2019)

**CQPX** 3459\_1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management					<u></u>	X
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		13		103	110
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		anv other				
-	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
					3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form				4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		Х
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?				7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye						
а	The governing body?	-	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
		0101100	0000			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c						
					10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo				11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		C				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						
	in Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14		Х
15	Did the process for determining compensation of the following persons include a review and approv.						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-					
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	-	-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ DC						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (Section 50	1(c)(3)s	only)	availa	ole
	for public inspection. Indicate how you made these available. Check all that apply.				.,		
	X Own website Another's website X Upon request Other (explai	n on Se	chedule (O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	cy, and	financ	cial	
	statements available to the public during the tax year.						
20	State the name address, and telephone number of the person who possesses the organization's bo		d rooordo				

KEVIN TWILLMAN - (202) 543-5560

515 1	EAST	CAPITOL	STREET	SE,	WASHINGTON,	DC	20003
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2019.05094 WILLIAM PENN HOUSE

6

Form 990 (2019)	WILLIAM PENN HOUSE	52-0846718	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Emplo	Employees, and Independent Contractors							
Check if	f Schedule O contains a response or note to any line in this Part VII							
Section A. Officer	rs, Directors, Trustees, Key Employees, and Highest Compensated Empl	oyees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								
<ul> <li>List all of the c</li> </ul>	organization's current officers, directors, trustees (whether individuals or orga	anizations), regardless of amount of compens	sation.					

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box,	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of
	week				from	from related	other			
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or o	stee			Isated		(W-2/1099-MISC)	(112/1000 11100)	organization
	organizations	truste	al tru		yee	im per		(		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co loyee	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) DIANE RANDALL	2.00									
GENERAL SECRETARY	40.00	Х		Х				0.	178,833.	33,152.
(2) JAMES T. SWINDELL	2.00									
GEN. SECR FINANCE & ADMIN.	40.00			Х				0.	93,001.	5,415.
(3) ANDREI ISRAEL	40.00									
EXECUTIVE DIRECTOR - UNTIL 08/2019	0.00			Х				40,288.	0.	2,417.
(4) RON FERGUSON	1.00									
CLERK	3.00	Х		Х				0.	0.	0.
(5) BRIDGET MOIX	1.00									_
ASSISTANT CLERK	3.00	Х		Х				0.	0.	0.
(6) DAVID CONNELL	6.50									_
CLERK DIRECTOR - UNTIL 08/2019	0.00	Х		Х				0.	0.	0.
(7) KAREN GRISEZ	3.00									_
ASSISTANT CLERK - UNTIL 08/2019	0.00	Х		Х				0.	0.	0.
(8) ABIGAIL E. ADAMS	1.00									
BOARD MEMBER	3.00	Х						0.	0.	0.
(9) CONSTANCE BROOKES	1.00									_
BOARD MEMBER	2.00	Х						0.	0.	0.
(10) JONATHAN W. BROWN	1.00									-
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) TIM CULLEN	2.00									•
BOARD MEMBER - UNTIL 08/2019	0.00	Х						0.	0.	0.
(12) MEGAN FAIR	1.00								0	0
BOARD MEMBER	2.00	Х						0.	0.	0.
(13) WILLIAM FLANAGAN	2.00							•	0	0
BOARD MEMBER - UNTIL 08/2019	0.00	Х						0.	0.	0.
(14) WILLIAM HOBSON	1.00							•	0	0
BOARD MEMBER	2.00	Х						0.	0.	0.
(15) DOUG MCCOWN	1.00							•	0	0
BOARD MEMBER	2.00	Х						0.	0.	0.
(16) LYNN OBERFIELD	1.00	~~							<u>^</u>	<u>^</u>
BOARD MEMBER	2.00	Х			<u> </u>			0.	0.	0.
(17) TINA SANDRI	2.00	~~							<u>^</u>	<u>^</u>
BOARD MEMBER - UNTIL 08/2019	0.00	Х						0.	0.	0.
932007 01-20-20				-	-					Form <b>990</b> (2019)

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Form 990 (2019) WILLIAM B									52-0	846	718	Pa	ge <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	<b>(B)</b> Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than c s both	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	Est am	(F) imate ount c other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	าร	comp fro orga and	ensat om the nization relate nization	e on ed
(18) ALEX STARK	1.00				×	1.0		0		_			
BOARD MEMBER (19) REBECCA STEEL	2.00	Х						0.		0.			0.
BOARD MEMBER	1.50	x						0.		ο.			Ο.
(20) EMILY TEMPLE	1.00	Δ						0.		<u> </u>			0.
BOARD MEMBER	2.00	x						0.		0.			0.
		-											
		- 											
1b Subtotal								40,288.	271,8		40	,98	84.
c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c)								<u> </u>	271,8	0. 34.			
2 Total number of individuals (including but n compensation from the organization ►							o re	eceived more than \$100,	000 of reportable	е			0
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su			•	•	-		Ŭ	• • •			3		х
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			x	
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>											4	^	
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	monopoted inc		nda		tra	otor		at reaching more than t	100 000 of com		ion fro		
the organization. Report compensation for t	•	•							-	pensai			
(A) Name and business	address	NC	ONE	7				<b>(B)</b> Description of s	ervices	C	(C) ompen		
	אלטוניסט א												
2 Total number of independent contractors (ir \$100,000 of compensation from the organized states)	•	ot lin	niteo	d to f	thos (		ted	above) who received mo	ore than				
											Form <b>S</b>	<b>90</b> (2	019)

932008 01-20-20

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					AM PEN	N 1	HOUSE			52-0846	718 Page 9
Par	rt V	/11									
			Check if Schedule O	conta	ains a respor	nse o	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
								(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns		1a						
iran			Membership dues								
₽ŭ Bŭ		с	Fundraising events		1c						
ar /		d	Related organizations		1d						
imil i			Government grants (contri								
tior ≊r S		f	All other contributions, gifts,	-							
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included				848,688.				
onti nd (		g	Noncash contributions included in					010 600			
<u></u>		h	Total. Add lines 1a-1f				Business Code	848,688.			
	~	_	HOSPITALITY F	ਸ਼ਾਸ	q		900099	15,275.	15,275.		
Program Service Revenue	2	a b	PROGRAM FEES			_	900099	1,000.	1,000.		
Ser		c				_	500055	1,0000	1,0001		
žer 1		d				_					
Bag		e				_					
Pro		f	All other program service	reve	nue						
			Total. Add lines 2a-2f					16,275.			
	3		Investment income (includ	ding	dividends, in	tere	st, and				
			other similar amounts)				►	31.			31.
	4		Income from investment of	of tax	k-exempt bor	nd pi	roceeds 🕨 🕨				
	5		Royalties								
	_				(i) Real		(ii) Personal				
	6	a	Gross rents	<u>6a</u>							
		D	Less: rental expenses	6b							
		C L	Rental income or (loss) Net rental income or (loss)	<u>6c</u>							
	7		Gross amount from sales of	/ <u></u>	(i) Securiti	es	(ii) Other				
	'	a	assets other than inventory	7a	(.) 0000		() C				
		b	Less: cost or other basis	74							
ē		~	and sales expenses	7b							
evenue		с	Gain or (loss)	7c							
Rev			Net gain or (loss)		•		►				
Other	8	а	Gross income from fundraisin	-	-						
ō			including \$								
			contributions reported on		-						
		L	Part IV, line 18			8a 8b					
			Less: direct expenses Net income or (loss) from								
	9		Gross income from gamin		-						
	•	-	Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from				►				
	10		Gross sales of inventory, I	•	0						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	s of inventor	y					
s							Business Code				
eou	11	а	MISC. INCOME				900099	1,750.			1,750.
enu		b	FACILITY USE			_	900099	180.			180.
Miscellaneous Revenue		с				_					
Mis			All other revenue					1 0 2 0			
	40		Total. Add lines 11a-11d					1,930. 866,924.	16,275.	0.	1,961.
	12	-20-	Total revenue. See instructio	JUS			····· 🕨	000,924.	1 10,273.	. 0.	Form <b>990</b> (2019

Page **9** 

 $\textbf{CQPY}_{33459\_1}$ 

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	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	10,575.		10,575.	
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	63,185.		63,185.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,482.		1,482.	
9	Other employee benefits	1,482. 3,166.		<u>1,482</u> . 3,166.	
10	Payroll taxes	9,353.		9,353.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	44,360.		44,360.	
с	Accounting	6,900.		6,900.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	85,493.		85,493.	
12	Advertising and promotion				
13	Office expenses	18,536.		18,536.	
14	Information technology				
15	Royalties				
16	Occupancy	22,171.		22,171.	
17	Travel	1,635.		1,635.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	475.		475.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,817.		1,817.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a					
b					
c					
d					
	All other expenses	260 110	0.	260 110	0.
25	Total functional expenses. Add lines 1 through 24e	269,148.	0.	269,148.	0.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

WILLIAM PENN HOUSE

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

932010 01-20-20

Form 990 (2019)

Part IX Statement of Functional Expenses

52-0846718 Page 10

X

17340517 150872 233459

WILLIAM	PENN	HOUSE
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52-0846718 Page 11

		Check if Schedule O contains a response or not	e to anv	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			12,351.	1	666,843.
	2	Savings and temporary cash investments			10,633.	2	0.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		14,050.	4	11,585.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit	fied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	l in sectio	on 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Å	9	<b>B</b>			4,315.	9	2,337.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	603,382.			
	b	Less: accumulated depreciation	365,674.	48,259.	10c	237,708.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			89,608.	16	918,473.
	17	Accounts payable and accrued expenses	20,037.	17	52,040.		
	18	Grants payable		18			
	19	Deferred revenue		2,688.	19	0.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or form	er office	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
abi		controlled entity or family member of any of thes	e persor	is	0.	22	4,408.
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	rties	134,895.	24	97,099.
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). (	Complete Part X			
		of Schedule D			0.	25	235,162.
	26	Total liabilities. Add lines 17 through 25			157,620.	26	388,709.
		Organizations that follow FASB ASC 958, che	ck here				
Sec		and complete lines 27, 28, 32, and 33.					
lan	27			·····	-68,012.	27	-270,236. 800,000.
Ba	28	Net assets with donor restrictions			0.	28	800,000.
pun		Organizations that do not follow FASB ASC 9	58, chec	khere 🕨 🗌			
Net Assets or Fund Balances		and complete lines 29 through 33.					
រុ	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or ec	luipment	fund		30	
t As	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			-68,012.	32	529,764. 918,473.
	33	Total liabilities and net assets/fund balances			89,608.	33	918,473. Form <b>990</b> (2019)

Form 990 (2019)

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# Form 990 (2019) WILLIAM

Form	1 990 (2019) WILLIAM PENN HOUSE	52-08	346718	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,924	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,148	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,776</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-68	,012	2.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0	).
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	529	,764	<u>4.</u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes N	lo
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Σ	<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a	<u> </u>	<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

932012 01-20-20



SCH	IEDL	JLE A
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

159 1

Name of the	organization
-------------	--------------

								identification number		
<b>D</b> -			IAM PENN H			52-0846718				
Ра	rtl	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instruction	S.		
The	organi	ization is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of chu	urches, or associatio	on of churches described	in sectio	on 170(b)(1	1)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).			
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, members	hip fees, an	d gross receipts from	
		activities related to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	ifter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box in	
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а		] Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		] Type II. A supporting org	anization supervised	or controlled in connect	ion with it:	s supporte	ed organizatio	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness	
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .			
е		Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or								
f	Ente	er the number of supported c	organizations							
g	Prov	vide the following informatior	about the supporte	d organization(s).						
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o		(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Tota	ıl									
LHA	For P	aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019	

#### Schedule A (Form 990 or 990-EZ) 2019 WILLIAM PENN HOUSE Part II

52-0846718 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1			L	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	nns)			12	
	First five years. If the Form 990 is for	-		rd fourth or fifth t			
	organization, check this box and <b>stop</b>						
Se	ction C. Computation of Publi	c Support Per	rcentage				······································
14	Public support percentage for 2019 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2018		•			15	%
	33 1/3% support test - 2019. If the c					ore, check this b	ox and
	stop here. The organization qualifies	-					
k	33 1/3% support test - 2018. If the c		-				
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test	- 2019. If the org	ganization did not				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•			
Ł	10% -facts-and-circumstances test	-	-				
-	more, and if the organization meets th						
	organization meets the "facts-and-circ				• •		
18	Private foundation. If the organizatio		-		• • • •		ns
				,,,,			

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

# Schedule A (Form 990 or 990 EZ) 2019 WILLIAM PENN HOUSE

# 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						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	84,467.	95,839.	67,402.	61,333.	848,688.	1157729.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	214,400.	256,002.		228,522.		958,908.
<ul> <li>Gross receipts from activities that are not an unrelated trade or bus- iness under section 513</li> </ul>						
<ul> <li>4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf</li> </ul>						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	298,867.	351,841.	311,111.	289,855.	864,963.	2116637.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					250,000.	250,000.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b					250,000.	250,000.
8 Public support. (Subtract line 7c from line 6.)						1866637.
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	298,867.	351,841.	311,111.	289,855.	864,963.	2116637.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	819.	1,193.	23.	51.	211.	2,297.
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>	819.	1,193.	23.	51.	211.	2,297.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)	299,686.	353,034.	311,134.	289,906.	865,174.	2118934.
<b>14 First five years.</b> If the Form 990 is for	or the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ation,
Section C. Computation of Publ		•				
<b>15</b> Public support percentage for 2019	(line 8, column (f), d	livided by line 13, c	olumn (f))		15	88.09 %
16 Public support percentage from 201					16	99.84 %
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	. <b>019</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	.11 %
18 Investment income percentage from	2018 Schedule A,	Part III, line 17			18	.00 %
19a 33 1/3% support tests - 2019. If the	e organization did r				3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a						►X
b 33 1/3% support tests - 2018. If the	-	•		•••••		
line 18 is not more than 33 1/3%, ch	-					
20 Private foundation. If the organizati						
932023 09-25-19	<u></u>				edule A (Form 990	) or 990-F7) 2019
		15		Gen		
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1

2

3a

3b

3c

4a

4b

4c

5a

Yes No

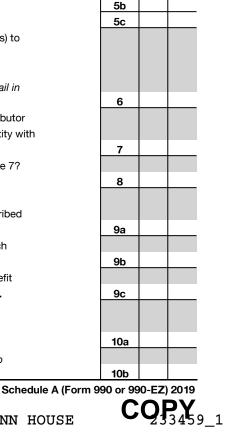
## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **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 or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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 organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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16

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that 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		
Sec	tion 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 organization(s).	1		
Sec	tion D. All Type III 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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion 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 instructions)	-		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 <b>Part VI identify</b>			
	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		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а		0-		
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
α	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
02000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 09-25-19 5 Chedule A (Form 9	3b 90 or 90	0.57	2010
33202	5 09-25-19 Schedule A (Form 9	JU UI 35		2013

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Part V	Type III Non-Functionally Inte	grated 509(a)	(3) Supporting Organizations
Schedule A	(Form 990 or 990-EZ) 2019 WILLIA	M PENN HC	DUSE

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Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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#### Schedule A (Form 990 or 990-EZ) 2019 WILLIAM PENN HOUSE

Par	t V Type III Non-Functionally Integrated 509		nizations (continued)	2-0040710 Page 7
Secti	on D - Distributions		(continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	<b>°</b>		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
_	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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#### Schedule A (Form 990 or 990-EZ) 2019 WILLIAM PENN HOUSE

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

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### \*\* PUBLIC DISCLOSURE COPY \*

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

# 2019

Employer identification number

52-0846718

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Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., burpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

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52-0846718

# WILLIAM PENN HOUSE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06-	.19	Schedule B (Form	990, 990-EZ, or 990-PF) (201

23 2019.05094 WILLIAM PENN HOUSE

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Name of organization

Page 3 Employer identification number

52-0846718

#### WILLIAM PENN HOUSE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Page **4** 

rt III	AM PENN HOUSE	tions to organizations described in section	52-0846718 501(c)(7), (8), or (10) that total more than \$1,000 for the year
art III	from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	(a) through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less for	or organizations
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	-
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
a) No. from Part I			
i) No. rom Part I		(e) Transfer of gift	
a) No. from Part I	Transferee's name, address,		Relationship of transferor to transferee

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SC (Forr Depart	OMB No. 154	<b>19</b> Public					
Nam	e of the organizati		$\frac{1}{2}$ - 08467				
Pa	tl Organiza	WILLIAM PENN HOUSE ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac			
		n answered "Yes" on Form 990, Part IV, lin					0
	0.9424.10		(a) Donor advised funds	(	<b>b)</b> Funds an	d other accour	nts
1	Total number at e	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in v		ed fund	ls		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes	🗌 No
6		on inform all grantees, donors, and donor a					
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferri	ng		
	impermissible priv	ate benefit?				Yes	No No
Pa	tll Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).				
	Preservation	n of land for public use (for example, recrea	tion or education)	f a histo	rically impo	rtant land area	
	Protection c	of natural habitat	Preservation of	f a certi	fied historic	structure	
		n of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form	of a co	nservation e	asement on the	e last
	day of the tax yea				Held	at the End of the	e Tax Year
а	Total number of co	onservation easements			2a		
b	J. J				2b		
с		vation easements on a certified historic stru			2c		
d		vation easements included in (c) acquired a	-				
		nal Register			2d		
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organi	zation during	g the tax	
	year						
4		where property subject to conservation eas					
5		tion have a written policy regarding the per					
6		forcement of the conservation easements it or hours devoted to monitoring, inspecting,					
6		a nours devoted to morntoning, inspecting,	nandling of violations, and emorcing cons		n easements	s during the ye	a
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion oo	comonte dur	ing the year	
'	► \$	ses incurred in monitoring, inspecting, hand	ing of violations, and emotering conserva	tion eas		ing the year	
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(	h)(4)(B)	(i)		
Ŭ	and section 170(h				.,	Yes	No No
9	•	be how the organization reports conservation					
•		d include, if applicable, the text of the footn				the	
		counting for conservation easements.					
Pa		ations Maintaining Collections of	Art, Historical Treasures, or Ot	her S	imilar As	sets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a		elected, as permitted under FASB ASC 95		ind bala	ince sheet w	vorks	
	8	easures, or other similar assets held for put					
		Part XIII the text of the footnote to its finar	, ,				
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	balance	sheet work	s of	
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furth	nerance	of public se	ervice,	
	provide the follow	ing amounts relating to these items:					

	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovic	de	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	

Schedule D (Form 990) 2019

**CQPX**<sub>3459\_1</sub>

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Sche		PENN HOUSE					5	2-08	46718	Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, His	torical Tre	easures, or	r Other	Similar	Assets	(continu	ed)	
3	Using the organization's acquisition, accessi	on, and other records	, chec	k any of the t	following that	make sig	nificant us	se of its		,	
	collection items (check all that apply):										
а	Public exhibition	d		] Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	pllections and explain	how t	they further th	ne organizatio	n's exem	pt purpose	e in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	f art, h	nistorical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e orga	anization's co	llection?			🗌	Yes		No
Par	t IV Escrow and Custodial Arran					'Yes" on F	- orm 990,	Part IV, I	line 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for	r contribution	s or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	0						Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						v?		Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		]
Par							).				4
	· ·	(a) Current year		Prior year	(c) Two year		<b>d)</b> Three ye	ars back	(e) Four y	ears	back
1a	Beginning of year balance			<u> </u>							
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g											
2	End of year balance Provide the estimated percentage of the curr	ent year end balance	(line 1	1 a. column (a)	)) held as:						
-	Board designated or quasi-endowment		%	rg, column (d	<i>))</i> Hold do:						
b	Permanent endowment										
		%									
U	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse	•	ion th	at are held ar	nd administer	ad for the	organizat	ion			
Ja		ssion of the organizat		ial are neiù ai			organizat			/es	No
	by: (i) Unrelated organizations								3a(i)	103	
									3a(ii)	-	
h	(ii) Related organizations								3b	-	
4	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipm		ment	iunus.							
	Complete if the organization answere		Dart I	IV line 112 S	See Form 990	Dart X li	no 10				
	Description of property	(a) Cost or ot basis (investm			t or other (other)	• •	cumulatec reciation	, I	<b>(d)</b> Book	value	•
4-	Land		Siry		0,533.	depi	Solation		1 0	53	33.
	Land				7,409.	2	11,93	7	225		
	Buildings			55	,403.	3	11,90	·•	440	, 4	14.
	Leasehold improvements										
	Equipment			-	5 110		53 73		1	70	12
	Other	• • • • • • • • • • • • • • • • • • •			5,440.		53,73	<u>/·</u>			03.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, colu	<u>mn (B), line 1</u>	0c.)		-		237		
							S	chedule	D (Form	990)	2019

17340517 150872 233459



(b) Book value		l-of-year market value
		· ·
(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
Description		(b) Book value
15.)	<b>•</b>	
	E .	
	▶ 11e or 11f. See Form 990, Part X, line 25.	
	E .	<b>(b)</b> Book value
	E .	
	E .	(b) Book value 235 , 162
	E .	
	E .	
	E .	
	E .	
	E .	
	E .	
	E .	
	E .	
	(b) Book value	on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or enc

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

932053 10-02-19



Sche	edule D (Form 990) 2019 WILLIAM PENN HOUSE		52-0846718 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES

FOR THE YEAR ENDED JUNE 30, 2020, AND DETERMINED THAT THERE ARE NO MATTERS

THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR

THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

932054 10-02-19

SCHEDULE J (Form 990)	F	OMB No. 1545-0047					
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	19			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection				
Name of the organiz		Employer ic	entification number				
5	WILLIAM PENN HOUSE		846718				
Part I Quest	ons Regarding Compensation						
				Yes No			
1a Check the appr	opriate 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 perso	nal use					
Travel for	ompanions Payments for business use of personal re-	sidence					
Tax indem	nification and gross-up payments Health or social club dues or initiation fee	s					
Discretion	ry spending account Personal services (such as maid, chauffer	ır, chef)					
<b>b</b> If any of the bo	es 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				
2 Did the organiz	tion require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
trustees, and o	ficers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
	if any, of the following the organization used to establish the compensation of the organization's						
	Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
·	ensation of the CEO/Executive Director, but explain in Part III.						
·	tion committee Written employment contract						
	nt compensation consultant						
Form 990	of other organizations	ommittee					
	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	a related organization:		4.	x			
	ance payment or change-of-control payment? r receive payment from, a supplemental nonqualified retirement plan?						
	r receive payment from, a supplemental nonqualitied retirement plan?						
	f lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		40				
I Tes to any							
Only section 5	)1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
-	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
contingent on t							
•	1?		5a	X			
	anization?			X			
	5a or 5b, describe in Part III.						
6 For persons list	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	ne net earnings of:						
a The organizatio	۲?		. 6a	X			
	anization?			X			
	Sa or 6b, describe in Part III.						
7 For persons list	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i					
not described o	n lines 5 and 6? If "Yes," describe in Part III		7	<u> </u>			
8 Were any amou	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie					
initial contract e	xception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8	X			
	3, did the organization also follow the rebuttable presumption procedure described in						
Regulations see	tion 53.4958-6(c)?		9				
LHA For Paperwor	Reduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Form	990) 2019			

932111 10-21-19



#### 52-0846718

Page 2

#### 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990	
(1) DIANE RANDALL	(i)	0.	0.	0.	0.	0.		0	
GENERAL SECRETARY	(ii)	178,833.	0.	0.	17,883.	15,269.	211,985.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2019

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	► Co	omplete if	the o	28b, or 28c, o	were or For ch to	d "Yes m 990 Form <sup>s</sup>	" on F -EZ, P 990 or	Form 990, Par art V, line 38a Form 990-E2	t IV, a or 4 Z.	line 25a, 25b, 2 40b.	6, 27,	28a,		AB No	<b>1</b> 9 • Put	)
Name of the organization	n	-									Em	ployer	r identi	ificati	on nu	mber
				ENN HOUS									467	18		
										n 501(c)(29) orga						
Complete i 1 (a) Name of disqual			on answered "Yes" on Form 990, Part (b) Relationship between disqualifie person and organization						Description of transaction					Corre es	ected? No	
															-	
<ol> <li>Enter the amount of section 4958</li> <li>Enter the amount of</li> </ol>				-								► \$ ► \$		1		
Part II Loans to	and	/or Fron	n Int	erested Pers	sons.											
Complete i	f the o	rganizatior	n ansv	vered "Yes" on F	Form S	990-EZ	, Part V	V, line 38a or F	Form	990, Part IV, lin	e 26; o	or if th	e orga	nizatio	n	
	n amou			, Part X, line 5, 6	1								(h) An	nroved		
(a) Name of interested person		(b) Relatio with organ		(c) Purpose of loan	fror organi	oan to or n the ization?		e) Original cipal amount	(f	) Balance due	nce due <b>(g)</b> In default?			committee? agreen		<u> </u>
WILLIAM FLAN	AGA	BOARD	੦ੁੁ	SIIPPORT	To X	From		10,000.		4,408.	Yes	No X	Yes	No X	Yes X	No
		DOTIND	-01					10,000.		1,100.		- 23		21	- 23	+
																<u> </u>
																<u> </u>
Total				•				> \$		4,408.						•
				efiting Inter												
			n ansv	vered "Yes" on F	Form 9	990, Pa										
(a) Name of intere	sted p	erson		(b) Relationship interested pers the organiza	on an		(	<b>c)</b> Amount of assistance		<b>(d)</b> Type assistan			• • •	) Purp assista		f
			_													
			_													
			_									-+				
LHA For Paperwork R	educti	on Act No	tice,	see the Instruct	tions	for For	m 990	) or 990-EZ.		Sch	edule	L (Foi	rm 990	or 99	0-ЕZ	2019

SEE PART V FOR CONTINUATIONS

932131 10-21-19



# Schedule L (Form 990 or 990 EZ) 2019 WILLIAM PENN HOUSE

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of zation's nues?
				Yes	No
					<b> </b>
					<b> </b>
					<b> </b>

~ ~

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: WILLIAM FLANAGAN

(B) RELATIONSHIP WITH ORGANIZATION: BOARD OF DIRECTOR

(C) PURPOSE OF LOAN: SUPPORT OF THE ORGANIZATION

Schedule L (Form 990 or 990-EZ) 2019

**CQPX** 3459\_1

932132 10-21-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



COP<sub>4</sub><sub>591</sub>

WILLIAM PENN HOUSE

HOUSE 52-0846718

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ALL TO ENVISION AND WORK TOWARD A BETTER WORLD.

FORM 990, PART VI, SECTION A, LINE 4:

EFFECTIVE AUGUST 30, 2019, WPH ENTERED INTO A "CHANGE-OF-CONTROL" AGREEMENT

WITH THE FCNL EDUCATION FUND, THEREBY GIVING THE EDUCATION FUND CONTROL

OVER WPH'S FINANCIAL ASSETS AND OBLIGATIONS AS WELL AS GRANTING THE

EDUCATION FUND THE RIGHT TO APPOINT OR TERMINATE THE GOVERNING BOARD OF

DIRECTORS OF WPH.

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

THE EDUCATION FUND IS THE SOLE MEMBER OF WPH.

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

THE BOARD OF DIRECTORS IS APPOINTED BY FCNL EDUCATION FUND.

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

GOVERNANCE DECISIONS OF THE ORGANIZATION IS RESERVED TO THE EDUCATION FUND.

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

THE DRAFT FEDERAL FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE

FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL MEMBERS OF THE BOARD COMPLETE AND SIGN A STATEMENT THAT

PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19



Name of the organization WILLIAM PENN HOUSE	Employer identification number 52-0846718
MEMBER THAT COULD GIVE RISE TO CONFLICTS. WHEN A WILLIAM P	ENN HOUSE BOARD
MEMBER BECOMES AWARE OF A CONFLICT OF INTEREST, THE MEMBER	GIVES
NOTIFICATION IN WRITING TO THE CLERK OR ASSISTANT CLERK OF	THE WILLIAM PENN
HOUSE BOARD. THE CLERK OR ASSISTANT CLERK NOTIFIES THE WIL	LIAM PENN HOUSE
BOARD OF THE CONFLICT OF INTEREST, AND ADVISE AND ENCOURAG	E THE MEMBER
REGARDING APPROPRIATE PARTICIPATION IN ALL DISCUSSION, ADV	OCACY, AND
DECISIONS OF THE WILLIAM PENN HOUSE BOARD RELATED TO THE S	UBJECT OF THE
CONFLICT OF INTEREST. THIS POLICY IS DISCUSSED ANNUALLY BY	THE WILLIAM PENN
HOUSE BOARD AT THE FIRST MEETING OF THE CALENDAR YEAR AND	REVIEWED AS
NEEDED.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD REVIEW THE EXECUTIVE COMPENSATION USING THE COMP	ARABILITY DATA,
AND APPROVES THE COMPENSATION ALONG WITH THE ANNUAL BUDGET	•
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	85,493.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	85,493.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	85,493.

Page 2

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

SCHEDULE	F
(Farma 000)	

(Form 990)

# **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.

OMB No. 1545-0047 19

Open to Public Inspection

Employer identification number

52-0846718

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

Department of the Treasury Internal Revenue Service Name of the organization

WILLIAM PENN HOUSE

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>9)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FRIENDS COMMITTEE ON NATIONAL LEGISLATION -	BRING CONCERNS OF THE						
53-0178883, 245 2ND STREET, NE, WASHINGTON,	RELIGIOUS SOCIETY OF						
DC 20002	FRIENDS TO BEAR ON PUBLIC	DISTRICT OF COLUMBIA	501(C)(4)		N/A		Х
FCNL EDUCATION FUND - 52-1254489	TO INFORM MEMBERS OF THE				FRIENDS COMMITTEE		
245 2ND STREET, NE	PUBLIC AND GOV. LEADERS				ON NATIONAL		
WASHINGTON, DC 20002	ABOUT RELEVANT ISSUES	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	LEGISLATION		Х
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

## Schedule R (Form 990) 2019 WILLIAM PENN HOUSE

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manaç partn	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10		
										+			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(l contr	(i) ction b)(13) rolled tity?
		country)		01 (1030)		233013		Yes	No
									<u> </u>

# Schedule R (Form 990) 2019 WILLIAM PENN HOUSE

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			<b></b>	
Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		Х
-				
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
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) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

## Schedule R (Form 990) 2019 WILLIAM PENN HOUSE

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

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

(a)	(b)	(c)	(d)	(0)		(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	(u) Prodominant incomo	(e) Are a partners 501(c) orgs.	all	Share of	Share of		nonor-	(I) Code V LIPI	(J) General (	r Dorooptogo
of entity	Fininary activity	(state or foreign	(related, unrelated,	501(c)	(3)	total	end-of-year	tio	ropor- nate	amount in box 20	managin	ownership
or onacy		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.		income			tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner	
			360110113 3 12-3 14)	Yes	NO			Yes	No	(1011111003)	Yes NO	<u>'</u>
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Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

#### PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

#### NAME OF RELATED ORGANIZATION:

#### FRIENDS COMMITTEE ON NATIONAL LEGISLATION

#### PRIMARY ACTIVITY: BRING CONCERNS OF THE RELIGIOUS SOCIETY OF FRIENDS TO

#### BEAR ON PUBLIC POLICY

Schedule R (Form 990) 2019

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