PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A For the 2018 calendar year, or tax year beginning SEP 1, 2018 and ending AUG 31, 2019 В Check if applicable C Name of organization D Employer identification number Address change PENDLE HILL Name change 23-1352255 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 338 PLUSH MILL ROAD 610-566-4507 3,067,945. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WALLINGFORD, PA 19086 H(a) Is this a group return F Name and address of principal officer: LEN CRANE for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.PENDLEHILL.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1930 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: PENDLE HILL IS A QUAKER CENTER Activities & Governance WELCOMING ALL FOR SPIRIT-LED LEARNING, RETREAT AND COMMUNITY. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 20 4 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 54 5 Total number of volunteers (estimate if necessary) 40 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 27,445. 7a b Net unrelated business taxable income from Form 990-T, line 38 0. Prior Year **Current Year** 1,167,618 761,382. Contributions and grants (Part VIII, line 1h) Revenue 1,331,575. 1,319,978. Program service revenue (Part VIII, line 2g) 382,756. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 214,099. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 62,923. 59,621. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,764,618. 2,535,334. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 1,331,063. 1,453,114. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e)... b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,184,068 1,211,594. 2,664,708. 2,515,131. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 249,487. -129,374. 19 Revenue less expenses. Subtract line 18 from line 12 or Beginning of Current Year End of Year 13,491,684. 13,214,664. 20 Total assets (Part X, line 16) 1,238,652. 1,256,232. 21 Total liabilities (Part X, line 26) Net U 12,253,032. 11,958,432. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign LEN CRANE, DIRECTOR OF FINANCE AND HR Here Type or print name and title Preparer's signature Print/Type preparer's name 2/20/20 Paid JENNIFER SOLOT P00749373 Firm's name BBD, LLP Preparer 23-2896692 Firm's EIN Firm's address 1835 MARKET STREET, 3RD FLOOR Use Only PHILADELPHIA, PA 19103 Phone no. 215 - 567 - 7770

No

X Yes

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

4e Total program service expenses ▶

1,895,203.

Form 990 (2018)

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	
	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		х
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	4		
6	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			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
	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			٠,,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
	Schedule D, Part III Did the organization report an amount in Dart V line 01 for account of the organization report on amount in Dart V line 01 for account of the organization report on amount in Dart V line 01 for account of the organization report on amount in Dart V line 01 for account of the organization report on amount in Dart V line 01 for account of the organization report on amount in Dart V line 01 for account of the organization report o	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	110	X	Canada (Saca
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes " complete Schedule F. Parts Land IV			
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	14b		_X_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX			
1Ω	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		х
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		Х
	bid the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A). line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Form 990 (2018) PENDLE HILL 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		х
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			
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
20	of any of these persons? If "Yes," complete Schedule L, Part III	27	attraces.	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	and the control of th	28a	16/19/A	X
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer.			
	director, trustee, or direct or indirect owner? 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
20	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?// "Yes." complete Schedule N, Part //	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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			.,,
05	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	Х
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R, Part V, line 2	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	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?			
-	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		·····	\Box
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4.			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	(gambling) winnings to prize winners?	HSHA	Х	E ESPAINA !
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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2		NAME OF TAXABLE PARTY.	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 2a 54									
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	DESCRIPTION OF THE PERSON OF T						
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		77							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b	Λ_							
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			Х						
b	If "Yes," enter the name of the foreign country:	4a	WEST STATE							
_	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	NAME OF TAXABLE PARTY.	X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
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	and the same of the	X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		Х						
e	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums. directly or indirectly, on a personal benefit contract? 									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
Ţ.	h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
	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? N/A										
9	Sponsoring organizations maintaining donor advised funds.	8	604 NO.							
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		NI SERVICE						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b								
10	Section 501(c)(7) organizations. Enter:	1000								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a									
b	Gross receipts, included on Form 990, Part VIII. line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders N/A 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
10-	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	iotenee.	Interest even 3						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.	ISA								
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									
С	Enter the amount of reserves on hand 13c		F 1276							
14a		14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000.000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.			(0010)						

Form **990** (2018)

Form 990 (2018) PENDLE HILL 23-1352255 Page
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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
		r r			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20							
	If there are material differences in voting rights among members of the governing body, or if the governing									
40	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		20							
0.20	Enter the number of voting members included in line 1a, above, who are independent	1b	20							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	97/				37				
•	officer, director, trustee, or key employee?			2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the					v				
, i	of officers, directors, or trustees, or key employees to a management company or other person?			3		X				
4 5	Did the organization make any significant changes to its governing documents since the prior Form S			5		X				
6										
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			6		Х				
,	more members of the governing body?	To the second se		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			1a						
-	persons other than the governing body?			7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					網局的				
а		,		8a	X	2002200,0114				
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A. who cannot be rea									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					•				
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	************		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the fo	rm?	11a	X	aranethus: 10				
b										
12a	, , , , , , , , , , , , , , , , , , , ,									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				v					
12	in Schedule O how this was done			12c	X					
13 14	Did the organization have a written whistleblower policy?			13	X	-				
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve			14	Λ					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO. Executive Director, or too management official			15a	Х					
	Other officers or key employees of the organization			15b		X				
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a								
	taxable entity during the year?			16a	HOMEGOVER	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic									
	exempt status with respect to such arrangements?			16b	NO. OCCUPANTO	N. DIESENSOPHIECH				
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶PA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section 50	1(c)(3)	s only) avai	lable				
	for public inspection. Indicate how you made these available. Check all that apply.									
	The state of the s	n in Schedule ()								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents. co	onflict of interest poli	cy. and	d finar	icial					
	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 be	ooks and records 🕨								
	THE ORGANIZATION - 610-566-4507									
	338 PLUSH MILL ROAD, WALLINGFORD, PA 19086		-							
33200	06 12-31-18			Forn	n 441	(2018				

Form 990 (2018) 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.

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

Check this box if neither the organization no (A)	(B)	3,		(0		12.51		(D)	(E)	(F)
Name and Title	Average			Posi	ition			Reportable	Reportable	Estimated
PERSONAL PRODUCTION AND AND AND AND AND AND AND AND AND AN	hours per	box	unle	ss pe	more than one erson is both an		h an	compensation	compensation	amount of
	week		er an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	Trustee or	Institutional trustee		ee/	Highest compensated employee		(44-2/1099-141130)		organization and related
	below	dual	utiona	1	Key employee	est co	ia.			organizations
	line)	Individual	Instit	Officer	Key e	Highe	Former			3
(1) ARTHUR M. LARRABEE	8.90									
CLERK OF THE BOARD		X		X				0.	0.	0
(2) MAURICE G. ELDRIDGE	1.40									
ASSISTANT CLERK		X		X				0.	0.	0
(3) FRANCES BROKAW	2.00									
RECORDING CLERK		Х		Х				0.	0.	0
(4) MIKE MALONE	1.90									
TREASURER		X		Х				0.	0.	0
(5) SA'ED ATSHAN	0.40									
BOARD MEMBER		X						0.	0.	0
(6) DOUGLAS BENNETT	1.90									500
BOARD MEMBER	4 50	Х						0.	0.	0
(7) MELINDA WENNER BRADLEY	1.50									
BOARD MEMBER	1 00	Х		_	_			0.	0.	0
(8) MARILYN CLARK	1.20									
BOARD MEMBER	1 00	X						0.	0.	0
(9) GRACE SHARPLES COOKE	1.20									
BOARD MEMBER (EFF. 10/2018)	0.40	Х		_	_	-	_	0.	0.	0
(10) MICHAEL CROUCH BOARD MEMBER (TIL 10/2018)	0.40	х								_
(11) JANE K. FERNANDES	1.50	Λ		_	-	₩		0.	0.	0
BOARD MEMBER (EFF. 10/2018)	1.50	X						0.	0.	١
(12) STEPHANIE GRETCHEN	3.60	1	\vdash		-	-		<u> </u>	0.	0
BOARD MEMBER	3.00	x						0.	0.	0
(13) TOM HAMM	1.90	Α		-	┝	+	-	ļ	0.	0
BOARD MEMBER	1.70	X						0.	0.	0
(14) LAURA HOLLIDAY	0.40	1	-	-		-		0.	0.	0
BOARD MEMBER	0.40	X						0.	0.	0
(15) RAJ LEWIS	0.20	1	-	\vdash	+	\vdash	-	1 0.	0.	ļ ⁰
BOARD MEMBER (RESIGNED DURING FY 19)	0.20	X						0.	0.	0
(16) STEPHEN MCNEIL	1.60	+	\vdash	+-	1	+	-		1	-
BOARD MEMBER		X						0.	0.	0
(17) PEGENE MCPHADEN	0.90	+	+	\vdash	+	+	+	1	1	
BOARD MEMBER		$ \mathbf{x} $						0.	0.	0

332007 12-31-18

Form 990 (2018) PENDLE H									23-1352	255 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours per week	box	not c , unle	Posi heck i ss per	ition more rson i	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(18) TILA NEGUSE BOARD MEMBER	1.90	x						0.	0.	0.
(19) JEFF PERKINS BOARD MEMBER	0.90	х						0.	0.	0.
(20) JERILYNN RADCLIFFE BOARD MEMBER	2.30	х						0.	0.	0.
(21) JUDITH WIEGAND BOARD MEMBER	2.10	X						0.	0.	0.
(22) DWIGHT L. WILSON BOARD MEMBER	1.60									,
(23) JENNIFER KARSTEN	50.00	X						0.	0.	0.
(24) TRACI HJELT SULLIVAN	4.20			Х				116,872.	0.	11,552.
INTERIM EXECUTIVE DIR (EFF. 8/2019)				Х				0.	0.	0.
								116.050		
1b Sub-total c Total from continuation sheets to Part V	II, Section A						>	116,872.	0.	11,552.
d Total (add lines 1b and 1c) Total number of individuals (including but r								116,872.	0.	11,552.
compensation from the organization								——————————————————————————————————————		1
 3 Did the organization list any former officer. line 1a? If "Yes." complete Schedule J for s 4 For any individual listed on line 1a. is the si and related organizations greater than \$15 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con 	such individual um of reportab 0,000? If "Yes, accrue compe	le co " cc nsat	omp ompl	ensa ete S	atior Sche	n and edule	d ot	ther compensation from	the organization	Yes No 3 X 4 X 5 X
Section B. Independent Contractors 1 Complete this table for your five highest co	ompensated in	dep	ende	ent c	onti	racto	ors	that received more than	\$100,000 of compen	sation from
the organization. Report compensation for (A)								n the organization's tax		
Name and business	address	N	ON:	E				(B) Description of	services	(C) Compensation
						-				
-										
Total number of independent contractors \$100.000 of compensation from the organ		not I	imite	ed to		ose li	iste	d above) who received r	more than	
		1000-						TO THE STATE OF TH		Form 990 (2018)

Form 990 (2018) PENDLE 1 Part VIII Statement of Revenue

STATUS AN	Various Sta	Check if Schedule O cont	tains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					512 514
흔들		14						
ا ق ا								
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events						
			1d					
		Government grants (contribut						
e iti	f	All other contributions, gifts, gran	52					
들된		similar amounts not included abo	ve 1f	761,382.				
E S	g	Noncash contributions included in lines	s 1a-1f: \$	9,434.				
<u>8</u> 0	h	Total. Add lines 1a-1f			761,382.			
				Business Code				
e l	2 a	CONFERENCE SERV	/ICES	900099	801,498.	774,053.	27,445.	United to the second of the se
ا ﴿ خَ	b	EDUCATION & YOU	JTH	900099	370,773.	370,773.		
SE	С	TUITION INCOME		611600	111,510.	111,510.		
Program Service Revenue	d	OMITTED DECORATION		900099	47,794.	47,794.		
P. C.	e			300033	1///51.	11,151.		
퓝	•							
	1	All other program service reve			1 221 575			
		Total. Add lines 2a-2f			1,331,575.			
	3	Investment income (including		STOR THATS	105 500			
		other similar amounts)	•••••		195,783.			195,783.
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties	·- <u></u>					
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		I Maranatalian di N		>		海绵的阿尔利斯特特的阿尔利斯特的	THE HERSON REPORTS OF THE	
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	694,793.	(ii) Other				
	h		031,733.					
	D	Less: cost or other basis	507 920					
		and sales expenses Gain or (loss)	106 073					
	С	Gain or (loss)	100,9/3.	L	106 000			
		Net gain or (loss)		>	186,973.			186,973.
e le	8 a	Gross income from fundraising	ng events (not					
le l		including \$	of					
Revenue		contributions reported on line	e 1c). See					
		Part IV. line 18	a					
Other	b	Less: direct expenses	b					
0	c	Net income or (loss) from fund	draising events				And the second second second second	
	9 a	Gross income from gaming a	ctivities. See				And the second	
		Part IV. line 19						
	b		b					
		: Net income or (loss) from gan		>	KSSMINESPANIER TEERSEDS			
		Gross sales of inventory, less						
	10 0			84,412.				
		and allowances						
		Less: cost of goods sold			EQ (21	F0 C01		
		Net income or (loss) from sale	59,621.	59,621.				
		Miscellaneous Revenu	ue	Business Code				
	11 a							
	b)						
	c							
	c	d All other revenue						
	e	Total. Add lines 11a-11d						174
	12	Total revenue. See instructions			2,535,334.	1,363,751.	27,445.	382,756.
33200	9 12-3	31-18						Form 990 (2018)

Form 990 (2018) PENDLE HILL Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 68, 28, 28, 29, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20		Check if Schedule O contains a respons	se or note to any line in t	his Part IX		
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 23 Grants and other assistance to foreign organizations, froeign governments, and foreign individuals. See Part IV, line 25 Grompensation of current officers, directors, trustees, and key employees 125,655 125,655 125,655 125,988 19,343 19,343 10,000 10,0		not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
2 Grants and other assistance to domestic inclividuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees contributions inclined persons (as defined under section 4988(IV) i) and persons described in section 4988(IV) in an aperson described in section 4988(IV) in an approximate in the section 4918(IV) and 403(IV) employer contributions include section 4918(IV) and 403(IV) employer contributions in 159,122, 101,718, 32,910, 24,494. 1 Payrol taxes 2 Professional fundraising services, See Part IV, line 17 for investment management fees government for a professional fundraising services, See Part IV, line 17 for investment management fees government for a professional fundraising services. See Part IV, line 17 for investment management fees government for a professional fundraising services. See Part IV, line 17 for investment management fees government for taxel or exeeds 19% of line 25, column (A) amount, list line 11g expenses on School, 174, 175, 175, 175, 175, 175, 175, 175, 175	1	Grants and other assistance to domestic organizations		,		
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 4 Benefits paid to or for members 5 Compensation of unrent officers, directors, trustees, and key employees 6 Compensation not included shove, to disputified persons is actified under section 4958(t)(3)(8) 7 Other satines and wapps 8 Pension plan accrusis and contributions include section 4958(t)(3)(8) 9 Other employee benefits 9 Other employee benefits 10 Payroll taxos 10 Pay		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers directors, trustees, and key employees 7 Compensation of current officers directors, strustees, and key employees 8 Perison plan accrusis and contributions include section 4013 and 4010b employe contributions; 9 Other employee benefits 1	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, line 17 (Investment management fees page of the Cocument) of the Cocument of the Coc		individuals. See Part IV, line 22				
Individuals See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
4. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons as defined under section 4958(h(1)) and persons described in section 401k) and 403(h) employer contributions include section 403(h) employer contribution 403(h) employer contributions include section 403(h) employer contribution 403(h) employer contribution 40						
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons as defined under section 4958(11) and persons described in section 4958(11) and 493(11) and 4						
Tustiess, and Keye imployees 125,655 80,324 25,988 19,343	4	Benefits paid to or for members				
6 Compensation not included above, to disqualified persons (as defined under section 4958(r),1) and persons (as defined under section 4958(r),1) and persons described in 4,333, 2,770, 8958, 22,1,10, 22,1,10, 23,10,	5		105 655			
persons described in section 4986(N1)) and persons described in section 4986(N1) and apersons described in section 4986(N1) and 9081) employer contributions (include section 401k) and 4001b employer contributions (include section 401k) and 401b employer contributions (include sec			125,655.	80,324.	25,988.	19,343.
Person a described in section 4958(c)(3)(8) 7 Other salaries and wages 7 Person plan acruals and contributions (include section 401(k) and 493(b) employer contribution (include section 401(k) and 493(b) employer contribution (include section 401(k) and 493(b) employer contribution (include section 401(k) employer contribution (in	6					
7 Other salaries and wages Pension plan accruals and contributions include section 401kly and 403th) employer contributions) Other employee benefits 159,122. 101,718. 32,910. 24,494. 170 Payroll taxes 180 Payroll taxes 190 Payroll taxes 190 Professional fundraising services, See Part IV, line 17 191 Professional fundraising services, See Part IV, line 17 192 Professional fundraising services, See Part IV, line 17 193 Payroll tille 11g anount sexcests 10% of line 25, column (A) amount, list line 11g expenses on Scn 0.) 104 Payroll taxes 105 Payroll taxes 105 Payroll taxes 105 Payroll taxes 105 Payroll taxes 107 Payro						
8 Pension plan accruals and contributions include section 40 filk) and 40 (30) employer combributions) 9 Other employee benefits 159, 122. 101, 718. 32, 910. 24, 494. 10 Payroll taxes 92, 026. 58, 827. 19, 033. 14, 166. 11 Fees for services (non-employees): a Management b Legal C Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 I Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Scho.) 21, 398. 21, 398. 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Scho.) 13 Office expenses 150, 729. 8, 063. 30, 526. 12, 140. 14 Information technology 170, 334. 144, 785. 17, 034. 8, 515. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 10 Conferences, conventions, and meetings 11 Reymonts to affiliates 12 Payments to affiliates 13 Payments to affiliates 14 Payments to affiliates 15 Payments to affiliates 16 Payment and travel or entertainment expenses for any federal, state, or local public officials 16 Conferences, conventions, and meetings 170 Interest 171 Travel 18 Payments to affiliates 189, 033. 169, 185. 18, 903. 945 189, 033. 169, 185. 18, 903. 945 189, 033. 169, 185. 18, 903. 945 189, 033. 169, 185. 18, 903. 945 189, 033. 169, 185. 18, 903. 945 189, 033. 159, 185. 18, 903. 945 189, 033. 159, 185. 18, 903. 945 189, 033. 159, 185. 18, 903. 945 189, 039. 159, 036. 105, 056. 105, 0			4 054 050			1.55
Section 401k) and 403(b) employer contributions	7		1,071,978.	685,256.	221,708.	165,014.
9 Other employee benefits 159,122, 101,718, 32,910, 24,494, 10 Payroll taxes 92,026, 58,827, 19,033, 14,166. 1 Fees for services (non-employees): a Management b Legal	8	100 Application (* 1 100 * 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 222	0 550	225	
10 Payroll taxes 92,026. 58,827. 19,033. 14,166. 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 74,004. 40,383. 30,417. 3,204. 2 Advertising and promotion 30 Giffee expenses 50,729. 8,063. 30,526. 12,140. 3 Office expenses 50,729. 8,063. 30,526. 12,140. 4 Information technology 57,936. 47,987. 7,756. 2,193. 5 Royatties 17 Travel 18,600. 10,343. 144,785. 17,034. 8,515. 7 Travel 18,600. 10,343. 31,538. 3,710. 1,855. 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 189,033. 169,185. 18,903. 945. 10 Interest 37,103. 31,538. 3,710. 1,855. 11 Payments to affiliates 37,103. 31,538. 3,710. 1,855. 10 Interest 37,103. 31,538. 3,710. 1,85		PROPERTY OF THE PROPERTY OF TH	4,333.			667.
11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees. 21,398. 21,398. 30,417. 3,204. 21,398. 21,398. 2						
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g appearses on Sch 0.) 74 , 004			92,026.	58,827.	19,033.	14,166.
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 21,398. 21,398. 30,417. 3,204. 40,383. 30,417. 3,204. 40 diffice expenses 50,729. 8,063. 30,526. 12,140. 41 Information technology 57,936. 47,987. 7,756. 2,193. 50 Occupancy 170,334. 144,785. 17,034. 8,515. 7 ravel 18,600. 10,343. 8,257. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 189,033. 169,185. 18,903. 945 18 Insurance 188,003. 169,185. 18,903. 945 189,033. 169,185. 18,903. 945 189,033. 169,185. 18,903. 945 1804 1805 1						
c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 21,398. 21,398. 30,417. 3,204. 20 Other. Iff line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 74,004. 40,383. 30,417. 3,204. Advertising and promotion 750,729. 8,063. 30,526. 12,140. 77,756. 2,193. Royalties 77,756. 2,193. Royalties 77,756. 2,193. Royalties 77,756. 110,334. 144,785. 17,034. 8,515. Royalties 78,000. 10,343. 31,538. 37,1034. 8,257. Royalties 79,936. 47,987. 7,756. 2,193. Royalties 70,000. 10,343. 31,538. 37,1034. 8,515. Royalties 70,000. 10,343. 31,538. 37,10. 1,855. Royalties 70,000. 10,343. 144,785. 17,034. 8,515. Royalties 70,756. 2,193. Royalties 70,756. 2,193. Royalties 70,756. 2,193. Royalties 70,700. 10,343. 144,785. 17,034. 8,515. Royalties 70,700. 11,340. 14,040. Royalties 80,715. 153,371. 204. Royalt						-
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 5 0, 729			·			
Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 74 , 004 . 40 , 383 . 30 , 417 . 3 , 204 . 4 Advertising and promotion 3 Office expenses 5 50 , 729 . 8 , 063 . 30 , 526 . 12 , 140 . 14 Information technology 5 7, 936 . 47 , 987 . 7 , 756 . 2 , 193 . 15 Royalties 6 Occupancy 170 , 334 . 144 , 785 . 17 , 034 . 8 , 515 . 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 20 Depreciation, depletion, and amortization 189 , 033 . 169 , 185 . 18 , 903 . 945 . 21 Depreciation, depletion, and amortization 24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 RENTAL EXPENSES 5 153 , 575 . 153 , 371 . 204 6 HONORARIA 80, 515 . 80 , 515 . 29 All other expenses. Add lines 1 through 24e 20 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here						
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 74,004. 40,383. 30,417. 3,204. Advertising and promotion 76,7936. 47,987. 7,756. 2,193. Royalties Cocupancy 57,936. 47,987. 7,756. 2,193. Cocupancy 170,334. 144,785. 17,034. 8,515. Travel 18,600. 10,343. 17,034. 8,515. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 37,103. 31,538. 3,710. 1,855. Payments to affiliates Depreciation, depletion, and amortization 189,033. 169,185. 18,903. 945. Insurance 54,183. 47,286. 4,598. 2,299. Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line 24e amount, list line 24e expenses on Schedule 0.) RENTAL EXPENSES 105,056. 105,056. MISCELLANEOUS 89,597. 33,493. 53,934. 2,170. d HONORARIA 80,515. 80,515. Full full full for the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation. Check here		Lobbying			NOTE THE PARTY OF	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 5 0,729 . 8,063 . 30,526 . 12,140. 4 Information technology 5 7,936 . 47,987 . 7,756 . 2,193. 5 Royalties 6 Occupancy 170,334 . 144,785 . 17,034 . 8,515. 7 Travel 18,600 . 10,343 . 17,034 . 8,515. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 2 Depreciation, depletion, and amortization Insurance 4 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e expenses on Schedule 0.) a RENTAL EXPENSES b TUITION ASSISTANCE c MISCELLANEOUS 4 All other expenses. All other expenses. All other expenses. 109,531 . 94,303 . 11,216 . 4,012 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaging and fundraising solicitation. Check here		<u>-</u>	21 200		21 200	
tolumn (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses 50,729, 8,063. 30,526. 12,140. 57,936. 47,987. 7,756. 2,193. Royalties Cocupancy 170,334. 144,785. 17,034. 8,515. Travel 18,600. 10,343. 17,034. 8,257. Reparents of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 189,033. 31,538. 3,710. 1,855. Payments to affiliates Depreciation, depletion, and amortization 189,033. 169,185. 18,903. 945. Insurance 189,033. 169,185. 18,903. 945. Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) RENTAL EXPENSES TUTITION ASSISTANCE MISCELLANEOUS MISCELLANEOUS All other expenses All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaging and fundraising solicitation. Check here If following SCP 98-2 (ASC 958-720)			21,398.		21,398.	
12 Advertising and promotion 13 Office expenses 15 0,729	g		74 004	40 202	20 417	2 204
13 Office expenses			74,004.	40,383.	30,41/.	3,204.
14 Information technology 57,936. 47,987. 7,756. 2,193. 15 Royalties 7,756. 2,193. 16 Occupancy 170,334. 144,785. 17,034. 8,515. 17 Travel 18,600. 10,343. 8,257. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 7,103. 31,538. 3,710. 1,855. 19 Linterest 37,103. 31,538. 3,710. 1,855. 10 Depreciation, depletion, and amortization 189,033. 169,185. 18,903. 945. 10 Insurance 54,183. 47,286. 4,598. 2,299. 20 Other expenses, Itemize expenses in line 24e, If line 24e amount exceeds 10% of line 25, column IA), amount, list line 24e expenses on Schedule 0.) 20 RENTAL EXPENSES 153,575. 153,371. 204. 21 HONORARIA 80,515. 80,515. 22 All other expenses. Add lines 1 through 24e. 23 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here			F0 720	0.063	20 526	10 140
15 Royalties 16 Occupancy 170,334. 144,785. 17,034. 8,515. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above, (List miscellaneous expenses in line 24e, If line 24e expenses on Schedule 0.) 24 RENTAL EXPENSES 25 TOTAL EXPENSES 37,103. 31,538. 3,710. 1,855 18,903. 945 54,183. 47,286. 4,598. 2,299 153,575. 153,371. 204 105,056. 105,05		Office expenses				
170 , 334 . 144 , 785 . 17 , 034 . 8 , 515 . 17			57,930.	47,987.	7,756.	2,193.
17 Travel			170 224	1// 705	17 024	0 [1]
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount axceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2 RENTAL EXPENSES 2 TUITION ASSISTANCE 3 MISCELLANEOUS 4 HONORARIA 5 All other expenses. 2 All other expenses. Add lines 1 through 24e 3 Jint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 2 Check here		-			17,034.	
for any federal. state, or local public officials Conferences, conventions, and meetings Interest Inte			10,000.	10,343.		0,437.
19 Conferences, conventions, and meetings 20 Interest 37,103. 31,538. 3,710. 1,855 21 Payments to affiliates 22 Depreciation, depletion, and amortization 189,033. 169,185. 18,903. 945 23 Insurance 54,183. 47,286. 4,598. 2,299 24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line 24e amount, list line 24e expenses on Schedule 0.) a RENTAL EXPENSES 153,575. 153,371. 204 b TUITION ASSISTANCE 105,056. 105,056. CMISCELLANEOUS 89,597. 33,493. 53,934. 2,170 d HONORARIA 80,515. 80,515. 4Il other expenses 109,531. 94,303. 11,216. 4,012 25 Total functional expenses. Add lines 1 through 24e 2,664,708. 1,895,203. 500,027. 269,478 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here (If following SOP 38-2 (ASC 958-720))	18					
20 Interest 37,103. 31,538. 3,710. 1,855 21 Payments to affiliates 22 Depreciation, depletion, and amortization 189,033. 169,185. 18,903. 945 23 Insurance 54,183. 47,286. 4,598. 2,299 24 Other expenses. Itemize expenses on Covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a RENTAL EXPENSES 153,575. 153,371. 204 b TUITION ASSISTANCE 105,056. 105,056. c MISCELLANEOUS 89,597. 33,493. 53,934. 2,170 d HONORARIA 80,515. 80,515. e All other expenses 109,531. 94,303. 11,216. 4,012 25 Total functional expenses. Add lines 1 through 24e 2,664,708. 1,895,203. 500,027. 269,478 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here (refollowing SOP 98-2 (ASC 958-720))	40					
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a RENTAL EXPENSES b TUTTION ASSISTANCE c MISCELLANEOUS d HONORARIA e All other expenses 109,531. 94,303. 11,216. 4,012 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here		The state of the s	27 102	21 520	2 710	1 055
Depreciation, depletion, and amortization 189,033. 169,185. 18,903. 945			37,103.	31,338.	3,/10.	1,000.
1			180 033	160 105	12 002	015
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a RENTAL EXPENSES b TUITION ASSISTANCE c MISCELLANEOUS d HONORARIA e All other expenses 105,056. 105,056. 89,597. 33,493. 53,934. 2,170 80,515. 80,515. 4,012 5 Total functional expenses. Add lines 1 through 24e 2,664,708. 1,895,203. 500,027. 269,478 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		Incurance				
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a RENTAL EXPENSES b TUITION ASSISTANCE c MISCELLANEOUS d HONORARIA e All other expenses Total functional expenses. Add lines 1 through 24e 2, 664, 708. 1,895, 203. 500, 027. 269, 478 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			54,105.	47,200.	4,330.	4,433
amount, list line 24e expenses on Schedule 0.) a RENTAL EXPENSES b TUITION ASSISTANCE c MISCELLANEOUS d HONORARIA e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720) 153,575. 153,371. 204 105,056. 105,056. 89,597. 33,493. 53,934. 2,170 80,515. 80,515. 11,216. 4,012 2,664,708. 1,895,203. 500,027. 269,478	24	above. (List miscellaneous expenses in line 24e. If line				
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b TUITION ASSISTANCE 105,056. 105,056. c MISCELLANEOUS 89,597. 33,493. 53,934. 2,170 d HONORARIA 80,515. 80,515. e All other expenses 109,531. 94,303. 11,216. 4,012 25 Total functional expenses. Add lines 1 through 24e 2,664,708. 1,895,203. 500,027. 269,478 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► Infollowing SOP 98-2 (ASC 958-720) Infollowing SOP 98-2 (ASC 958-720) 105,056.			153 575	153 371		204
c MISCELLANEOUS 89,597. 33,493. 53,934. 2,170 d HONORARIA 80,515. 80,515. e All other expenses 109,531. 94,303. 11,216. 4,012 25 Total functional expenses. Add lines 1 through 24e 2,664,708. 1,895,203. 500,027. 269,478 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 2,664,708. 1,895,203. 500,027. 269,478						404
d HONORARIA 80,515. 80,515. e All other expenses 109,531. 94,303. 11,216. 4,012 25 Total functional expenses. Add lines 1 through 24e 2,664,708. 1,895,203. 500,027. 269,478 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 4,012 4,012 Check here	-		89 597		53 031	2 170
e All other expenses 109,531. 94,303. 11,216. 4,012 25 Total functional expenses. Add lines 1 through 24e 2,664,708. 1,895,203. 500,027. 269,478 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)					33,334.	2,170
Total functional expenses. Add lines 1 through 24e 2,664,708. 1,895,203. 500,027. 269,478 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)					11 216	A 012
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			2,004,700.	1,000,200.	300,027.	203,470
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	20					
Check here following SOP 98-2 (ASC 958-720)		Market and the second of the s				
	2220					Form 990 (2018

832010 12-31-18

Fai	T A	Check if Schedule O contains a response or note to any line in this Part X			
		Check in Concodic Contains a response of note to any line in this Part A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	172,118.	1	122,509.
	2	Savings and temporary cash investments	731,072.	2	569,896.
	3	Pledges and grants receivable, net	84,312.	3	396,003.
	4	Accounts receivable, net	47,478.	4	79,139.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees. and highest compensated employees. Complete			
		Part II of Schedule L		5	described and the second secon
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use	60,063.	8	60,562.
	9	Prepaid expenses and deferred charges	77,486.	9	48,967.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,760,230.			
	b	Less: accumulated depreciation 10b 3,741,499.	3,025,304.	10c	3,018,731.
	11	Investments - publicly traded securities	7,799,973.	11	7,453,387.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,493,878.	15	1,465,470.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,491,684.	16	13,214,664.
	17	Accounts payable and accrued expenses	16,834.	17	45,454.
	18	Grants payable		18	-
	19	Deferred revenue	353,714.	19	383,571.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees.			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties	843,104.	23	802,207.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	25,000.	25	25,000.
	26	Total liabilities. Add lines 17 through 25	1,238,652.	26	1,256,232.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			7,73
ces		complete lines 27 through 29, and lines 33 and 34.	2 222 825		
lan	27	Unrestricted net assets	3,222,725.	27	2,818,457.
Ba	28	Temporarily restricted net assets	1,082,847.	28	1,103,769.
Net Assets or Fund Balances	29	Permanently restricted net assets	7,947,460.	29	8,036,206.
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
S	200	and complete lines 30 through 34.	transat aksila tas da salat		
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land. building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	10 052 020	32	11 050 100
	33	Total net assets or fund balances	12,253,032.	33	11,958,432.
	34	Total liabilities and net assets/fund balances	13,491,684.	34	13,214,664.

Form **990** (2018)

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 O.			
Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	entroche annie.	Х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			翻題
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
Were the organization's financial statements audited by an independent accountant?	2b	X	ACB SEKURUZZA
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:			
X Separate basis Consolidated basis Both consolidated and separate basis	1485.		
If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	ALIGN PRODUCTS	ALL PRODUCTION OF THE PERSON O	designations
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 in Schedule O.			
	-	colonial Contra	V SHOOMER CO
Act and OMB Circular A-133?	3a		Х
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 Were the organization's financial statements audited by an independent accountant? 2b 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: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

PENDLE HILL

Employer identification number

23-1352255

Га		Reason for Public C	marity Status (A	III organizations must co	mplete thi	s part.) Se	e instructions.					
he	orgar	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)						
1	\square	A church, convention of chu	urches, or associatio	n of churches described	in section	n 170(b)(1)(A)(i).					
2		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 orga	inization described in se	ction 170	(b)(1)(A)(iii	i).					
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in section	170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	r the benefit of a col	lege or university owned	or operat	ed by a go	overnmental unit describ	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
			ion 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Part	II.)							
9		An agricultural research org				d in conju	nction with a land-grant	college				
		or university or a non-land-g										
		university:				•	_					
10	X	An organization that normal	ly receives: (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from				
		activities related to its exem										
		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). (Cor										
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See s	section 50	9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns 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.										
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting											
	_	organization. You must c										
b	_	☐ Type II. A supporting organization.										
		control or management of			ame perso	ons that co	entrol or manage the sup	ported				
		organization(s). You mus										
С	_	☐ Type III functionally inte						ed with.				
		its supported organization										
d		☐ Type III non-functionally										
		that is not functionally int						iveness				
597		requirement (see instructi										
е		☐ Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or		nally integrated support	ng organiz	zation.						
f		er the number of supported o					***************************************					
9	FIC	vide the following information (i) Name of supported		(iii) Type of organization	iv) Is the organ	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization	Silv. Hind	(described on lines 1-10	Yes	ng document? No	support (see instructions)	support (see instructions)				
				above (see instructions))	163	110						
Tot	al											
-						Control Control (C)						

Schedule A (Form 990 or 990-EZ) 2018 PENDLE HILL 23-13522 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.)

Se	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and		, ,	(=/==:	(4) 23 17	(6) 2010	(i) Total				
	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				Michigan San San San San San San San San San S						
	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		(a-to-01102100000000000000000000000000000000	BLUGGER ENGLISHED	W.28 P. C. S. C. S						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
	Amounts from line 4	(-/	(2) 2010	(0) 2010	(4) 2017	(e) 2018	(I) TOTAL				
8	Gross income from interest,										
	dividends, payments received on	1									
	securities loans, rents. royalties.										
	and income from similar sources										
9	Net income from unrelated business										
	activities, whether or not the	s									
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital				8						
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10				logometra est						
	Gross receipts from related activities	etc (see instructi	one)	COUNTY BY STAIN OF	United ASSESSMENT OF THE SECOND	40					
	First five years. If the Form 990 is fo			rd fourth or fifth to		12					
5000	organization, check this box and stop						_				
Se	ction C. Computation of Pub	ic Support Pe	rcentage			••••••					
	Public support percentage for 2018 (column (fl)		14	2/				
15	Public support percentage from 2017	7 Schedule A. Part	II line 14	column (i)		15	%				
16a	33 1/3% support test - 2018. If the	organization did no	ot check the box of	on line 13, and line	14 is 33 1/204 or r		%				
	stop here. The organization qualifies										
t	33 1/3% support test - 2017. If the				l line 15 is 33 1/20	6 or more shock th	nio hov				
	and stop here. The organization qua	lifies as a publicly	supported organiz	ration	111116 13 13 33 1737	of more, check ti	IIS DOX				
17a	10% -facts-and-circumstances tes	st - 2018. If the orc	anization did not	check a boy on line	a 13 16a or 16b	and line 14 is 100/					
	and if the organization meets the "fac	cts-and-circumstar	nces" test check t	his hay and ston h	e 13. 10a, 01 10b,	and line 14 is 10%	or more,				
	meets the "facts-and-circumstances"	test The organize	ation qualifies as a	nublick cuppeds	iere, explain in Pa diorganization	it vi now the organ	iization				
ŀ	10% -facts-and-circumstances tes	t - 2017 If the are	anization did not	chock a hay an !!-	a organization	17	100/				
•	more, and if the organization meets t	he "facts and circu	imstances" tost	shock this have and	stop base Combine	in a, and line 15 is	10% or				
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization	on did not check a	hov on line 12 14	qualines as a publi	b shock this has	ariization					
		and not check a	DOX OF THE 13. TO	ba, 100, 17a, 0r 1/1	b, check this box a	and see instruction	ıs ▶ 🔲				

Schedule A (Form 990 or 990-EZ) 2018

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	Section A. Public Support						
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and				,,	1-1-010	1-7-1-0-131
	membership fees received. (Do not						
	include any "unusual grants.")	737,485.	670,230.	669,741.	1167618.	761,382.	4006456.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1321834.	1324620.	1384154.	1353692.	1388542.	6772842.
3	Gross receipts from activities that						0,,10121
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization'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	2059319.	1994850.	2053895.	2521310.	2149924.	10779298.
7 a	Amounts included on lines 1, 2, and		POLICE OF THE PROPERTY OF THE	10 - COMPAN			20 20 20 20
250	3 received from disqualified persons	34,590.	19,113.	56,990.	13,500.	10,235.	134,428.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	344 352	344,464.				600 016
	Add lines 7a and 7b	378,942.	363,577.	56,990.	13,500.	10,235.	688,816. 823,244.
	Public support. (Subtract line 7c from line 6.)	3,0,312.		30,330.	15,500.	10,233.	9956054.
Sec	ction B. Total Support		STREET,		BITAL SERVICE A SERVICE SERVICE	ACCOMES AND INTERPOLATIONS	JJJ0034.
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	2059319.	1994850.	2053895.	2521310.	2149924.	10779298.
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	201,160.	213,822.	171,867.	189,647.	195,783.	972,279.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	201,160.	213,822.	171,867.	189,647.	195,783.	972,279.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		2137022.	171,007.	103,047.	193,703.	712,213.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,685.	1,467.	5,259.			12,411.
	Total support. (Add lines 9, 10c, 11, and 12.)	2266164.	2210139.	2231021.	2710957.	The state of the s	11763988.
14	First five years. If the Form 990 is for					6 ASS AS - 70 ASS	
<u>C-</u>	check this box and stop here	:- C 1 D-					 ▶∟
Market	ction C. Computation of Publ			- North			
15	Public support percentage for 2018 (column (f))		15	84.63 %
16	Public support percentage from 2017					16	82.73 %
	ction D. Computation of Inve						0.00
17	Investment income percentage for 20			ne 13, column (f))		17	8.26 %
18	Investment income percentage from		7,00			18	8.75 %
19	a 33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						▶ X
	b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20							>
-	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-F7) 2018						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes." provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	\ <u></u>	
0.0000000000000000000000000000000000000	Yes	No
1	025069640050	MERCHANIST AND
2	PROCESSION SHAPE	and a second
3a		
3a		
3b		
3c	NEW COLUMN	Maria and
4a		
4b		-
4c		
E		
5a		
5b		
5c		
6	and the latest to the latest t	
7	LIDS STORY	
8	MINISTREM	Management .
9a		
9b	AND ONE	1 SECONDARY
9c	i a constant	
10a		NAME OF STREET
10b		
m 990 or 9	90-E2	Z) 2018

	Gapper and Grantzations (Continued)		
44	Use the executation executed a site or each it time from the first time for the site of th	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
a			
b		-	
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11b	+	+
	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	100	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
_	the supported organization(s).		
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		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? **More any of the extention's efficiency directors or trustees either (i) and sinted an elected by the expense to describe the extention of the ext		
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		
3	the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a		
J	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.		AL DESIGNATION OF THE PERSON O
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 yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b			
С		ons).	
2	Activities Test. Answer (a) and (b) below.	Yes	No
а			
	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.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? Provide details in Part VI.	-	can beautiful
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

1 Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions.
other Type III non-functionally integrated supporting organizations must c			
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	160		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		A SALAMAN AND AND AND AND AND AND AND AND AND A
b Average monthly cash balances	1b		
c 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 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		-
Section C - Distributable Amount	1 0		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-function	100	ed Type III supporting or	ganization (see
instructions).	,giat	, po supporting of	3424.011 (000

Schedule A (Form 990 or 990-EZ) 2018

etal(s) supporting Org	anizations (continued)				
Section D - Distributions					
empt purposes					
Amounts paid to perform activity that directly furthers exempt purposes of supported					
organizations, in excess of income from activity					
ses of supported organization	ns				
the organization is responsive					
(i)	/ii\	(iii)			
Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
	L.,				
LEMENTS SELECTION OF THE SELECTION OF TH					
And the second of the second o					
		S CONTRACTOR OF THE STATE OF TH			
	empt purposes pt purposes of supported ses of supported organization the organization is responsive	the organization is responsive (i) (ii) (iii) (iii) (ivaluation is responsive underdistributions			

Schedule A (Form 990 or 990-EZ) 2018

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 A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:					
MISCELLANEOUS					
2014 AMOUNT: \$ 5,685.					
2015 AMOUNT: \$ 1,467.					
2016 AMOUNT: \$ 5,259.					

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Internal Revenue Service

Name of the organization

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

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

PENDLE HILL		23-1352255			
Organization type (check one):					
Filers of: Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation				
S-					
	is covered by the General Rule or a Special Rule. c)(7), (8). or (10) organization can check boxes for both the General Rule and a Special Ru	ula Cas instructions			
Note: Only a section sorte	(7), (b), or (10) organization can check boxes for both the deneral nule and a special n	die. See instructions.			
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin y one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h: or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address). II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
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.

Name of organization

Employer identification number

PENDLE HILL

23-1352255

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,021.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,299.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		s5,235.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 11-08-18

Name of organization

Employer identification number

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23-1352255

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$9,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$30,001.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$00,000.	Person X Payroll

Name of organization Employer identification number

PENDLE HILL	23-1352255
	13 1331133

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$33,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PENDLE HILL

23-1352255

art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
	STOCK GIFT		
3			
		\$4,199.	08/31/19
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Parti	STOCK GIFT		
5			
		ss, 235.	08/31/19
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	¥
(a)		(c)	10. 20.
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		Ψ	
(a) No.	(b)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
23453 11-	02.12	\$	990, 990-EZ, or 990-PF)

Name of o	rganization				Employer identification number	
	E HILL				23-1352255	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following li charitable, etc., contributions of \$1,0 0	ne entry. For o	rganizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer o	of gift			
	Transferee's name, address, a	nd ZIP + 4	R€	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
ŀ		(e) Transfer (of gift			
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held	
		(e) Transfer (of gift			
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held	
	Transferee's name, address, a	(e) Transfer and ZIP + 4		elationship of tra	nsferor 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

Employer identification number

Name of the organization

PENDLE HILL 23-1352255 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line	96.	
		(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 w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		**************************************
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the orga		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	***************************************	2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ire
	listed in the National Register	***************************************	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva-	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abov	e 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 conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
- 10c	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	5	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII.
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			🕨 💲
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financia	ll gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
b	Assets included in Form 990, Part X		> \$
	F B		a

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Schedule D (Form 990) 2018

Par	Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or O	ther Simi	lar Asse	ts (continued)
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that are	a significan	t use of its	collection items
	(check all that apply):		7				
а	Public exhibition	d	Loan or excl	hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explair	how they further ti	ne organization's e	exempt pur	oose in Parl	XIII.
5	During the year, did the organization solicit or						. —
	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes"	on Form 99	90, Part IV,	line 9, or
	reported an amount on Form 990, Part						
1a	Is the organization an agent, trustee, custodia						
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:				
							Amount
	Beginning balance						
	Additions during the year						
	Distributions during the year				1e		
	Ending balance				1f	l	
	Did the organization include an amount on Fo						」Yes No
THE PERSON NAMED IN	If "Yes," explain the arrangement in Part XIII.						
Par	t V Endowment Funds. Complete if	Value of the second of the sec	swered "Yes" on Fo	orm 990, Part IV, li			
		(a) Current year	(b) Prior year	(c) Two years bac		e years back	
	Beginning of year balance	7,661,260.	6,789,489.	6,287,73		,203,981.	6,390,403.
b	Contributions	222,344.		56,75		43,000.	8,413.
С	Net investment earnings, gains, and losses	149,337.	1,141,508.	699,05	4.	303,649.	79,526.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	290,835.	269,737.	254,04	8.	262,897.	274,361.
f	Administrative expenses						
g	End of year balance	7,742,106.	7,661,260.	6,789,48	9. 6	,287,733.	6,203,981.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a)) held as:			
	Board designated or quasi-endowment		_%				
b	Permanent endowment ► 100.00	%					
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	and administered t	for the orga	nization	
	by:						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations					************	3a(ii) X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule R?	·			3b
4	Describe in Part XIII the intended uses of the		owment funds.				
Pa	t VI Land, Buildings, and Equipm						
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11a.	See Form 990, Pa	rt X, line 10		
	Description of property	(a) Cost or o basis (investi		t or other (other)	c) Accumul depreciati		(d) Book value
1a	Land		18	33,835.			183,835.
b				THE PERSON NAMED IN COLUMN 1	3,555,	686.	2,802,573.
	Leasehold improvements						
	Equipment		2.1	18,136.	185,	813.	32,323.
	Other						
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)		▶	3,018,731.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 PENDLE HILL		23	3-1352255 Page 3
Part VII Investments - Other Securities.			Name of the last o
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)		1	
(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" (a) Description of investment	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or er	ad of year market value
To an annual service to the control of the control	(b) Book value	(c) Method of Valuation: Cost of en	nd-or-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"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) ASSETS HELD IN TRUST			578,370.
(2) BENEFICIAL INTEREST IN PE	RPETUAL TRUS	TS	294,100.
(3) BENEFICIAL INTEREST IN TR	UST AGREEMEN	TS	593,000.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		1,465,470.
Part X Other Liabilities.	C 70.)		2/200/2/00
Complete if the organization answered "Yes"	on Form 990 Part IV Jir	ne 11e or 11f See Form 990 Part Y line	25
(-) Di-ti(1::it	STA OTHER SOC, FAILTY, III	(b) Book value	
		(b) Book value	
(1) Federal income taxes (2) LIABILITY FOR ANNUITIES		25,000.	
		23,000.	
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 25,000.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

(7) (8)

	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	2,268,445.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-179,541.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-112,139.		
е	Add lines 2a through 2d			2e	-291,680.
3	Subtract line 2e from line 1			3	2,560,125.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990. Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		-24,791.		
	Add lines 4a and 4b			4c	-24,791.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,535,334.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,563,045.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)	0.000	24,791.		
	Add lines 2a through 2d			2e	24,791.
3	Subtract line 2e from line 1			3	2,538,254.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			Philips B.	
	Investment expenses not included on Form 990. Part VIII, line 7b	4a	21,398.		
	Other (Describe in Part XIII.)		105,056.		
	A L L P			4c	126,454.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,664,708.
-	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9: Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4; Part	X, line 2; Part XI.
PA	RT V, LINE 4:				
DI	STRIBUTIONS FROM THE ENDOWMENT FUNDS ARE U	SED T	O SUPPORT V	/ARI	OUS PENDLE
HI	LL PROGRAMS.				
-					
PA	RT X, LINE 2:				
GA	AP PRESCRIBES A MINIMUM RECOGNITION THRESE	HOLD T	HAT A TAX I	POSI	TION IS
RE	QUIRED TO MEET IN ORDER TO BE RECOGNIZED 1	N THE	FINANCIAL	STA	TEMENTS.
PE	NDLE HILL BELIEVES THAT IT HAD NO UNCERTAI	IN TAX	POSITIONS	AS	DEFINED IN
GA	AP.				
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
CH	ANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	S			14,315
8320	54 10-29-18			Sche	edule D (Form 990) 201

Schedule D (Form 990) 2018 PENDLE HILL Part XIII Supplemental Information (continued)	23-1352255 Page 5
TUITION ASSISTANCE	-105,056.
INVESTMENT FEES	-21,398.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-112,139.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	-24,791.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	24,791.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
TUITION ASSISTANCE	105,056.

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

23-1352255 PENDLE HILL FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR AND A COPY IS DISTRIBUTED TO BOARD MEMBERS PRIOR TO ITS FILING. FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY: THE CONFLICT OF INTEREST POLICY IS GIVEN TO EACH MEMBER OF THE BOARD OF DIRECTORS ANNUALLY TO BE REVIEWED AND SIGNED. IF A POTENTIAL CONFLICT IS DECLARED, THE CONFLICTED BOARD MEMBER WOULD RECUSE HIMSELF/HERSELF IN ACCORDANCE WITH THE POLICY. FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION REVIEW AND APPROVAL PROCESS FOR OFFICERS AND KEY EMPLOYEES: THE BOARD REVIEWS COMPENSATION OF EXECUTIVE DIRECTOR ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: PUBLIC AVAILABILITY OF GOVERNING DOCUMENTS: THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST. THEY ARE ALSO AVAILABLE FOR INSPECTION AT THE ORGANIZATION'S OFFICE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 14,315.

PUBLIC DISCLOSURE COPY Form 990-T Exempt Organization Business Income Tax Return OMB No. 1545-0687 (and proxy tax under section 6033(e)) 2018 For calendar year 2018 or other tax year beginning SEP-1, 2018, and ending AUG-31, 2019► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Check box if DEmployer identification number Name of organization (Check box if name changed and see instructions.) address changed B Exempt under section PENDLE HILL Print 23-1352255 F Unrelated business activity code X = 501(c)(3)Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 338 PLUSH MILL ROAD 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) WALLINGFORD, PA 19086 531390 C Book value of all assets F Group exemption number (See instructions.) at end of year 13, 214, 664. G Check organization type ► X 501(c) corporation 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here RENTAL OF CONFERENCE SPACE . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ► THE ORGANIZATION Telephone number \triangleright 610-566-4507 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 27,445. 24,852. 2,593. Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12 Total. Combine lines 3 through 12 27,445. 24,852. 2,593. 13 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) Part II (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22h 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27

32 Unrelated business taxable income. Subtract line 31 from line 30

323701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction, Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

0.

2,593.

2,593.

28

29

30

31

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

28

29

30

31

Part I	II Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instruct	tions)		33	2,5	93.
34	Amounts paid for disallowed fringes	****	34				
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc	T 1	35	2,5	93.		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	ım of					
	lines 33 and 34				36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,0	000.		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	6,					
	enter the smaller of zero or line 36				38		0.
Part I	V Tax Computation						
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	*****		>	39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of						
	Tax rate schedule or Schedule D (Form 1041)				40		
41	Proxy tax. See instructions			•	41		
42	Alternative minimum tax (trusts only)				42		
43	Tax on Noncompliant Facility Income. See instructions				43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44		0.
Part \	/ Tax and Payments						
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a					
b	Other credits (see instructions)	45b					
C	General business credit. Attach Form 3800	45c					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d					
е	Total credits. Add lines 45a through 45d				45e		
46	Subtract line 45e from line 44				46		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66	Other (a	ttach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)				48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				49		0.
50 a	Payments: A 2017 overpayment credited to 2018	50a					
t	2018 estimated tax payments	50b					
0	Tax deposited with Form 8868	50c					
(Foreign organizations: Tax paid or withheld at source (see instructions)	50d					
(Backup withholding (see instructions)	50e					
f	Credit for small employer health insurance premiums (attach Form 8941)	50f					
(Other credits, adjustments, and payments: Form 2439						
	Form 4136 ☐ Other Total ▶	50g					
51	Total payments. Add lines 50a through 50g				51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			>	- 53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			>	- 54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax			unded 🕨	- 55		
Part	VI Statements Regarding Certain Activities and Other Information	on (see	instruc	tions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other	authorit	У		Yes	s No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may ha	ve to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country				
	here >						X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tre	ansferor	to, a for	eign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.						
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$						
٥.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	rer has an	v knowled	ge.	nowledge a	and belief, it is true,	
Sign	DIRECTO	OR OI	FFI	NANCE	May the IF	RS discuss this retu	rn with
Here	2/20/20 AND HR					er shown below (se	
	Signature of officer Date Title				instruction	ns)? X Yes	No
	Print/Type preparer's name Preparer's signature Da	te		Check	if PT	IN	
Paid	TENNITEED COLOR	2/20	/20	self- employe			_
	arer DENNIFER SOLOT	2120	120			0074937	
	Only Firm's name BBD, LLP			Firm's EIN	▶ 2	23-28966	92
and Tuffe	1835 MARKET STREET, 3RD FLOOR						_
-	Firm's address ▶ PHILADELPHIA, PA 19103			Phone no.	215-	-567-777	-
823711	01-09-19					Form 990-	T (2018

Schedule A - Cost of Goods	Sold. Enter	method of inver	tory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	T	6		
2 Purchases	2		7 Cost of goods sold. Su	ubtract line 6			
3 Cost of labor	3		from line 5. Enter here	and in Part I,			
4 a Additional section 263A costs			line 2		7		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to Yes				
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply to			
5 Total. Add lines 1 through 4b	. 5		the organization?				
Schedule C - Rent Income (lage instructions)	From Real	Property an	d Personal Property	Leased With Real Prop	perty)		
Description of property							
(1) CONFERENCE CENTER	3						
(2)							
(3)							
(4)							
	2. Rent receive	ed or accrued					
(a) From personal property (if the perc		(b) From real	and personal property (if the percent	age columns 2/a) and	connected with the income in d 2(b) (attach schedule)		
rent for personal property is more 10% but not more than 50%)	than		personal property exceeds 50% or if nt is based on profit or income)		ATEMENT 2		
(1)			27,4	45.	24,852.		
(2)							
(3)					William of the second of the s		
(4)							
Total	0.	Total	27,4	45.			
(c) Total income. Add totals of columns 2		ter	27.4	(b) Total deductions. Enter here and on page 1.	04.050		
Schedule E - Unrelated Deb		Income (see	instructions)	Part I, line 6, column (B)	▶ 24,852.		
		(_	3. Deductions directly conf			
			Gross income from or allocable to debt-	to debt-finance			
Description of debt-fin.	anced property		financed property	(a) Straight line depreciation (attach schedule)	(D) Other deductions (attach schedule)		
(1)							
(2)							
(3)							
(4)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or : debt-fina	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 < column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1. Part I, line 7. column (A).	Enter here and on page 1, Part I, line 7, column (B),		
Totals				0	. 0		
Total dividends-received deductions in	cluded in colum	n 3			0		

Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

			Exempt Controlled Organizations								
1. Name of controlled organization	ation 2. Em identifi num	ication		elated income instructions)	 Total of specified payments made 		5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)							-				
(2)							1				
(3)							+				
(4)							+				
(4) Ionexempt Controlled Organ	I										
7. Taxable Income		na (loss)	0 Total a	of an action of an in-		10 Dart of and	O #b	Nie in de de d	11 0		
, isaable income	7. Taxable Income 8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		ients	Part of column 9 that is included in the controlling organization's gross income			d 11. Deductions directly connected with income in column 10		
(1)											
(2)											
(3)											
(4)											
						Enter here an	mns 5 and d on page column (A	1, Part I,	Enter h	d columns 6 and 11, ere and on page 1, Part I, line 8, column (B).	
Totals								0.		0	
Schedule G - Investm	ent Income of a	Section	501(c)(7	7), (9), or	17) Or	ganizatio	n				
	tructions)			,, , , ,	•	•					
1 . Des	1. Description of income			2. Amount of income		3. Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)											
				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)	
Totals					0.					0	
Schedule I - Exploited (see inst		y Incom	e, Other	Than Ac	vertis	ing Incom	е				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of unre		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols, 5 through 7.		5. Gross ind from activity is not unrel business ind	vity that attributable to		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
(1)	Enter here and on page 1, Part I, line 10, col. (A).	Enter her page 1 line 10,	. Part I,							Enter here and on page 1, Part II, line 26.	
Totals	0.		0.							0	
Schedule J - Advertis	sing Income (see	instruction	is)	and the second s		A Company of the Comp					
Part I Income From	Periodicals Rep	orted o	n a Con	solidated	Basis)					
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g				6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
1.1											
(2)				What has been and		254					
(2) (3)											
(2)				,							
(2) (3)	•	0.	0								

323731 01-09-19

FORM 990-T	NET OPERATING LOSS DEDUCTION				STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED		OSS AINING	AVAILABLE THIS YEAR 1,467. 2,558. 10,389. 2,202.	
08/31/13 08/31/14 08/31/15 08/31/16	3,403. 2,558. 10,389. 2,202.	1,936. 0. 0.		1,467. 2,558. 10,389. 2,202.		
NOL CARRYOV	16,616.					
FORM 990-T	DEDUCTIONS	CONNECTED WITH REI	NTAL I	NCOME	STATEMENT	2
DESCRIPTION	4	ACTIV NUMI		AMOUNT	TOTAL	
CONFERENCE FOOD LODGING MARKETING DEVELOPMENT ADMINISTRAT	г	ERVICES - SUBTOTAL -	1	2,311 3,484 12,240 613 1,461 4,743	1.). 3.	5 0
		- DODTOTAL -	1		24,8	54.