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

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

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

Department of the Treasury Internal Revenue Service

A F	or the	2020 calendar year, or tax year beginning $$	JUN 30, 2021							
<b>B</b> c	heck if oplicable	C Name of organization	D Employer identifi	cation number						
	Addres									
	Name change	- EDIENDO DI ACE ON CADIMOL HILL	52-08467	52-0846718						
	Initial									
	Final return/	515 EAST CAPITOL STREET SE	,							
	termin- ated		G Gross receipts \$	345,150.						
X	Amend		H(a) Is this a group re	H(a) Is this a group return						
	Application	F Name and address of principal officer: DKIDGEI MOIX	for subordinates	nates? Yes X No						
pending SAME AS C ABOVE H(b) Are all subordinates included?										
ΙΤ	ax-exe	empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\boxed{}$ 4947(a)(1) or $\boxed{}$	527 If "No," attach a	list. See instructions						
J۷	Vebsit	e: > WWW.FRIENDSPLACEDC.ORG	H(c) Group exemption	n number						
K F	orm of	organization: X Corporation	Year of formation: 1993	M State of legal domicile: DC						
Pa	rt I	Summary								
σ.		Briefly describe the organization's mission or most significant activities: ${ t TO  ext{ }OFFER  ext{ }}$								
Governance	:	AND EXPLORATION, A PLACE OF REST AND NURTURE,	, AND AN OPPOR	TUNITY FOR						
rne	2	Check this box 🕨 🔛 if the organization discontinued its operations or disposed of n	1							
ŏ			3	14						
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)		13						
es		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		0						
Activities &		Total number of volunteers (estimate if necessary)		13						
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.						
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.						
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prior Year	Current Year						
ne		Contributions and grants (Part VIII, line 1h)	848,688. 16,275.	345,150.						
Revenue		Program service revenue (Part VIII, line 2g)	31.	0.						
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,930.	0.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	866,924.	345,150.						
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.00,524.	0.						
			0.	0.						
		Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	87,761.	77,895.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.						
ben		Total fundraising expenses (Part IX, column (D), line 25)	Ų.							
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	181,387.	73,269.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	269,148.	151,164.						
		Revenue less expenses. Subtract line 18 from line 12	597,776.	193,986.						
Net Assets or Fund Balances			Beginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)	918,473.	1,383,566.						
t As	21	Total liabilities (Part X, line 26)	388,709.	659,816.						
		Net assets or fund balances. Subtract line 21 from line 20	529,764.	723,750.						
	rt II	Signature Block								
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	-	/ knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	oarer has any knowledge.							
۵.		Signature of officer	I Date							
Sigr		<sup>*</sup>								
Here  JAMES T. SWINDELL, ASSOC. GEN. SECRETARY -FIN &AD  Type or print name and title										
Print/Type preparer's name Preparer's signature Date Check PTIN										
Paid		FRANK H. SMITH FRANK H. SMITH	10/24/22 self-employ							
Prep	- 1	Firm's name MARCUM LLP		11-1986323						
Use	1	Firm's address 1899 L STREET, NW #850	I IIIII 3 LIIV							
	,	WASHINGTON, DC 20036	Phone no. ( 2	02) 822-5000						
May	the IF	RS discuss this return with the preparer shown above? See instructions	,	X Yes No						

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TO OFFER A COMMUNITY OF LEARNING AND EXPLORATION, A PLACE OF REST AND
	NURTURE, AND AN OPPORTUNITY FOR ALL TO ENVISION AND WORK TOWARD A
	BETTER WORLD.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$
-14	WILLIAM PENN HOUSE PROVIDED A WELCOMING AND INCLUSIVE COMMUNITY FOR
	LEARNING, SPIRITUAL EXPLORATION, AND RESTORATION IN THE QUAKER
	TRADITION FOR INDIVIDUALS AND GROUPS TRAVELING TO WASHINGTON, DC FOR
	EDUCATION AND ADVOCACY ON ISSUES OF PEACE BUILDING AND SOCIAL JUSTICE.
	AS OF JULY 1ST, 2019, NO PROGRAM ACTIVITIES WERE OPERATED DUE TO THE
	CLOSE OF WILLIAM PENN HOUSE BUILDING FOR REPAIRS. IN FY21, WILLIAM PENN
	HOUSE WAS RENAMED FRIENDS PLACE AND UPON REOPENING WILL PROVIDE
	EDUCATIONAL AND SERVICE PROGRAMS GIVING OPPORTUNITIES TO LEARN AND
	EXPLORE ISSUES OF SOCIAL JUSTICE THROUGH DIRECT SERVICE ACTIVITIES, DISCUSSIONS WITH COMMUNITY LEADERS AND ACTIVISTS, AND VISITS WITH
	MARGINALIZED COMMUNITIES IN WASHINGTON, DC AND THE SURROUNDING AREA.
4b	(Code:) (Expenses \$
	/ (Code:
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
 4е	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 151,164.
-10	Form 990 (2020)

Form 990 (2020) WILLIAM PENN HOUSE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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		Х
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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
_	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_ v
	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,			<sub>V</sub>
	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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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 (2020) WILLIAM PENN HOUSE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   f	28a		Х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Λ	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
<b>D</b> -	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a 3  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
032004	1 12-23-20	Form	990	(2020)

# Form 990 (2020) WILLIAM PENN HOUSE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	٠		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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  Start the amount of vectors on head	$\dashv$		
C 1/1a	Enter the amount of reserves on hand	14a		Х
14a		14a		-25
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15		15		х
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
	ii 160, somplete i omi 7/20, somedule o.	Гого	990	(2020)

WILLIAM PENN HOUSE 52-0846718 Form 990 (2020) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 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 rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

## Section C. Disclosure

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

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

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

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

20	State the name, address, and telephone number of the person who possesses the organization's books and records	s 🕽
	JAMES T. SWINDELL - (202) 543-5560	
	515 EAST CAPITOL STREET SE, WASHINGTON, DC 20003	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A) Name and title	(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)					( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DIANE RANDALL GENERAL SECRETARY	38.00	Х		Х				11,973.	170,262.	30,733.
(2) ADLAI AMOR	2.00	21						11,575.	170,202.	30,733.
ASSOC. GEN. SECRETARY - COMM.	38.00					x		9,067.	128,934.	17,176.
(3) JAMES T. SWINDELL	2.00									
GEN. SECR FINANCE & ADMIN	38.00			Х	L			8,647.	122,970.	22,177.
(4) STEPHEN DONAHOE	2.00									
DIRECTOR OF DEVELOPMENT	38.00					Х		7,735.	118,218.	16,152.
(5) TONYA CHILDERS	2.00									
DIRECTOR OF HR	38.00					X		7,991.	111,433.	20,408.
(6) RON FERGUSON	1.00									
CLERK	3.00	Х		Х				0.	0.	0.
(7) MARY LOU HATCHER	1.00									
ASSISTANT CLERK	3.00	Х		Х				0.	0.	0.
(8) STEVE OLSHEVSKI	1.00									_
TREASURER	0.00	Х		Х				0.	0.	0.
(9) ABIGAIL E. ADAMS	1.00									
BOARD MEMBER	3.00	Х						0.	0.	0.
(10) JONATHAN W. BROWN	1.00								•	•
BOARD MEMBER	2.00	Х	_			_		0.	0.	0.
(11) REBECCA BURGESS	1.00								•	•
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) ERNIE BUSCEMI	1.00	37							0	•
BOARD MEMBER (13) MEGAN FAIR	1.00	Х						0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(14) JANE HILES	1.00							•	0.	
BOARD MEMBER	2.00	Х						0.	0.	0.
(15) WILLIAM HOBSON	1.00	† <del>-</del>							3.	
BOARD MEMBER		х						0.	0.	0.
(16) EBBY LUVAGA	1.00									
BOARD MEMBER		х						0.	0.	0.
(17) DOUG MCCOWN	1.00									
BOARD MEMBER		Х						0.	0.	0.

52-0846718

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)	(C)						(D)	(E)		(F)		
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable		Estir	mated	d	
	hours per	box,	box, unless person is both an			s both	n an	compensation	pensation compensation			unt o	of
	week		officer and a director/trustee			Trus	iee)	from	from related			ther	_
	(list any hours for	irecto						the	organization		compe		
	related	ordi	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	3C)		n the	
	organizations	ruste	l trus		99	ubeu		(44-2/1099-141130)			organ and r		
	below	dual tı	rtio na	_	nploy	st cor	_				organi		
	line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				5. ga		
(18) LYNN OBERFIELD	1.00		_		×	1	_						
BOARD MEMBER	2.00	х						0.		0.			0.
										<del>-    </del>			
										-			
										-+			
										-+			
										$-\!\!+\!\!$			
										$-\!\!\!\!+$			
1b Subtotal							ightharpoons	45,413.	651,81		106,646.		
c Total from continuation sheets to Part VII	, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	45,413.	651,81	17.	106	<u>,64</u>	<u> 6.</u>
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	e			
compensation from the organization													3
											Y	es	No
3 Did the organization list any former officer,	director, truste	e, k	еу е	empl	loye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0.000? If "Yes	" co	mnle	ete S	Sche	edule	∍ . <i>I f</i>	for such individual	· ·		4 2	x	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	•				•			•			5		Х
Section B. Independent Contractors	Diete Scriedule	<i>,                                    </i>	JI SC	<i>i</i> cii į	Jers	OII .					<u> </u>		
Complete this table for your five highest cor	mnensated ind	ene	nder	nt co	ntra	acto	rs th	nat received more than \$	100 000 of comr	nensatio	n from	<u> </u>	
the organization. Report compensation for t										Jerioatio	11 11 0111		
(A)	no calendar ye	ai E	iuil	19 W	iui C	۷۷۱ ار		(B)	- Cai.		(C)		
(A) Name and business	address							Description of s	ervices	Cor	mpens:		
GBR ARCHITECTS, LLC, 123		QΨ.	모모	Eπ			$\dashv$	ARCHITECTURA					
SUITE 300P. ALEXANDRIA. V			ند،		,		- 1	SERVICES	-		359	13	15.

(C)
Name and business address

GBR ARCHITECTS, LLC, 123 N PITT STREET,
SUITE 300P, ALEXANDRIA, VA 22314

FOUR BROTHERS LLC
4009 GEORGIA AVE NW, WASHINGTON, DC 20011

BUILDING CONTRACTORS

(C)
Compensation

ARCHITECTURAL
SERVICES
359,135.

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

Form 990 (2020) WILLIAM
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Octicadie O Contains a response	or flote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
								Sections 512 - 514
nts tts	1	а	Federated campaigns 1a					
iz a			Membership dues 1b					
S, C		С	Fundraising events1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations 1d					
s, C		е	Government grants (contributions) 1e					
Sign		f	All other contributions, gifts, grants, and					
ort He			similar amounts not included above 1f	345,150.				
Ē		q	Noncash contributions included in lines 1a-1f					
Sign		-	Total. Add lines 1a-1f	•	345,150.			
<u> </u>				Business Code	,			
	2	а						
je								
er, ne		b						_
n S		С						
ar Be		d						
Program Service Revenue		е						
₾			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)	<b>&gt;</b>				
	4		Income from investment of tax-exempt bond	oroceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	<b>•</b>				
			Gross amount from sales of (i) Securities	(ii) Other				
	Ī	_	assets other than inventory <b>7a</b>					
		h	Less: cost or other basis					
ø			and sales expenses <b>7b</b>					
ž.		_	Gain or (loss) 76					
eve								
her Revenue	_		Net gain or (loss)	·············				
	8	а	Gross income from fundraising events (not					
ğ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8					
			Net income or (loss) from fundraising events	<b></b>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	1				
		b	Less: direct expenses 9	<b>o</b>				
		С	Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances10	а				
		b	Less: cost of goods sold	b				
			Net income or (loss) from sales of inventory	<b></b>				
				Business Code				
sno	11	а						
Miscellaneous Revenue	-	b						
ella Vei		c						
Sc			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		345,150.	0.	0.	0.
	14		TOTAL TOTOLING. GOD HIGH HOHOLIS	·····	,			

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 24,213. 24,213. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 42,718. 42,718. Other salaries and wages 7 Pension plan accruals and contributions (include 2,635. 2,635. section 401(k) and 403(b) employer contributions) 2,440. 2,440. Other employee benefits 9 5,889. 5,889. 10 Payroll taxes Fees for services (nonemployees): Management 30,673. 30,673. Legal 6,408. 6,408. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 406. 406. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 160. 160. Office expenses 13 10,572. 10,572. Information technology 14 Royalties 15 22,833. 22,833. 16 Occupancy 79. 79. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 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 O.) 2,138. 2,138. OTHER All other expenses 151,164. 151,164. 0. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2020)

08331024 150872 233459

Form 990 (2020)
Part X Balance Sheet

Part 2	^_	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	666,843.	1	280,507		
:	2	Savings and temporary cash investments			2		
;	3	Pledges and grants receivable, net		3			
4	4	Accounts receivable, net		11,585.	4	45,000	
!	5	Loans and other receivables from any current	officer, director,				
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ns		5	
(	6	Loans and other receivables from other disqu	•	,			
		under section 4958(f)(1)), and persons describ	ed in secti	ion 4958(c)(3)(B)		6	
َ ايْدِ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
⋖   १	9	Prepaid expenses and deferred charges			2,337.	9	11,159
10	0a	Land, buildings, and equipment: cost or other		4 440 554			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	1,412,574.	025 500		1 046 000
					237,708.	10c	1,046,900
	1	Investments - publicly traded securities				11	
	2	Investments - other securities. See Part IV, line				12	
	3	Investments - program-related. See Part IV, lin		13			
	4	Intangible assets		14			
	5	Other assets. See Part IV, line 11	010 472	15	1 202 F.C		
	<u>6</u>	Total assets. Add lines 1 through 15 (must ed	918,473. 52,040.	16	1,383,566		
1		Accounts payable and accrued expenses	52,040.	17	201,524		
	8	Grants payable		18			
	9	Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complet				21	
<u>s</u> 2	2	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub controlled entity or family member of any of the			4,408.	22	3,986
발   2:	2	Secured mortgages and notes payable to unre	-	·····	1,100	23	3,300
2		Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·	97,099.	24	34,952
2		Other liabilities (including federal income tax,			3.70331	2-7	01/002
-		parties, and other liabilities not included on lin	•				
		of Schedule D	•		235,162.	25	419,354
20	6	Total liabilities. Add lines 17 through 25			388,709.		659,816
		Organizations that follow FASB ASC 958, c			•		•
es		and complete lines 27, 28, 32, and 33.		<i>′</i> —			
g 2	7	Net assets without donor restrictions	-270,236.	27	445,129		
Ba   28	8	Net assets with donor restrictions	800,000.	28	278,621		
ᅵᆸ		Organizations that do not follow FASB ASC					
ᇎᅵ		and complete lines 29 through 33.					
Ö 2	9	Capital stock or trust principal, or current fund	ls			29	
§   Se	0	Paid-in or capital surplus, or land, building, or				30	
ğ   3	1	Retained earnings, endowment, accumulated	income, o	r other funds		31	
Net Assets or Fund Balances	2	Total net assets or fund balances			529,764.	32	723,750
_ 3	3	Total liabilities and net assets/fund balances			918,473.	33	1,383,566

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)	1 2		5,1 1,1		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,7		
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	, , , , , , , , , , , , , , , , , , , ,					
Pa	rt XII Financial Statements and Reporting			3,7		
	Check if Schedule O contains a response or note to any line in this Part XII					
	•			Yes	No	
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	Э.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	•				
	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 Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-				
	Act and OMB Circular A-133?		3a		_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000		
			Form	990	(2020)	

032012 12-23-20

#### SCHEDULE A

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

Open to Public Inspection

Name of the organization

**Employer identification number** WILLIAM PENN HOUSE 52-0846718 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(4,) = 0 + 0	(3) 23	(5) = 5 : 5	(4) = 0.10	(5) = 5 = 5	(1) 10101
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	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 instruction	ne)			12	
	First 5 years. If the Form 990 is for the	•		fourth or fifth tax y			
10	organization, check this box and stor	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						<b>▶</b> □
Ŀ	33 1/3% support test - 2019. If the o		-				
	and <b>stop here.</b> The organization qual						`
17a	10% -facts-and-circumstances test						
.,,	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	· ·	_	▶ □
ŀ	10% -facts-and-circumstances test	-	•	*		I7a and line 15 is	
	more, and if the organization meets the	-					10/0 01
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				
10	i invate roundation. If the organization	n did not oneck a	DOA OIT III IC TO, TO	a, 100, 17a, 01 17k		dule A (Form 990	

## 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")	95,839.	67,402.	61,333.	848,688.	345,150.	1418412.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	256,002.	2/13 709	228,522.	16,275.		744,508.	
2	organization's tax-exempt purpose	250,002.	243,703.	220,322.	10,275.		744,300.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	351,841.	311,111.	289,855.	864,963.	345,150.	2162920.	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons				250,000.	200,000.	450,000.	
k	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.	
	Add lines 7a and 7b				250,000.	200,000.	450,000.	
	Public support. (Subtract line 7c from line 6.)					, , , , , , , , , , , , , , , , , , , ,	1712920.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6	351,841.	311,111.	289,855.	864,963.	345,150.	2162920.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	1 102	23.	51.	211.		1 470	
	and income from similar sources	1,193.	43.	21.	211.		1,478.	
r	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975	1 102	2.2	Г1	211		1 470	
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,193.	23.	51.	211.		1,478.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	353,034.	311,134.	289,906.	865,174.	345,150.	2164398.	
14	First 5 years. If the Form 990 is for the	ie organization's fir	rst, second, third, t	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,	
0-	check this box and stop here	- O					<b>&gt;</b>	
	ction C. Computation of Publi						70 14	
	Public support percentage for 2020 (li			olumn (f))		15	79.14 %	
	16 Public support percentage from 2019 Schedule A, Part III, line 15 88.09 %							
	Section D. Computation of Investment Income Percentage							
	17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 0.07 % 18 Investment income percentage from 2019 Schedule A. Part III. line 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19							
18	18 Investment income percentage from 2019 Schedule A, Part III, line 17							
198							r is not ►X	
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd	
00	line 18 is not more than 33 1/3%, che						<b>&gt;</b>	
20	Private foundation. If the organizatio	n dia not check a l	oox on line 14, 19a	a, or 190, cneck th	is box and see inst	ructions		

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 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 line 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.)

		Yes	No
	1		
	2		
	3a		
	Sa		
	OI.		
	3b		
	_		
	3c		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
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	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

Pa	rt IV   Supporting Organizations (continued)			
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
•	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,			
800	supervised, or controlled the supporting organization.	2		
360	tion C. Type II Supporting Organizations			T
			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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b 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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	2.0		
о a				
a		3a		
<b>L</b>	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	Sa		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		1	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	T
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):			
a	Average monthly value of securities	1a		
	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		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	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 0.85 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	ally integrated	Type III supporting orga	anization (see
	instructions)	, ,		•

Schedule A (Form 990 or 990-EZ) 2020

	Type in item i unouonany integrated cook	aj(o, capporting crga	inzations (continu	<i>ieu)</i>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **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

2020

Name of the organization

WILLIAM PENN HOUSE

52-0846718

Filers of:		Section:				
Form 990 o	or 990-EZ	$\boxed{\textbf{X}}$ 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-F	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Chaple if we	our organization in	covered by the Consul Rule ove Chasiel Rule				
•	-	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General R	ule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Ru	ules					
se aı	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
ye is p	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{1}{2} \f					
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) (2020)

Name of organization Employer identification number

# 52-0846718 WILLIAM PENN HOUSE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### WILLIAM PENN HOUSE 52-0846718 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a)

No.

Person
Payroll
Noncash
(Complete Part II for noncash contributions.)

Type of contribution

Name, address, and ZIP + 4

**Total contributions** 

Name of organization Employer identification number

## WILLIAM PENN HOUSE

52-0846718

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			
		\$				

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

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WILLIAM PENN HOUSE

**Employer identification number** 52-0846718

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		I I
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		I I
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year -		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,		
U	Starr and volunteer riours devoted to monitoring, inspecting,	Thandling of violations, and emorcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•	\$ \$ \$	ding of violations, and emoreing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170/h	)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	·	
	organization's accounting for conservation easements.	Ç	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items	3.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB $\!$	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

a large the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply):  a Public exhibition	Pai	rt III Organizations Maintaining Coll	lections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar A	ssets <sub>(co</sub>	ntinued)	
a Public exhibition d	3	Using the organization's acquisition, accession,	and other records	s, check	any of the f	following that	make sigr	nificant use	of its	,	
b Scholarly research c		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?  Part IV Excove and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.    a is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.    a is the organization and the agent and the part X line of the organization and the part X line of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    a collection during the year	а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	am				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be said to raise funds arther than to be maintained as part of the organization answered "Yes" or Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 12.  Beginning balance  Beginning balance  Collections during the year  Individual or the year  Both of the year  Individual or the year	b	Scholarly research	е		Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed for tasies funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    I is the organization an aspent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    I is the organization an aspent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X! II and complete the following table:    I is the organization and included an amount on Form 990, Part X! III and complete the following table:   I is if Yes, "explain the arrangement in Part X!!! Included an amount on Form 990, Part X, line 21, for escrow or custodial account liability   Yes   No   If Yes, "explain the arrangement in Part X!!! Check here if the explaination has been provided on Part X!!!   Part V   Endowment Funds. Complete if the organization in savered "Yes" on Form 990, Part X!, line 10.    Part V   Endowment Funds. Complete if the organization has been provided on Part X!!!   Part V   Endowment Funds. Complete if the organization has been provided on Part X!!!   Part V   Endowment Funds. Complete if the organization was an average "Yes" on Form 990, Part X!, line 10.    Part V   Endowment Funds. Complete if the organization that are held and administered for the organization be provided the provided on Part X!!   Part V   Endowment Funds not in the possession of the organization that are held and administered for the organization by If Yes in Report and programs   Salph   Part X!! I Part A!!   Part V   Endowment Funds not in the possession of the organization that are held and administered for the organization by If Yes in Report and programs   Salph   Part X!!   Part V   Endowment Funds not in the possession of the o	С	c Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization is collection?	4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV,  line 9, or rorm 990, Part X7   we will not form 990. Part X9   we will not for form 990. Part X9   we will not form 990. Part X9   we will n	5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
Teported an amount on Form 990, Part X, line 21.   Teves											No
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form '990, Part X?	Par	t IV Escrow and Custodial Arrange	ments. Comple	ete if the	organizatio	n answered '	"Yes" on F	orm 990, Pa	art IV, line 9,	or	
on Form 990, Part X?    Ves		reported an amount on Form 990, Part X	(, line 21.								
b   fr Yes, " explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a	Is the organization an agent, trustee, custodian	or other intermed	iary for c	ontributions	s or other ass	sets not ind	cluded			
b   fr Yes, " explain the arrangement in Part XIII and complete the following table:    C   Beginning balance		on Form 990, Part X?							Yes	;	No
c Beginning balance d Additions during the year 1	b										
d Additions during the year    Distributions during the year   Ending balance									Amo	unt	
d Additions during the year    Distributions during the year   Ending balance	С	Beginning balance						1c			
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?								1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Net investment earnings, gains, and losses of Grants or scholarships  c Net investment earnings, gains, and losses of Other expenditures for facilities and programs  f Administrative expenses g of organization answered "Yes" on Form 990, Part X, line 10.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	е	Distributions during the year						1e			
b If "Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back    1b Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back    1c Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back    1c Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back    1d Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back    1d Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four	f	Ending balance						1f			
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Contributions	2a	Did the organization include an amount on Form	n 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liability	?	Yes	;	No
a   Beginning of year balance   Contributions   Contribution	b										
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Par	rt V   Endowment Funds. Complete if the	ne organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (c	) Three years	s back (e) F	our years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b	Contributions									
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses									
and programs  f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships									
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities									
g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f	Administrative expenses									
a Board designated or quasi-endowment ▶	g	End of year balance									
b Permanent endowment	2	Provide the estimated percentage of the current	t year end balance	e (line 1g	, column (a)	)) held as:					
Term endowment	а	Board designated or quasi-endowment		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iv) In the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  Description of property  (a) Cost or other basis (investment)  1b Buildings  11 Ja46,601.  11 Ja46,601.  12 Leashold improvements  4 Equipment  55,440.  53a(i)  (b) Cost or ther basis (other)  (c) Accumulated depreciation  (d) Book value  10,533.  10,533.  10,533.	b	Permanent endowment	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization  by:  (i) Unrelated organizations  (ii) Related organizations  by:  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iiii) Related organizations  (iv) In a 3a(iv)   3a(i	С	Term endowment ▶%									
by:		The percentages on lines 2a, 2b, and 2c should	equal 100%.								
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land 10,533. 10,533. b Buildings 1,346,601. 311,937. 1,034,664. c Leasehold improvements d Equipment e Other  Other  55,440. 53,737. 1,703.	За	Are there endowment funds not in the possession	on of the organiza	tion that	are held ar	nd administer	ed for the	organization	n		
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  10,533.  10,533.  b Buildings  1,346,601.  311,937.  1,034,664.  c Leasehold improvements  d Equipment  e Other  55,440.  53,737.		by:							_	Yes	No
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  10,533.  10,533.  b Buildings  1,346,601.  311,937.  1,034,664.  c Leasehold improvements  d Equipment  e Other  55,440.  53,737.		(i) Unrelated organizations							3a	(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  10,533.  10,533.  b Buildings  1,346,601.  1,346,601.  1,346,601.  1,346,601.  1,346,601.  2,1,703.  4 Description of property  (a) Book value depreciation  10,533.  10,533.  10,533.  10,533.  11,7034,664.									3a	ii)	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  b Buildings  c Leasehold improvements d Equipment e Other  Other  Somplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (b) Cost or other basis (other)  (c) Accumulated depreciation  10 , 533 ·  10 , 533 ·  1 , 034 , 664 ·  55 , 440 ·  55 , 440 ·  53 , 737 ·  1 , 703 ·	b	If "Yes" on line 3a(ii), are the related organization	ns listed as requir	ed on So	hedule R?				3	<b>o</b>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation           1a Land         10,533.         10,533.           b Buildings         1,346,601.         311,937.         1,034,664.           c Leasehold improvements         4         55,440.         53,737.         1,703.				wment fu	ınds.						
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         10,533.         10,533.         10,533.           b Buildings         1,346,601.         311,937.         1,034,664.           c Leasehold improvements         Equipment         55,440.         53,737.         1,703.	Pai	rt VI _ Land, Buildings, and Equipmer	nt.								
basis (investment)         basis (other)         depreciation           1a Land         10,533.         10,533.           b Buildings         1,346,601.         311,937.         1,034,664.           c Leasehold improvements         Equipment         55,440.         53,737.         1,703.		Complete if the organization answered "	Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X, Iir	ie 10.			
1a Land     10,533.     10,533.       b Buildings     1,346,601.     311,937.     1,034,664.       c Leasehold improvements     Equipment       e Other     55,440.     53,737.     1,703.		Description of property	1 ' '						(d) ⊟	ook valu	ie
b Buildings	12	40 500						33.			
c Leasehold improvements         4 Equipment           d Equipment         55,440.         53,737.         1,703.	_						3.	11.937			
d Equipment 55,440. 53,737. 1,703.					-,5-	-,	<u> </u>	,_,		<u> </u>	<u> </u>
e Other 55,440. 53,737. 1,703.	_										
					5	5.440.	ı	53.737		1.7	03.
			al Form 990 Part	X colum							

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 WILLIAM PEN	IN HOUSE	52	-0846718 Page 3
Part VII Investments - Other Securities.		441 0 5 000 5 17 1 10	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or en	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of en	u-or-year market value
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15.	
(a	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	<u>e 15.)                                    </u>	······	<u>l</u>
	Lon Form 000 Dort IV line 1	11 a av 11f Caa Farm 000 Bart V lina 05	
Complete if the organization answered "Yes"  (a) Description of liability	on Form 990, Fart IV, line	THE OF THE SEE FORM 990, Part A, line 23	(b) Book value
			(b) Book value
(1) Federal income taxes (2) DUE TO AFFILIATE			419,354.
			417,334.
(5) (6)			
(7)			
( <i>t</i> ) (8)			
(9)			

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

Schedule D (Form 990) 2020

419,354.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Par	t XI	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d		(Describe in Part XIII.)	2d		
е	Add li	nes <b>2a</b> through <b>2d</b>		2e	
3	Subtra	act line <b>2e</b> from line <b>1</b>		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)	4b		
С	Add li	nes <b>4a</b> and <b>4b</b>		4c	
5	Total	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XII	Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per	Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donat	ed services and use of facilities	2a		
b	Prior y	/ear adjustments	2b		
С	Other	losses	2c		
d		(Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
е		nes <b>2a</b> through <b>2d</b>		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b	Other	(Describe in Part XIII.)	4b		
С		nes <b>4a</b> and <b>4b</b>		4c	
5 Do:	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.		5	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		4; Part X, lir	ne 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal information.		
D 7 E	л v	TIME 2.			
PAF	(1 V	, LINE 2:			
mut	י סס	GANIZATION PERFORMED AN EVALUATION OF U	ACEDMATNIMY THE TR	TCOME !	MY A A C
1111	J OK	GANIZATION PERFORMED AN EVALUATION OF OR	NCERTAINTT IN II	NCOME	IAVES
다스티	प्राप	E YEAR ENDED JUNE 30, 2021, AND DETERMI	מבט המאה המבטב ז	ARE NO	маппърс
1 01	. 111	E TEAR ENDED COME 50, 2021, AND DETERMIN	NED IIIAI IIIEKE A	AILE NO	MATTERD
тни	יי ע	OULD REQUIRE RECOGNITION IN THE CONSOLI	DATED ETNANCTAL	STATE	MENTS OR
	11 11	OUD REQUIRE RECOGNITION IN THE COMBOELS	DITTED TIMESTIE	DIZILL	TILIVID OIL
тни	л т	AY HAVE ANY EFFECT ON ITS TAX-EXEMPT ST	ATUS.		

## SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

WILLIAM PENN HOUSE

Employer identification number 52-0846718

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			37
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 504(a)(2), 504(a)(4), and 504(a)(90) agreeminations must complete lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
_	contingent on the revenues of: The organization?	5a		Х
		5b		X
J	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	55		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of:			
а	The organization?	6a		х
	A 1.1 1 1 1 0	6b		X
b	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	OD		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	•		
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		
	Regulations section 53.4998-6(c)?	9		

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

Schedule J (Form 990) 2020

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.

		(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)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) DIANE RANDALL	(i)	11,973.	0.	0.	1,018.	1,001.	13,992.	0.
GENERAL SECRETARY	(ii)	170,262.	0.	0.	14,472.	14,242.	198,976.	0.
(2) ADLAI AMOR	(i)	9,067.	0.	0.	771.	358.		0.
ASSOC. GEN. SECRETARY - COMM.	(ii)	128,934.	0.	0.	10,960.	5,087.		0.
(3) JAMES T. SWINDELL	(i)	8,647.	0.	0.	529.	928.		0.
GEN. SECR FINANCE & ADMIN	(ii)	122,970.	0.	0.	7,521.	13,199.	143,690.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	lo 1 (Form 000) 0000

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.
PART I, LINE 3:
WILLIAM PENN HOUSE DOES NOT DIRECTLY HIRE OR COMPENSATE EMPLOYEES. ALL
EMPLOYEES ARE EMPLOYEES OF THE FRIENDS COMMITTEE ON NATIONAL LEGISLATION
(FCNL), A RELATED ORGANIZATION EXEMPT UNDER SECTION 501(C)(4).
WHEN HIRING THE GENERAL SECRETARY AND THEREAFTER FOR AT LEAST EVERY FIVE
YEARS, THE FCNL EXECUTIVE COMMITTEE WILL PERFORM A THOROUGH REVIEW TO
DETERMINE SUITABLE COMPENSATION. THE PROCESS IS TO INCLUDE A REVIEW OF
COMPARABILITY DATA BY THE EXECUTIVE COMMITTEE. COMPARABILITY DATA MAY
INCLUDE COMPENSATION SURVEYS AND 990S OF SIMILAR ORGANIZATIONS.

## **SCHEDULE L**

Department of the Treasury

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Internal Revenue Service	<b>▶</b> Go	to www.irs.gov/F	orm990	) for ir	nstructions and the	latest information.			Ins	pectio	n	
Name of the organization							Empl	oyer	identif	ication	nur	nber
		PENN HOUS		1671	8							
Part I Excess Ber	nefit Transa	ctions (section 5	01(c)(3)	), secti	ion 501(c)(4), and sec	tion 501(c)(29) organ	nization	s only	/).			
Complete if the	e organization a	answered "Yes" on	Form 9	90, Pa	art IV, line 25a or 25b	, or Form 990-EZ, Pa	ırt V, line	e 40b	).			
1 (a) Name of disqualified	Lperson	(b) Relationship bet			ified	) Description of trans	eaction			(d) C	orrec	cted?
(a) Name of disquamed	person	person and o	rganiza	ition	,,	) Description of trans	Saction			Yes	_	No
											$\perp$	
											+	
											+	
					-					<u> </u>	+	
											+	
2 Enter the amount of tax	v incurred by th	o organization man	agore (	or dica	usalified persons duri	ng the year under				I		
ti 1050	•	· ·	•		•	•		• \$				
3 Enter the amount of tax					nanization			·				
• Enter the amount of tax	λ, π απγ, σπ ππ	2, a5070, rommbare	ou by .		Jan 12 acron			Ψ_				
Part II Loans to ar	nd/or From	Interested Pers	sons.									
Complete if the	e organization a	answered "Yes" on	Form 9	90-EZ,	, Part V, line 38a or F	orm 990, Part IV, line	e 26; or	if the	organ	zation		
reported an am	nount on Form	990, Part X, line 5,	6, or 22	2.								
(a) Name of	(b) Relations		(d) Loa		(e) Original	(f) Balance due	(g) li	'' ľ	( <b>h)</b> Appı by boaı	dorl	(i) W	ritten
interested person	with organiza	ition of loan	organiz		principal amount		defau	lt?	commit	tee? a	greer	ment?
				From	10 000	2 226			Yes		es_	No
WILLIAM FLANAG	AFORMER	BSUPPORT	X		10,000.	3,986.		X		X	X	
								-	-			
							_	-	-			
							_	$\dashv$	$\rightarrow$	-		
									-			
Total					<b>&gt;</b> \$	3,986.						
Part III Grants or A	ssistance l	Benefiting Inter	estec	l Per	sons.							
Complete if the	e organization a	answered "Yes" on	Form 9	90, Pa	art IV, line 27.							
(a) Name of interested	d person	(b) Relationship			(c) Amount of	(d) Type				Purpos		
		interested pers the organiz	son and ation	מ	assistance	assistano	Je		a	ssistan	Ce	
								+				
								+				
								+				
								$\top$				

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28  (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's
	person and the organization	transaction	transaction	reven	ues?
				res	No
				-	
				+	
				+	
Part V Supplemental Information.				•	
Provide additional information for resp	onses to questions on Schedule L (see i	nstructions).			
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	5:		
(A) NAME OF PERSON: WILLIA	M FLANAGAN				
(B) RELATIONSHIP WITH ORGA	NIZATION: FORMER BOA	RD OF DIREC	TTOR		
(B) REBRITORONII WITH ORGI	avidnii ovi. i omidi. Bon	ILD OI DIKE	21011		
(C) PURPOSE OF LOAN: SUPPO	ORT OF THE ORGANIZATI	ON			

## **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Inspection

OMB No. 1545-0047

Name of the organization

WILLIAM PENN HOUSE

**Employer identification number** 52-0846718

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ALL TO ENVISION AND WORK TOWARD A BETTER WORLD.
FORM 990, PART I, LETTER B: AMENDED RETURN
FOLLOWING CHANGES WERE MADE ON THE AMENDED FEDERAL FORM 990 BASED ON
THE FINAL AUDITED FINANCIAL STATEMENTS WHICH WAS FINALIZED AFTER THE
ORIGINAL FEDERAL FORM 990 WAS FILED:
- PART IX
- SCHEDULE J, PART I, LINE 3
- SCHEDULE R, PART V
FORM 990, PART VI, SECTION A, LINE 4:
THE BYLAWS WERE UPDATED TO CONFORM TO THE STANDARDS OF THE CONTROLLING
ORGANIZATION (FCNL EDUCATION FUND).
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.

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** 52-0846718 WILLIAM PENN HOUSE 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 MEMBER THAT COULD GIVE RISE TO CONFLICTS. WHEN A WILLIAM PENN 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 WILLIAM PENN HOUSE BOARD OF THE CONFLICT OF INTEREST, AND ADVISE AND ENCOURAGE THE MEMBER REGARDING APPROPRIATE PARTICIPATION IN ALL DISCUSSION, ADVOCACY, AND DECISIONS OF THE WILLIAM PENN HOUSE BOARD RELATED TO THE SUBJECT 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 COMPARABILITY 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 OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

### **SCHEDULE R** (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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-0846718

(a)	(b)	(c)	(d)	(e	)	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	1	I	ar assets Direct	controlling ntity	g
	_						
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	e or more related tax-exe	empt	
(a)	(b)	(c)	(d)	(e)	(f)	(	<b>(g)</b> 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	conf	trolled
				501(c)(3))		Yes	No
FRIENDS COMMITTEE ON NATIONAL LEGISLATION -	BRING CONCERNS OF THE						
53-0178883, 245 2ND STREET, NE, WASHINGTON, DC 20002	RELIGIOUS SOCIETY OF	DIGEDICAL OF COLUMNIA	E01/G)/4)				37
FCNL EDUCATION FUND - 52-1254489	FRIENDS TO BEAR ON PUBLIC TO INFORM MEMBERS OF THE	DISTRICT OF COLUMBIA	501(C)(4)		N/A FRIENDS COMMITTEE		Х
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
			1			1	

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

WILLIAM PENN HOUSE

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

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	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		couritry)						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2020

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		X				
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X				
				1c		X				
				1d		X				
e Loans or loan guarantees by related organization(s)				1e		X				
				1f		<u>X</u>				
				1g		X				
h Purchase of assets from related organization(s)				1h		X				
i Exchange of assets with related organization(s)				1i		X				
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
				11		X				
						X				
				1n	Х					
				10	Х					
3 ( )										
P Reimbursement paid to related organization(s) for expenses				1p	Х					
q Reimbursement paid by related organization(s) for expenses				1q		X				
•										
r Other transfer of cash or property to related organization(s)				1r		X				
s Other transfer of cash or property from related organization(s)				1s		X				
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.							
(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount in	nvolved						
(1) FRIENDS COMMITTEE ON NATIONAL LEGISLATION	0	77,895.								
(2) FRIENDS COMMITTEE ON NATIONAL LEGISLATION	P	77,895.								
(3)										
Gift, grant, or capital contribution from related organization(s)  Loans or loan guarantees to or for related organization(s)  Loans or loan guarantees to or for related organization(s)  Loans or loan guarantees by related organization(s)  Sale of assets from related organization(s)  Sale of assets to related organization(s)  Sale of assets to related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)  Lease of facilities, equipment, or other assets from related organization(s)  Lease of facilities, equipment, or other assets from related organization(s)  Performance of services or membership or fundraising solicitations for related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Sharing of paid employees with related organization(s)  In Sharing of paid employees with related organization(s)  Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  In 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)  Transaction Type (ars)  RIENDS COMMITTEE ON NATIONAL LEGISLATION  O 77,895.										
Loans or loan guarantees by related organization(s)  Dividends from related organization(s)  Sale of assets to related organization(s)  Purchase of assets from related organization(s)  Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)  Lease of facilities, equipment, or other assets from related organization(s)  Performance of services or membership or fundraising solicitations for related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  Sharing of paid employees with related organization(s)  Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  Other transfer of cash or property to related organization(s)  Other transfer of cash or property from related organization(s)  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  O 77,895.										
(6)										

Page 4

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Al or Percentage ging ownership
									000) 0000