			** PUBLIC DISCLOSURE COPY	Y **					
Forn	<b>9</b>	90	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	om li de (exc	ncome Tax ept private foundati	ons)	OMB No. 1545-0047		
			Do not enter social security numbers on this form as it	-		Í	Open to Public		
Depar Intern	rtment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the				Inspection		
ΑF	or th	e 2021 calenda	ar year, or tax year beginning ${ m SEP}$ $1$ , $2021$ and endi	ing A	UG 31, 2022	2			
B C	heck if oplicab	le: <b>C</b> Name of	organization		D Employer identi	ficatio	on number		
	Addre chang	ge PEND	LE HILL						
	Name Chang	ge Doing bu	isiness as		23-13522	255			
	Initial returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) Roor PLUSH MILL ROAD	m/suite	E Telephone numb 610-566		07		
	termii ated Amer returr	City or to	own, state or province, country, and ZIP or foreign postal code INGFORD, PA 19086		G Gross receipts \$ H(a) Is this a group	returr	3,492,819.		
	Appli tion pendi	<sup>ca-</sup> <b>F</b> Name ar	nd address of principal officer: FRANCISCO BURGOS AS C ABOVE		for subordinates	es?	Yes 🔀 No		
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or [	527			See instructions		
JΝ	Vebsi	ite: 🕨 WWW .	PENDLEHILL.ORG		H(c) Group exempti	on nu	imber 🕨		
κF	orm o	f organization: 🗋	X Corporation Trust Association Other ►	L Year of			ate of legal domicile: ${f PA}$		
	rt I	Summary							
	1	Briefly describ	e the organization's mission or most significant activities: <b>PENDLE</b>	HIL	L IS A QUAN	KER	CENTER		
Activities & Governance		WELCOMI	NG ALL FOR SPIRIT-LED LEARNING, RETH	REAT	AND COMMUN	NIT.	Υ.		
rna	2	Check this box	if the organization discontinued its operations or disposed of the organization discontinued its operations.	of more	than 25% of its net a	assets	3.		
ove			ing members of the governing body (Part VI, line 1a)			1	24		
Ğ									
8 S	5		of individuals employed in calendar year 2021 (Part V, line 2a)			35			
itie	6		of volunteers (estimate if necessary)			30			
ţ			business revenue from Part VIII, column (C), line 12			•	31,387.		
<			business taxable income from Form 990-T, Part I, line 11			_	0.		
					Prior Year		Current Year		
	8	Contributions	and grants (Part VIII, line 1h)		817,473		1,779,009.		
ň	9		ce revenue (Part VIII, line 2g)		298,942		938,104.		
Revenue		•	come (Part VIII, column (A), lines 3, 4, and 7d)		478,168		393,648.		
۳,			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,914		40,126.		
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,627,497		3,150,887.		
			nilar amounts paid (Part IX, column (A), lines 1-3)		0		0.		
			o or for members (Part IX, column (A), line 4)		0		0.		
ം		•	compensation, employee benefits (Part IX, column (A), lines 5-10)		798,794		1,238,159.		
Expenses					0		0.		
ber			Indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► <u>115,581</u>		-		_		
ы			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,000,116		1,359,885.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,798,910		2,598,044.		
	19		expenses. Subtract line 18 from line 12		-171,413		552,843.		
es					ginning of Current Year	_	End of Year		
ets lanc	20	Total assets (F	art X, line 16)		15,845,197		14,093,354.		
Net Assets or Fund Balances	21		(Part X, line 26)		1,557,828		1,057,324.		
Net			fund balances. Subtract line 21 from line 20		14,287,369		13,036,030.		
Pa	rt II				,,230				
		-	declare that I have examined this return, including accompanying schedules and	l stateme	ents, and to the best of r	ny kno	wledge and belief, it is		
			Declaration of preparer (other than officer) is based on all information of which p						
	55110								

Sign Here	Signature of officer FRANCISCO BURGOS, EXEC Type or print name and title	UTIVE DIRECTOR	Date
	Print/Type preparer's name	Preparer's signature	
Paid		MELISSA DUNN	03/22/23 if self-employed P01278330
Preparer	Firm's name <b>BBD</b> , <b>LLP</b>		Firm's EIN ▶ 23-2896692
Use Only	Firm's address 1835 MARKET STRE	ET, 3RD FLOOR	
	PHILADELPHIA, PA	. 19103	Phone no. $215 - 567 - 7770$
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form	n 990 (2021) PENDLE HILL 23-1352	255	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission: PENDLE HILL IS A QUAKER CENTER WELCOMING ALL FOR SPIRIT-LED LEA RETREAT AND COMMUNITY.	RNIN	G,
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expression revenue, if any, for each program service reported.		
4a			,
	SUPPORT MEMBERS OF THE RELIGIOUS SOCIETY OF FRIENDS AND OTHER S		
	SEEKERS TO (A) EXPERIENCE DIVINE LOVE, PRESENCE, AND GUIDANCE 1		
	LIVES; (B) UNDERSTAND, SERVE, AND CHALLENGE THEIR FAITH COMMUNI		
	AND (C) WORK WITH THEIR NEIGHBORS TO FOSTER PEACE, SOCIAL JUSTI		
	SUSTAINABILITY IN THE WIDER WORLD. WE DO THIS WITH AN EDUCATION		
	APPROACH THAT ENCOURAGES STUDENT ENGAGEMENT, DIALOGUE, COMMUNIT		
	COMPASSION, CURIOSITY, CREATIVITY, HUMOR, JOY, INSIGHT, GROWTH,		
	RESPONSIBILITY, AND FAITHFULNESS.		
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4d	1 5		
	(Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses ► 1,935,181.	)	
<u>4e</u>	Total program service expenses 1,935,181.		<b>90</b> (2021)
10000		Form 9	2021)
13200	<sup>22</sup> 12-09-21 <b>3</b>		
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Form 990 (2021) PENDLE HILL
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	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or merc2 if "Vas " complete Schedule E. Parte Land IV.	14-		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization Performent of Part IX, column (A), line 3, more than \$5,000 of grants of other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	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		X
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 Form 990 (2021)
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 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22		x
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		x
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		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		- 11	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 35			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.0	x	
10000	(gambling) winnings to prize winners?	<b>1</b> c		 (2021)
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Form 990	(2021)
Part V	Sta

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 Statements Regarding Other IRS Filings and Tax Compliance (continued)

۲đ	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	35			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	T
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			2.5		
3a				3a	х	1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	X	-
	At any time during the calendar year, did the organization have an interest in, or a signature or other					-
b	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	accour	nt)?	4a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	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 se	vices p	rovided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contraction	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	e a Form 1098-C?	7h	N/	/
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		N/A	9b		
0	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
	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					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.		NT / 7			
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا بمد ا				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		
				14a		-
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		
	excess parachute payment(s) during the year?			15		-
e	If "Yes," see the instructions and file Form 4720, Schedule N.	t inco	no?	16		
6	Is the organization an educational institution subject to the section 4968 excise tax on net investmer			16		-
	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust any disqualified person, or mine operator engage in	anv				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any	NT / 7	47		
17	activities that would result in the imposition of an excise tax under section 4051, 4052 or 40522		N/A			
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		N/A	17		ļ

Sec	tion A. Governing Body and Management							
			Yes	N				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
	Enter the number of voting members included on line 1a, above, who are independent 1b 24							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		v				
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			- -				
	of officers, directors, trustees, or key employees to a management company or other person?	3 4		XX				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		- -				
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	8a	X					
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 reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
0a	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 chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
<b>1</b> a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
3	Did the organization have a written whistleblower policy?	13	Х					
4	Did the organization have a written document retention and destruction policy?	14	X					
5	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3	s only	) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.	,	,					
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial					
-	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	THE ORGANIZATION - 610-566-4507							
	338 PLUSH MILL ROAD, WALLINGFORD, PA 19086							
32000	3 12-09-21	Form	1 <b>990</b>	(202				
2001	7	. 011		102				
3 0	322 793760 4011 2021.05060 PENDLE HILL	403	11	1				
20		<b>T</b> U -						

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

PENDLE HILL

Form 990 (2021)

23-1352255 Page 6

Part VII	Compensation of Officers	Directors,	Trustees,	Key Employees,	Highest Co	pensated
	Employees, and Independ	ent Contrac	ctors			

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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				one	Reportable	Estimated		
	hours per	box, un		ox, unless person is both an officer and a director/trustee)			h an	compensation	compensation	amount of
	week					1		from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	idual	Institutional trustee	ь	Key employee	est co loyee	Jer -	,		organizations
	line)	Indiv	Insti	Officer	Key (	Highest compensated employee	Former			
(1) FRANCISCO BURGOS	61.00									
EXECUTIVE DIRECTOR				Х				19,334.	0.	7,898.
(2) FRANCES BROKAW	5.77									
CLERK OF THE BOARD		Х		Х				0.	0.	0.
(3) MAURICE G. ELDRIDGE	0.23									
ASSISTANT CLERK		Х		Х				0.	0.	0.
(4) DOUGLAS BENNETT	0.29									
RECORDING CLERK		Х		Х				0.	0.	0.
(5) JOHN BAIRD	2.46									
BOARD MEMBER		Х						0.	0.	0.
(6) NARISSA BAJJO	0.10									
BOARD MEMBER		Х						0.	0.	0.
(7) MELINDA WENNER BRADLEY	0.12									_
BOARD MEMBER		Х						0.	0.	0.
(8) OLIVIA BRANGAN	0.58									_
BOARD MEMBER		Х						0.	0.	0.
(9) DAVID CASTRO	0.40									_
BOARD MEMBER		Х						0.	0.	0.
(10) GRACE SHARPLES COOKE	0.46									-
BOARD MEMBER		Х						0.	0.	0.
(11) MICHAEL CROUCH	3.56									•
BOARD MEMBER		Х						0.	0.	0.
(12) HERB HAIGH	0.46									•
BOARD MEMBER		X						0.	0.	0.
(13) JANE K. FERNANDES	1.75									•
BOARD MEMBER	0.01	X						0.	0.	0.
(14) MADELINE JOHNSON	0.31									0
BOARD MEMBER	0.00	X						0.	0.	0.
(15) ARTHUR M. LARRABEE	0.23									0
BOARD MEMBER	0.04	X						0.	0.	0.
(16) NAN MACY	0.94									<u>^</u>
BOARD MEMBER		X					<u> </u>	0.	0.	0.
(17) KARRIE JO MANSON	0.58									<u>^</u>
BOARD MEMBER		Х						0.	0.	0.
132007 12-09-21						0				Form <b>990</b> (2021)

(A)     (P)     (P) </th <th>Form 990 (2021) PENDLE H</th> <th>LL</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>23-1352</th> <th>2255</th> <th>Р</th> <th>age <b>8</b></th>	Form 990 (2021) PENDLE H	LL								23-1352	2255	Р	age <b>8</b>
Name and title     Average week (inter and a sector function and a finite and a sector function is a data in the secore function is a data in the sector function is a data	Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
113) APTON FLORES MAISONET       1.33       X       0.00000000000000000000000000000000000		Average hours per	box	not c , unle	Pos heck ss pe	ition more rson i	than o is bot	h an	Reportable compensation	Reportable compensation		stimate nount	of
DOARD MEMBER       0.000       0.0000         (13) STEPHEN MORELL       0.27       X       0.00000000000000000000000000000000000		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MISC/	f org an	rom th ganizat d relat	ie tion ted
DOARD MEMBER       0.233       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(18) ANTON FLORES MAISONET BOARD MEMBER	1.33	x						0.	0.			0.
(20) PEGGY MCPHADEN       0.23       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(19) STEPHEN MCNEIL	0.27											
BOARD MEMBER       X       0       0       0       0         (21) JAINIE MUDD       0.088       X       0       0       0       0         (21) JAINIE MUDD       0.088       X       0       0       0       0         (22) JEF PERKINS       0.488       X       0       0       0       0         (23) JEF INN RADCLIFFE       3.044       X       0       0       0       0         (23) JERLIYNN RADCLIFFE       3.044       X       0       0       0       0         (24) AUBY SUPER       0.60       X       0       0       0       0       0         SOARD MEMBER       X       0       0       0       0       0       0       0         C14) MUBY SUPER       0.60       1.52       X       0	BOARD MEMBER		Х						0.	0.	,		0.
(21) JAINTE MUDD       0.08       x       0.000       0.000         BOARD MEMBER       0.48       x       0.000       0.000         (23) JEF FERKINS       0.48       x       0.000       0.000         (23) JERLIYIN RADCLIFFE       3.04       x       0.000       0.000         (23) JERLIYIN RADCLIFFE       3.04       x       0.0000       0.0000         (24) AUDRY SUPER       0.600       0.0000       0.0000       0.00000         (25) JUDITH WIEGAND       1.522       x       0.00000       0.00000         BOARD MEMBER       x       0.00000000000000       0.00000000000000000000000000000000000	(20) PEGGY MCPHADEN	0.23											•
BOARD MEMBER       X       0.       0.       0.       0.         (22) JEPP PERINS       0.448       X       0.       0.       0.         (23) JEPT PERINS       0.448       X       0.       0.       0.         (23) JERLINN RADCLIFFE       3.04       X       0.       0.       0.       0.         (24) AUDRY SUPER       0.60       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       <			X						0.	0.	,		0.
BOARD MEMBER       3.04         (23) JERLIYAN RADCLIFFE       3.04         SOARD MEMBER       X         (24) AUDRY SUPER       0.60         (24) AUDRY SUPER       0.60         SOARD MEMBER       X         (25) JUDITH WIEGAND       1.52         BOARD MEMBER       X         BOARD MEMBER       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(21) JAIMIE MUDD BOARD MEMBER	0.08	x						0.	0.			Ο.
(23) JERILYNN RADCLIFFE       3.04       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(22) JEFF PERKINS	0.48											
BOARD MEMBER       0.600       X       0.000       0.0000         (24) AUDRY SUPER       0.600       X       0.00000000000000000000000000000000000	BOARD MEMBER		X						0.	0.	,		0.
(24) AUDRY SUPER       0.60       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(23) JERILYNN RADCLIFFE BOARD MEMBER	3.04	x						0.	0.			0.
(25) JUDITH WIEGAND       1.52       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         1b Subtotal       0.	(24) AUDRY SUPER	0.60									+		-
BOARD MEMBER       X       0.	BOARD MEMBER	1 50	X						0.	0.	,		0.
1b       Subtotal       19,334.       0.       7,898.         c       Total from continuation sheets to Part VII, Section A       0. </td <td></td> <td>1.52</td> <td>v</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>0</td>		1.52	v						0	0			0
c       Total from continuation sheets to Part VII, Section A       0.00000       0.00000       0.00000       0.00000       0.00000       0.00000 <td>BOARD MEMBER</td> <td></td> <td>^</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td></td> <td></td> <td>0.</td>	BOARD MEMBER		^						0.	0.			0.
c       Total from continuation sheets to Part VII, Section A       0.00000       0.00000       0.00000       0.00000       0.00000       0.00000 <td></td>													
d Total (add lines 1b and 1c)       19,334       0.       7,898.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         Section B. Independent Contractors         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)         (A)       NONE       Description of services       Compensation         (A)       NONE       Description of services       Compensation	1b Subtotal											7,8	
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1 a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         7       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       5       X         (A)         NONE         Description of services         Compensation for the calendar year ending with or within the organization's tax year.         (A)         NONE         Description of services         Compensation         (A)         NONE       Desc	c Total from continuation sheets to Part V	I, Section A							• •				
compensation from the organization       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         1       Complete this table for your five highest address       NONE       Description of services       Compensation         1       Complete and business address       NONE       Description of services       Compensation         1       Complete due that business address       NONE       Description of services       Compensation         1       Complete due that business address       NONE       Description of services       Compensation         1       Complete due thatable or youre from thatable or your five highest compensation for									•		,	7,8	98.
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual or services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed for your five highest compensated independent contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (C)         Name and business address       NONE       Description of services       Compensation		ot limited to th	iose	liste	ed al	oove	e) wh	io r	eceived more than \$100	,000 of reportable			0
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         (a)       (b)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c) <td>compensation from the organization</td> <td></td> <td>Ves</td> <td></td>	compensation from the organization											Ves	
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       NONE       Description of services       Compensation         (A)       NONE       Image: Compensation of services       Image: Compensation of services       Image: Compensation	<b>o y</b>	,					·		, , ,	5		103	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											3		X
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation         Name and business address       NONE       Description of services       Compensation	5	•								0			x
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation											-		
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Complex address       NONE       Image: Compensation       Compensation         Image: Compensation of services       Image: Compensation       Image:		-				-			-		5		х
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Color of the calendar year ending with or within the organization's tax year.       Image: Color of the calendar year ending with or within the organization's tax year.       Image: Color of the calendar year ending with or within the organization's tax year.         Image: Color of the calendar year ending with or within the organization of the calendar year ending with or within the organization's tax year.       Image: Color of the calendar year ending with or within the organization's tax year.         Image: Color of the calendar year ending with or within the organization of the calendar year ending with or within the organization's tax year.       Image: Color of the calendar year ending with or within the organization's tax year.         Image: Color of the calendar year ending with or within the organization of the calendar year ending with or within the organization of the calendar year ending with or within the organization of the calendar year ending with or within the organization of the calendar year ending with or within the organization of the calendar year ending with or within the organization of the calendar year ending with or within the organization of the calendar year ending with or within the organization of the calendar year ending with or within the organization of the calendar year ending within the organizati					,						-		
(A) (C) Compensation	1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of compen	sation	from	
Name and business address     NONE     Description of services     Compensation       Image: Imag	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir	n the organization's tax y	/ear.			
		addraaa	376	<b></b>	7				• •	onvisoo			n
		audress	INC	JNE	5			_	Description of s	ervices	Joinpe	IISalic	<i></i>
								_					
								-					
2 Total number of independent contractors (including but not limited to those listed above) who received more than		a ali valim mili i			al ±	<b>1</b> 1-							

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

132008 12-09-21

Form **990** (2021)

		Check if Schedule C	cont	ains a respo	nse	or note to any lin				L
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclue from tax unde sections 512 -
	1 a	Federated campaigns		1a						
8										
	С	Fundraising events								
						402 400				
		Government grants (con				423,408.				
	f	All other contributions, gifts			1	255 601				
5		similar amounts not include				355,601. 20,273.				
	-	Noncash contributions included					1,779,009.			
,	n	Total. Add lines 1a-1f				Business Code	1,119,009.			
	2 a	CONFERENCE S	ERV	TCES		900099	460,066.	428,679.	31,387.	
	z a b	SHORT TERM E				900099	252,962.	252,962.	51,507.	
5	0	TUITION INCO				611600	117,696.			
	о b	SOJOURNER PR		AM		900099	78,552.	78,552.		
	e									
		All other program service	e reve	nue		900099	28,828.	28,828.		
	g	Total. Add lines 2a-2f				<b>&gt;</b>	938,104.			
T	3	Investment income (inclu								
		other similar amounts)				►	251,816.			251,81
	4	Income from investment								
	5	Royalties	<u></u>			►				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (los			<u></u>	►				
	7 a	Gross amount from sales or		(i) Securit		(ii) Other				
		assets other than inventory	7a	441,34	6.					
	b	Less: cost or other basis		200 51	٨					
		and sales expenses		299,51 141,83	.4.					
		Gain or (loss)					141,832.			141,83
		Net gain or (loss) Gross income from fundrais				▶	141,052.			141,00
	8 a									
		including \$ contributions reported o								
		Part IV, line 18		-	8a					
	h	Less: direct expenses			8b					
		Net income or (loss) from			0.0					
		Gross income from gam		-						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s	<b>&gt;</b>				
		Gross sales of inventory		returns						
		and allowances			10a	82,544.				
	b	Less: cost of goods sold			10b	42,418.				
	с	Net income or (loss) from	n sale	s of invento			40,126.	40,126.		
Γ						Business Code				
-	11 a									
	b									
	С					ļļ				
1	d	All other revenue								
	е	Total. Add lines 11a-11c								202 5
	12	Total revenue. See instruct	ione				3,150,887.	946,843.	31,387.	393.64

14030322 793760 4011

PENDLE HILL

Form 990 (2021) PENDLE Personal Statement of Revenue

#### 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).

	Check if Schedule O contains a respons include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
	ants and other assistance to domestic organizations				
	d domestic governments. See Part IV, line 21				
	ants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	ants and other assistance to foreign ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	istees, and key employees	80,324.	60,244.	16,065.	4,015
	mpensation not included above to disqualified	,	,		_,
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	her salaries and wages	930,143.	699,890.	184,328.	45,925
	nsion plan accruals and contributions (include	, = = = •	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ction 401(k) and 403(b) employer contributions)	18,169.	13,445.	3,769.	955
	her employee benefits	133,826.	98,268.	28,330.	7,228
	lyroll taxes	75,697.	56,773.	15,139.	3,785
	es for services (nonemployees):				•
	anagement				
	gal				
	counting				
	bbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees	24,411.		24,411.	
	her. (If line 11g amount exceeds 10% of line 25,				
-	lumn (A), amount, list line 11g expenses on Sch O.)	154,884.	89,644.	59,264.	5,976
<b>12</b> Ad	Ivertising and promotion				
	fice expenses	93,867.	70,401.	18,773.	4,693
	ormation technology	52,001.	39,001.	10,400.	2,600
	oyalties				
	ccupancy	172,317.	129,238.	34,463.	8,616
	avel	2,400.		2,400.	
1 <b>8</b> Pa	yments of travel or entertainment expenses				
for	r any federal, state, or local public officials				
1 <b>9</b> Co	onferences, conventions, and meetings				
.0 Int	erest	28,024.	21,018.	5,605.	1,401
2 <b>1</b> Pa	yments to affiliates				
<b>2</b> De	preciation, depletion, and amortization	200,726.	150,545.	40,145.	10,036
3 Ins	surance	64,221.	48,166.	12,844.	3,211
abo	ner expenses. Itemize expenses not covered ove. (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A),				
	nount, list line 24e expenses on Schedule O.)				
a TU	UITION ASSISTANCE	190,481.	190,481.		
ь MI	ISCELLANEOUS	129,108.	40,406.	75,519.	13,183
-	ONORARIA	87,075.	87,075.		
d RI	ENTAL EXPENSES	81,234.	81,234.		
e All	other expenses	79,136.	59,352.	15,827.	3,957
25 To	tal functional expenses. Add lines 1 through 24e	2,598,044.	1,935,181.	547,282.	115,581
26 Joi	int costs. Complete this line only if the organization				
rep	ported in column (B) joint costs from a combined				
edı	ucational campaign and fundraising solicitation.				
Che	eck here  if following SOP 98-2 (ASC 958-720)				

PENDLE HILL

		Check if Schedule O contains a response or note	to any line in this Part X			
			ιο απή πισ πι τη 10 Γαιτ Λ	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing			1	448,536.
	2	Savings and temporary cash investments		2	438,656.	
	3	Pledges and grants receivable, net		3	316,027.	
	4	Accounts receivable, net			4	49,499.
	5	Loans and other receivables from any current or fe			-	
	ľ	trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these		5		
	6	Loans and other receivables from other disqualifie				
	ľ	under section $4958(f)(1)$ ), and persons described i			6	
ß	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		32,898.	8	16,758.
As	9			102,522.	9	67,964.
		Land, buildings, and equipment: cost or other	I		5	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		basis. Complete Part VI of Schedule D	10a 7,202,578			
	h		10b 4,315,252	2,943,304.	10c	2,887.326.
	11	Investments - publicly traded securities	40 405 500	11	2,887,326. 8,392,272.	
	12	Investments - other securities. See Part IV, line 11		12	0,002,2,2	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15	1,476,316.	
	16	Total assets. Add lines 1 through 15 (must equal		15,845,197.	16	14,093,354.
	17	Accounts payable and accrued expenses	8,915.	17	37,107.	
	18	Grants payable		18		
	19	Deferred revenue			19	274,417.
	20				20	
	21	Escrow or custodial account liability. Complete Pa			21	
s	22	Loans and other payables to any current or forme				
Liabilities		trustee, key employee, creator or founder, substa				
lide		controlled entity or family member of any of these		22		
Ľ	23	Secured mortgages and notes payable to unrelate			23	729,000.
	24	Unsecured notes and loans payable to unrelated t		100 100	24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1				
		of Schedule D	, ,	20,700.	25	16,800.
	26	Total liabilities. Add lines 17 through 25		1,557,828.		1,057,324.
		Organizations that follow FASB ASC 958, check	khere 🕨 🗴			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		2,841,631.	27	3,018,747.
Ba	28	Net assets with donor restrictions		11,445,738.	28	10,017,283.
pur		Organizations that do not follow FASB ASC 958				
г Г		and complete lines 29 through 33.				
S 0	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equi			30	
As	31	Retained earnings, endowment, accumulated inco			31	
Net Assets or Fund Balances	32	Total net assets or fund balances			32	13,036,030.
_	33	Total liabilities and net assets/fund balances		15,845,197.	33	14,093,354.
						Form <b>990</b> (2021)

Form **990** (2021)

132011 12-09-21

	1 990 (2021) PENDLE HILL	23-1	352255	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,150	),8	87.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,598		
3	Revenue less expenses. Subtract line 2 from line 1	3			43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,287		
5	Net unrealized gains (losses) on investments	5	-1,804	1,3	27.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			48.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-151	.,2	03.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13,036	5,0	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

# 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
2021
Open to Public Inspection
 identification number

Nan	ne of t	the organization							identification number
De			LE HILL	(4)			<u> </u>		3-1352255
	rt I	Reason for Public						IS.	
	organ	ization is not a private found							
1	$\square$	A church, convention of ch				on 170(b)(	1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owne	d or opera	ted by a g	overnmental u	init descrik	bed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Illy receives a substa	intial part of its support	from a gov	ernmenta	l unit or from tl	he general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions)	. Enter the	name, cit	y, and state of	the colleg	e or
		university:							
10	Χ	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersl	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Con	,						
11	$\square$	An organization organized a	-	•	•				
12		An organization organized a	•	•	•		-	•	• •
		more publicly supported or							Check the box on
		lines 12a through 12d that	• •			-		-	
а		<b>Type I.</b> A supporting orga	-	-	•	-			
		the supported organization			a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	-		11			··· (-)	
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontroi or mana	ige the sup	ported
		organization(s). You mus	•		in connoc	tion with	and functional	lly intograt	od with
C		J Type III functionally inter its supported organizatio						ny megrat	eu with,
d		<b>Type III non-functionally</b>	.,		-			ted organi	zation(s)
ŭ		that is not functionally int						-	
		requirement (see instruct	<b>°</b>	<b>c</b>	•		•	anatom	
e		Check this box if the orga	,	•				II Type III	
-		functionally integrated, or						, . , pe	
f	Ente	er the number of supported of	,,						
g	Pro	vide the following informatior	n about the supporte	ed organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota									
1010	41								

Schedule A (	Form C	001 2021
Schedule A	FOULT	190) ZUZ I

PENDLE HILL

Pa	IT II Support Schedule for	-					•
	(Complete only if you checke				on failed to qualify	under Part III. If th	e organization
0	fails to qualify under the tests	s listed below, plea	ase complete Part	III.)			
-	ction A. Public Support					1	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
~	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
~	• • • • • • • • • • • • • • • • • • • •						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
4 5	The portion of total contributions						
5	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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	•			•		
_	organization, check this box and stop	o here					▶∟_
	ction C. Computation of Publ					1 1	
14	Public support percentage for 2021 (						%
15	Public support percentage from 2020						%
<b>16</b> a	<b>33 1/3% support test - 2021.</b> If the o						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2020.</b> If the o						
4-	and <b>stop here.</b> The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances to	-		• • • •		170 and line 15 in	
Ľ	10% -facts-and-circumstances tes						IU% OF
	more, and if the organization meets the organization meets the facts-and-circ						
18	Private foundation. If the organization						
0		an and not oncor a	20/ 01/ 11/0 10, 10		2, 011001 1110 007		·• 🚩 📖

Schedule A (Form 990) 2021

132022 01-04-22

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1167618.	761,382.	1310734.	817,473.	1779009.	5836216.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1353692.	1388542.	844,435.	368,487.	989,261.	4944417.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness 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 $\dots$							
6	Total. Add lines 1 through 5	2521310.	2149924.	2155169.	1185960.	2768270.	10780633.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	13,500.	10,235.	43,867.	37,447.	26,757.	131,806.	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	Add lines 7a and 7b	13,500.	10,235.	43,867.	37,447.	26,757.	131,806.	
	Public support. (Subtract line 7c from line 6.)				- ,		10648827.	
	ction B. Total Support						1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 6	2521310.	2149924.	2155169.	1185960.	2768270.	10780633.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	189,647.	195,783.	210,109.	237,322.	251,816.	1084677.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b	189,647.	195,783.	210,109.	237,322.	251,816.	1084677.	
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	2710957.	2345707.	2365278.	1423282.	3020086.	11865310.	
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,	
_							▶∟_	
-	ction C. Computation of Publ						00 75	
15	Public support percentage for 2021 (I					15	89.75 %	
<u>16</u>	Public support percentage from 2020					16	89.66 %	
	ction D. Computation of Inves						0 14	
	Investment income percentage for 20					17	9.14 %	
18	Investment income percentage from 2					18	9.07 %	
198	<b>33 1/3% support tests - 2021.</b> If the						N V	
	more than 33 1/3%, check this box at							
b	<b>33 1/3% support tests - 2020.</b> If the	•						
20	line 18 is not more than 33 1/3%, che			•	. ,	•		
	Private foundation. If the organizatio	п ий пот спеск а		a, of 190, check th	iis box and see ins		A (Form 990) 2021	
1320	23 01-04-22			16		Schedule P	າ (FUHH ອອບ) 202 I	

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			

Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a	oovernmental entitv	. Describe in Part VI how	you supported a	governmental entity	(see instructions).
-----	------------------------------	---------------------	---------------------------	-----------------	---------------------	---------------------

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

132025 01-04-22

14030322 793760 4011

18 2021.05060 PENDLE HILL 3b | Schedule A (Form 990) 2021

2a

2b

За

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No

Yes

Schedule A (Form 990) 2021
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PENDLE HILL

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2021

132026 01-04-22

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	;	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
	From 2016						
	From 2017						
	From 2018						
d	From 2019						
e	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2017						
b	Excess from 2018						
С	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

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

#### SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

#### MISCELLANEOUS

132028 01-04-22

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY
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### **Schedule of Contributors**

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

OMB No. 1545-0047

2021

Employer identification number

2	3.	-1	3	5	2	2	5	5	
_	-	_	-	-	_	_	-	-	

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

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

#### General Rule

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

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

PENDL	E HILL		23-1352255
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$10,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$20,4	04.       Person       X         O4.       Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$20,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$10,6	39.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$16,1	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
<u> </u>	1-21	\$11,2	14.       Person       X         Payroll

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Employer identification number

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14030322 793760 4011

Schedule B (Form 990) (2021) Name of organization

PENDL	E HILL		23-1352255
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
7		\$10,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8		\$22,5	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9		\$423,4	08. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$50,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$200,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
12	1-21	\$277,9	52.       Person       X         Payroll       Payroll         Noncash       (Complete Part II for noncash contributions.)         Schedule B (Form 990) (2021)
	24		· · · · · · · · · · · · · · · · · · ·

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Page 2 Employer identification number

### Name of organization

Schedule B (Form 990) (2021)

PENDL	E HILL		23-1352255
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
13		\$30,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
14		\$25,0	Person       X         Payroll       Payroll         Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
15		\$13,3	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
16		\$9,9	93. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$8,5	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
18		\$7,5	00. Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Employer identification number

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Schedule B (Form 990) (2021)

Name of organization

Name of organization			Employer identification number		
PENDL	E HILL			23	-1352255
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal spa	ce is needed.		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	າຣ	(d) Type of contribution
19		-   _ \$_ -	5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	າຣ	(d) Type of contribution
20		- _ \$_	5,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contribution	າຣ	(d) Type of contribution
		-   _   \$ _ -	140,2	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	າຣ	(d) Type of contribution
22		-   _   \$ _ -	135,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	າຣ	(d) Type of contribution
		- _ \$_ -			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	าร	(d) Type of contribution
		-   _ \$_			Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1	1-21 26				Schedule B (Form 990) (2021)

Page 2

2021.05060 PENDLE HILL

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Schedule B (Form 990) (2021)

	B (Form 990) (2021)		1= .	Page
Name of o	organization		Employ	ver identification number
PENDL	E HILL		23	-1352255
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is need	ded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
	STOCK GIFT			
		—		
		\$10,	059.	04/06/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
6	STOCK GIFT	_		
		\$10,	214.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		   \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction	-	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		   \$		
123453 11-1	I-21 27	<sup>v</sup>		Schedule B (Form 990) (2021

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Name of or	ganization			Employer identification number
PENDLI	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 line e charitable, etc., contributions of \$1,000 o	ntry For organizations	that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of g	 ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor 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 g	ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor 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 g	ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
—				
Ī		(e) Transfer of g		
-	Transferee's name, address, a			Insferor to transferee
123454 11-11				Schedule B (Form 990) (2021
20704 11-11		28		301euule D (F0111 990) (202

2021.05060 PENDLE HILL

SCHEDULE D

Department of the Treasury Internal Revenue Service

14030322 793760 4011

(Form 990)

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization	
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Employer identification number 23-1352255

	PENDLE HILL			23-1352255
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		·
		(a) Donor advised funds	(	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed fun	ds
-	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
-	for charitable purposes and not for the benefit of the donor of			
		·		
Par				
1	Purpose(s) of conservation easements held by the organizati		,	
•	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	f a histo	rically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ied conservation contribution in the form	n of a co	preservation 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	<u>- · · · · · · · · · · · · · · · · · · ·</u>			2b
c	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			ization during the tax
	year ►	, , , ,	5	3
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	•			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation ea	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents th	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections o		Other \$	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in f	furthera	nce of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	l balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance	e of public 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 tre		al gain,	provide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21	29		
		<u> </u>		

	dule D (Form 990) 2021 PENDLE						.3522		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or C	ther Si	imilar As	sets(con	tinued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that ma	ıke signifi	cant use of	its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or		,	,				_	-
	to be sold to raise funds rather than to be ma						Yes		_ No
Par	<b>t IV</b> Escrow and Custodial Arrang		te if the organizatio	n answered "Yes	on Forn	n 990, Part I	IV, line 9,	or	
	reported an amount on Form 990, Par		· · · · · · ·						
1a	Is the organization an agent, trustee, custodia					r			
	on Form 990, Part X?					l	Yes		_ No
D	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:		Г		Amou	nt	
	Designing belongs				F	10	Anou		
	Additions during the year					<u>1c</u> 1d			
	Additions during the year					1e			
f	Distributions during the year Ending balance					1f			
	Did the organization include an amount on Fo					[	Yes		No
	If "Yes," explain the arrangement in Part XIII.				-				
Par								<u> </u>	
		(a) Current year	(b) Prior year	(c) Two years ba		nree years ba	ck <b>(e)</b> Fo	ur years	back
1a	Beginning of year balance	10,017,017.	8,838,448.	7,742,10	06.	7,661,26	0.	6,789	,489.
	Contributions	688,031.		348,00	06.	222,34	4.		
	Net investment earnings, gains, and losses	-1,494,218.	1,640,878.	999,46	58.	149,33	7.	1,141	,508.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	431,859.	462,309.	355,38	32.	290,83	5.	269	,737.
f	Administrative expenses								
g	End of year balance	8,778,971.	10,017,017.	8,734,19	98.	7,742,10	6.	7,661	,260.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment	6.4000	_%						
	Permanent endowment  93.6000	%							
С	· · · · · · · · · · · · · · · · · · ·	6							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered	for the or	ganization		N <sub>2</sub>	
	by:							Yes	No
	(i) Unrelated organizations								X X
	(ii) Related organizations							<u>/</u>	
D	If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the						3b		
Par	t VI   Land, Buildings, and Equipm	<u> </u>	wment tunds.						
I ui	Complete if the organization answered		Part IV line 11a S	See Form 990 Pa	rt X line <sup>.</sup>	10			
	Description of property	(a) Cost or ot			c) Accum		(d) Bo	ok valu	
	Description of property	basis (investm		(other)	deprecia		( <b>u</b> ) BC	UK Valu	
12	Land		,	3,835.			18	33,8	35.
	Buildings				4,088	,477.		52,8	
	Leasehold improvements		.,	,	,	, = :	=,	_,,	
	Equipment		36	7,387.	226	,775.	14	40,6	12.
	Other					-			
	Add lines 1a through 1e. (Column (d) must ed		K, column (B), line 1	0c.)		<b>&gt;</b>	2,8	37,3	26.
		. ,		,		0.1			

Schedule D (Form 990) 2021

132052 10-28-21

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of-vear market value
		(c) Method of Valuation. Cost of end-	oryear market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	on Form 000 Dart IV line	11d See Form 000 Dart V line 15	
Complete if the organization answered "Yes"	Description	TTU: See Form 990, Part A, line 15.	(b) Book value
	Description		
(1) ASSETS HELD IN TRUST		10	462,416
(2) BENEFICIAL INTEREST IN PE			296,500
(3) BENEFICIAL INTEREST IN TR	UST AGREEMENT	'S	717,400
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		1,476,316
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LIABILITY FOR ANNUITIES			16,800
(3)			,
(4) (5)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			16,800

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 PENDLE HILL			23-	1352255 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	th Revenue per F		
	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	1,022,883.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,804,327.	<u>.</u>	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-366,095.	•	
е	Add lines 2a through 2d			2e	-2,170,422.
3	Subtract line 2e from line 1			3	3,193,305.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-42,418.	•	
с	Add lines 4a and 4b			4c	-42,418.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,150,887.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		ith Expenses per	Retu	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,425,570.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		4	
b	Prior year adjustments			4	
с	Other losses		40.410	4	
d	Other (Describe in Part XIII.)	2d	42,418.	<u>.</u>	
е	Add lines <b>2a</b> through <b>2d</b>			2e	42,418.
3	Subtract line 2e from line 1			3	2,383,152.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
а	Investment expenses not included on Form 990, Part VIII, line 7b		24,411.		
b	Other (Describe in Part XIII.)	4b	190,481.	<u>.</u>	
с	Add lines 4a and 4b			4c	214,892.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.)</i> rt XIII Supplemental Information.			5	2,598,044.

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

#### PART V, LINE 4:

DISTRIBUTIONS FROM THE ENDOWMENT FUNDS ARE USED TO SUPPORT VARIOUS PENDLE HILL PROGRAMS.

PART X, LINE 2:

#### GAAP PRESCRIBES A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS

REQUIRED TO MEET IN ORDER TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS.

PENDLE HILL BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN

GAAP.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE	OF SPLIT INTEREST AGREEMENTS	-151,203.
132054 10-28-21	32	Schedule D (Form 990) 2021

32 2021.05060 PENDLE HILL

TUITION ASSISTANCE -190,481. INVESTMENT FEES -24,411. TOTAL TO SCHEDULE D, PART XI, LINE 2D -366,095. PART XI, LINE 4B - OTHER ADJUSTMENTS: COST OF GOODS SOLD -42,418. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 42,418. PART XII, LINE 4B - OTHER ADJUSTMENTS: TUITION ASSISTANCE 190,481. 	Schedule D (Form 990) 2021     PENDLE     HILL       Part XIII     Supplemental Information (continued)	23-1352255 Page 5
INVESTMENT FEES -24,411. TOTAL TO SCHEDULE D, PART XI, LINE 2D -366,095. PART XI, LINE 4B - OTHER ADJUSTMENTS: COST OF GOODS SOLD -42,418. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 42,418. PART XII, LINE 4B - OTHER ADJUSTMENTS: TUITION ASSISTANCE 190,481. 		-190,481.
TOTAL TO SCHEDULE D, PART XI, LINE 2D -366,095.  PART XI, LINE 4B - OTHER ADJUSTMENTS: COST OF GOODS SOLD -42,418.  PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 42,418. PART XII, LINE 4B - OTHER ADJUSTMENTS: TUITION ASSISTANCE 190,481.	INVESTMENT FEES	
COST OF GOODS SOLD -42,418.	TOTAL TO SCHEDULE D, PART XI, LINE 2D	
PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 42,418. PART XII, LINE 4B - OTHER ADJUSTMENTS: TUITION ASSISTANCE 190,481. 	PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD 42,418.	COST OF GOODS SOLD	-42,418.
PART XII, LINE 4B - OTHER ADJUSTMENTS: TUITION ASSISTANCE 190,481.	PART XII, LINE 2D - OTHER ADJUSTMENTS:	
TUITION ASSISTANCE 190,481.	COST OF GOODS SOLD	42,418.
	PART XII, LINE 4B - OTHER ADJUSTMENTS:	
	TUITION ASSISTANCE	190,481.
	132055 10-28-21	Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

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

OMB No. 1545-0047 **Open to Public** 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

-151,203.

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

Schedule O (Form 990) 2021

132211 11-11-21

34 2021.05060 PENDLE HILL

	EXTENDED TO JULY 17, 2023						
Form 990-T Exempt Organization Business Income Tax Return							
	(and proxy tax under section 6033(e))						
	For calendar year 2021 or other tax year beginning SEP 1, 2021 , and ending AUG 31, 202	22	2021				
Department of the Treesury	► Go to www.irs.gov/Form990T for instructions and the latest information.	_					
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	). 🗄	Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)	DEmplo	yer identification number				
B Exempt under section	Print PENDLE HILL		3-1352255				
<b>X</b> 501( <b>c</b> )( <b>3</b> )	or Number, street, and room or suite no. If a P.O. box, see instructions.	E Group (see in	exemption number structions)				
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) 529A	WALLINGFORD, PA 19086	_F└──	Check box if				
	C Book value of all assets at end of year		an amended return.				
	type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust						
H Check if filing only to							
Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation						
	f attached Schedules A (Form 990-T)		1				
K During the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No				
	ame and identifying number of the parent corporation.						
	rre of ► THE ORGANIZATION Telephone number ►	<u>510-</u>	566-4507				
	related Business Taxable Income						
	business taxable income computed from all unrelated trades or businesses (see		2 (20				
		1	3,620.				
			2 6 2 0				
3 Add lines 1 and 2		3	3,620.				
	butions (see instructions for limitation rules)	4	<u> </u>				
5 Total unrelated bu	usiness taxable income before net operating losses. Subtract line 4 from line 3	5	3,620.				
	operating loss. See instructions STATEMENT 1	6	5,020.				
	business taxable income before specific deduction and section 199A deduction.						
Subtract line 6 fro		7	1,000.				
	n (generally \$1,000, but see instructions for exceptions)		1,000.				
<b>—</b>	99A deduction. See instructions	9	1,000.				
	Add lines 8 and 9	10	1,000.				
	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		0.				
Part II Tax Com	nutation	11	0.				
	•		0.				
	xable as corporations. Multiply Part I, line 11 by 21% (0.21) t trust rates. See instructions for tax computation. Income tax on the amount on	1					
2 Trusts taxable at Part I, line 11 from		2					
		3					
-		4					
		5					
		6					
		7	0.				
	8 through 6 to line 1 or 2, whichever applies		Form <b>990-T</b> (2021)				

123701 07-06-22

Form 9	90-T (2021)			Page <b>2</b>
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a			
b	Other credits (see instructions) 1b			
С	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		Ο.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021			
b	2021 estimated tax payments. Check if section 643(g) election applies			
c	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
e	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g	Other credits, adjustments, and payments: Form 2439			
_	□ Form 4136 Other Total ► 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due.       If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax  Refunded	11		
Part				
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority		Ye	s No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			<u> </u>
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			x
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
4	Enter available pre-2018 NOL carryovers here <b>s 11,269.</b> Do not include any post-2017 NOL car	rryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Pa	rt I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions	S.		
	Business Activity Code Available post-2017 NOL c			
	531390 \$	4,58	1.	
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V	<u></u>		
Deat	V Our plana a shall he farma a han			

#### Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Signature of officer	Date EX	ECUTIVE DIR	ECTOR t	May the IRS discus the preparer showr (nstructions)?	_ `
I	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid				self- employed	t	
Preparer	MELISSA DUNN	MELISSA DUNN	03/22/23		P012	78330
Use Only	Firm's name <b>BBD</b> , <b>LLP</b>	·		Firm's EIN	▶ 23-2	896692
OSC ONly	1835 M	ARKET STREET, 3RD F	LOOR			
	Firm's address 🕨 PHILAD	ELPHIA, PA 19103		Phone no.	215-567	-7770
123711 01-31-2	22				Forr	m <b>990-T</b> (2021
		38				
1030322	793760 4011	2021.05060 PEN	DLE HILL		4	4011 1

'ORM 990-1	· · ·	PRE 2018 NOL SCHEI	DULE	STATEMENT	1
	NOL CARRY FORWARD H NOL DEDUCTION INCLU		INE 6	11,269. 3,620.	
	A PORTION OF PRE-20 A ENTITY	018 NOL SCHEDULE A	SHARE		
	1		0.		
	IEDULE A SHARE OF PE ATING DEDUCTION			0. 3,620.	
EXPIRING CARRY FOR	AFTER PRE-2018 NOL I NET OPERATING LOSSI WARD OF NET OPERATI	ES ING LOSS		0. 0. 7,649.	
EXPIRING CARRY FOR	AFTER PRE-2018 NOL I NET OPERATING LOSSI WARD OF NET OPERATI	ES ING LOSS 18 NET OPERATING I LOSS		0. 0. 7,649. STATEMENT	
EXPIRING CARRY FOR ORM 990-1	AFTER PRE-2018 NOL I NET OPERATING LOSSI WARD OF NET OPERATI	ES ING LOSS 18 NET OPERATING I	LOSS DEDUCTION LOSS REMAINING	0. 0. 7,649.	
EXPIRING CARRY FOR ORM 990-1 PAX YEAR 8/31/13	AFTER PRE-2018 NOL I NET OPERATING LOSSE WARD OF NET OPERATION PRE-201 LOSS SUSTAINED 3,403.	ES ING LOSS 18 NET OPERATING I LOSS PREVIOUSLY APPLIED 3,403.	LOSS REMAINING 0.	0. 0. 7,649. STATEMENT AVAILABLE THIS YEAR	0.
EXPIRING CARRY FOR ORM 990-1 PAX YEAR 8/31/13 8/31/14	AFTER PRE-2018 NOL I NET OPERATING LOSSE WARD OF NET OPERATION PRE-201 LOSS SUSTAINED 3,403. 2,558.	ES ING LOSS 18 NET OPERATING I LOSS PREVIOUSLY APPLIED 3,403. 2,558.	LOSS REMAINING 0. 0.	0. 0. 7,649. STATEMENT AVAILABLE THIS YEAR	0.
EXPIRING CARRY FOR ORM 990-T	AFTER PRE-2018 NOL I NET OPERATING LOSSE WARD OF NET OPERATION PRE-201 LOSS SUSTAINED 3,403.	ES ING LOSS 18 NET OPERATING I LOSS PREVIOUSLY APPLIED 3,403.	LOSS REMAINING 0.	0. 0. 7,649. STATEMENT AVAILABLE THIS YEAR	0.

PENDLE HILL

23-1352255

#### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

### Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

1

Α	Name of the organi	zation
	PENDLE	HILL

S 531390

B Employer identification number 23-1352255

of

1

D Sequence:

С	Unrelated business activity code (see instructions)	231390

#### E Describe the unrelated trade or business **ERENTAL OF CONFERENCE SPACE**

Pa	t 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 (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b		4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6	31,837.	28,217.	3,620.
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	31,837.	28,217.	3,620.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				
3	Repairs and maintenance			3	
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Parl	: I, line 13,		
	column (C)			16	3,620.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	3,620.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	ıle A (Form 990-T) 2021

uit	III Cost of Goods Sold Enter	er method of inventory valuation	n 🕨		
1	Inventory at beginning of year	•		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7				_	
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Dart L line 2			
	-				Yes No
9 art	Do the rules of section 263A (with respect to pro				
			-		
1	Description of property (property street address,	220			GFORD, PA 1
		338 PLU	SH MILL KU	DAD, WALLIN	GFORD, PA I
	В				
	c 🔄				
	D			1	
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)	0.			
b	From real and personal property (if the				
	percentage of rent for personal property exceed	s			
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
•	Add lines 2a and 2b, columns A through D	31,837.			
3	Total rents received or accrued. Add line 2c colu Deductions directly connected with the income		nd on Part I, line 6,	column (A)	31,837.
3 4			nd on Part I, line 6,	column (A) 🕨	31,837.
	Deductions directly connected with the income	4 28,217.			31,837.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom	4 28,217.	ne 6, column (B)	►	
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <b>STMT</b> <b>Total deductions.</b> Add line 4 columns A through	4 28,217.	ne 6, column (B)	►	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom	4 28,217.	ne 6, column (B)	►	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add	4 28,217.	ne 6, column (B)	►	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B)	►	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A B	4 28,217.	ne 6, column (B)	►	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A B C	4 28,217.	ne 6, column (B)	►	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A B C	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 <u>5</u> 2 art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A B C D	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 <u>5</u> 2 art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A B C D Gross income from or allocable to debt-financed property	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 <u>5</u> art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 <u>5</u> <mark>art</mark> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 5 2 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 5 2 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 5 2 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 5 art 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 5 2 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 5 art 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 5 art 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 5 2 art 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B) neck if a dual-use. S	ee instructions.	28,217.
4 5 2 art 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B) neck if a dual-use. S	C	28,217.
4 5 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B) neck if a dual-use. S B	C	28,217.
4 5 2 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B) neck if a dual-use. S B B	c	28,217.
4 5 art 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B) neck if a dual-use. S B B	c	28,217.
4 5 art 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Incom Description of debt-financed property (street add A	4 28,217.	ne 6, column (B) neck if a dual-use. S B B I, line 7, column (A)	C	28,217. 28,217.

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	ule A (Form 990-T) 2021 VI Interest, Annu		ovaltica, and D	onto fro	m Contro		raonizatio	20 (-				Page <b>3</b>
Part	VI Interest, Annu	iiiles, n	oyanies, and h		in Contro		Exempt Contro					
1. Name of controlled organization		<b>2.</b> Employer identification number	3. Net unrelated 4. Tota		al of specified nents made	5. Part of colum that is included in controlling organ tion's gross inco		Imn 4 I in the co aniza-		Deductions directly connected with come in column 5		
(1)	0								s groos inc			
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ions					
7	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif syments mac		<b>10.</b> Part of that is incontrolling gross	luded	in the zation's		CO	ductions directly nnected with ne in column 10
(1)							<u>J</u>					
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I, 1 (A)		er h	olumns 6 and 11. ere and on Part I, 8, column (B)
Totals						►			0.			0.
Part			of a Section 50	)1(c)(7),			nization (s	ee inst	tructions)			·
	1. Desc	cription of	income		2. Amou incor		<b>3.</b> Deduction directly conn (attach state)	ected	<b>4.</b> Set- (attach st		,	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amo	unto in						Add amounts in
					column 2 here and o line 9, colu	. Enter n Part I, umn (A)						column 5. Enter here and on Part I, line 9, column (B)
Totals Part					The sure of a shi	0.						0.
			Activity Income	, other		ertisir	ig income	see in	structions)	)		
1	Description of exploite			in and Finite		Devet I	line 10 celur					
2	Gross unrelated busin Expenses directly con									2		
3			-							3		
4	line 10, column (B)		l trado or businoss							3		
-	lines 5 through 7									4		
5	Gross income from ac	tivity that	s not unrelated bus	iness inco	 me			•••••		5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F									7		

Schedule A (Form 990-T) 2021

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Sched	ule A (Form 990-T) 2021				L Page 4
Part					l ago
1	Name(s) of periodical(s). Check box if reporti	ing two or more periodicals on	a consolidated basi	is.	
	B				
	c				
nter a	amounts for each periodical listed above in the				
•		A	B	C	D
2	Gross advertising income Add columns A through D. Enter here and or				. 0.
•	Add columns A through D. Enter here and or	n Part 1, n n e + 1, column (A)			
а З	Direct advertising costs by periodical				
	Add columns A through D. Enter here and or				. 0.
а	Add columns A through D. Enter here and or				
4	Advertising gain (loss). Subtract line 3 from li	ine			
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	in			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
'	line 5, subtract line 6 from line 5. If line 5 is less that				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
•	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		total or zero here an	nd on	
	Part II, line 13				. 0.
Part		irectors, and Trustees	(see instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
4)				%	
	Enter here and on Part II, line 1			►	0.
Part	XI Supplemental Information (se	ee instructions)			
					edule A (Form 990-T) 202 <sup>-</sup>

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990-T SCH A	POST-20	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/21	4,581.	0.	4,581.	4,581.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	4,581.	4,581.

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FORM 990-T (A) DEDUCTIONS CONNECTED	WITH RENTAL	INCOME	STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
CONFERENCE EXPENSE FOOD LODGING MARKETING DEVELOPMENT ADMINISTRATIVE AND SUPPORT SERVICES - SUBTOTAI	1	5,426. 3,042. 13,056. 818. 1,227. 4,648.	28,217.
TOTAL TO FORM 990-T, SCHEDULE A, PART	IV, LINE 4		28,217.