Form **990**

Return of Organization Exempt From	Income Tax
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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) • Do not enter social security numbers on this form as it may be made public. • Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

OMB No. 1545-0047 2014

Depa Inter	artment nal Rev	of the Treasury enue Service			about Form 990 and its in						Inspection	
Α	For th	he 2014 calen	dar year, or t	ax year begin	ning 10/01	, 2014,	and ending	9/3	0	,	2015	
В	Check	if applicable:	C						D Employ		fication number	
	Ac	ddress change	Pencil 1						22-3	33843	302	
	Na	ame change			eet, 5th Floo	r		Π	E Telepho	ne numb	er	
	In	itial return	New Yorl	c, NY 100	10				(212	2) 52	24-2386	
	Fir	nal return/terminated						Γ				
	Ar	mended return							G Gross re	eceipts 🕻	\$ 4,582,34	1.
	Ap	oplication pending	F Name and a	address of principa	I officer: David We	einer		I(a) Is this a	0 1		165	No
			Same As	C Above			н	l(b) Are all si If 'No,' at	ubordinates	included	I? Yes	No
Ι	Tax-	exempt status	X 501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527			(000 1100		
J	We	bsite: 🕨 🗤	w.pencil	.org			н	I(c) Group ex	emption nu	mber 🕨		
Κ	Form	n of organization:	Corporation	Trust	Association Other►	LY	ear of formation	n:	M s	tate of le	egal domicile:	
Pa	art I	Summar	у									
	1				on or most significant							
g					<u>models of col</u>		<u>n betwe</u> e	<u>en the</u>	busir	<u>less</u>	and	
ano		educatio	<u>n commun</u>	<u>ities. S</u> e	<u>ee Schedule O.</u>	·						
/err	2	Check this bo			n discontinued its ope	rations or dispo	cod of more		of its p	ot acco		
Governance	_				ning body (Part VI, lir					3		20
ార					of the governing bod					4		20
ties	5				calendar year 2014 (5	1	.13
Activities	6				necessary)					6	1,2	250
Ă					Part VIII, column (C),					7a		0.
	D	inet unrelated	i business tax	kable income i	rom Form 990-T, line	34		1		7b		0.
Revenue	8	Contributions	and grants (Part VIII line	1h)				or Year 985,1	0.2	Current Year 3,611,20	10
ne	9				2g)				21,5		3,011,20	10.
ven	-), lines 3, 4, and 7d).				89,0		44,40)4
Be	11		•	•	nes 5, 6d, 8c, 9c, 10c,				·595,0		11,10	<u> </u>
	12	Total revenue	e – add lines	8 through 11	(must equal Part VIII,	column (A), line	e 12)		500,7		3,655,61	2.
	13	Grants and s	imilar amoun	ts paid (Part I	X, column (A), lines 1	-3)						
	14	Benefits paid	to or for mer	mbers (Part IX	(, column (A), line 4).							
Ś	15	Salaries, othe	er compensat	ion, employee	e benefits (Part IX, co	lumn (A), lines §	5-10)	2,	923,1	81.	2,723,17	18.
JSe:	16 a	Professional	fundraising fe	ees (Part IX, c	olumn (A), line 11e).							
Expenses	b	Total fundrais	sing expense	s (Part IX, col	umn (D), line 25) 🕨	80	4,052.					
ŵ	17	Other expens	ses (Part IX, o	column (A), lir	nes 11a-11d, 11f-24e)			1,	135,7	75.	1,187,83	36.
	18	Total expense	es. Add lines	13-17 (must e	equal Part IX, column	(A), line 25)			058,9		3,911,01	
	19	Revenue less	s expenses. S	Subtract line 18	3 from line 12				558,1		-255,40)2.
n o o								Beginning			End of Year	
Net Assets of Fund Balances	20							3,	419,3		3,140,86	
et A Ind B	21	Total liabilitie	es (Part X, lin	e 26)					385,2	52.	368,18	39.
	22	Net assets or	fund balance	es. Subtract lin	ne 21 from line 20			3,	034,0	98.	2,772,67	15.
Pa	art II	Signatur	e Block									
Unde com	er penal plete. D	ties of perjury, I de eclaration of prepa	eclare that I have arer (other than of	examined this retu fficer) is based on	Irn, including accompanying all information of which prep	schedules and staten arer has any knowled	nents, and to th lge.	ne best of my	knowledge	and belie	ef, it is true, correct, and	i
							5					
c:/		Signatu	ire of officer					Date	!			
Siq He	re	Dav	id Weine	r				Presid	lont			
			print name and					riesi(Jent			
		Print/Type p	preparer's name		Preparer's signature		Date	(Check	if F	PTIN	
Pa	id	David	C. Asher	nfarb	David C. Ashe	enfarb			elf-employe	_	P00535436	
	epare				ENFARB CPAS		I			11		
	e On				15th Floor			F	irm's EIN	13-	-4036703	
					10016-6517				hone no.	(212		
May	y the I	RS discuss th			shown above? (see ir	nstructions)					- II	lo
BA	A For	Paperwork R	eduction Act	t Notice, see t	he separate instruction	ons.	TEEA	0113L 05/28	/14		Form 990 (20	014)

	n 990 (2014) Pencil Inc.	22-3384302	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	See Schedule 0		
2	Did the organization undertake any significant program services during the year which were not listed or		_
	Form 990 or 990-EZ?	· · · · · · · · · Yes	Х No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Yes	Х No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program servi Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ces, as measured by ex	penses.
	and revenue, if any, for each program service reported.		Jenses,
4a	a (Code:) (Expenses \$ 2,591,914. including grants of \$) (F	Revenue \$)
	See_Schedule_O	·	
4	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
- 1)
	· (Code) · · · · · · · · · · · · · · · · · · ·		
4 c	: (Code:) (Expenses \$ including grants of \$) (F	جevenue کې)
4 c	d Other program services. (Describe in Schedule O.)		`
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 2,591,914.	E	000 (2014)

Form 990 (2014) Pencil Inc.
Part IV Checklist of Required Schedules

Page 3

			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	Х						
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х						
3	for public office? If 'Yes,' complete Schedule C, Part I.								
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		Х					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х					
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х					
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		Х					
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х					
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.								
ä	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х						
I	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	11 b		Х					
(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 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х					
(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.	11 d		Х					
(Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х						
1	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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f	Х						
12;	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х						
I	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х					
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х					
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х					
I	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х					
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	Х						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х					
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х					
I	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b							

Form 990 (2014)Pencil Inc.Part IVChecklist of Required Schedules (continued)

Page 4

			Yes	No
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 a	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
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes', complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33		Х
34	and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	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? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 ((2014)

Form	n 990 (2014) Pencil Inc. 22-338430	2	Ρ	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11			
Ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		Х
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 113			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
32	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3b		
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	JIF 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6.	Does the organization have appual gross receipts that are normally greater than \$100,000, and did the organization			
02	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
ł	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
7	not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6 b		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
č	services provided to the payor?	7 a		Х
Ł	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Х
	I If 'Yes,' indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	j If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	_		
-	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	a Gross income from members or shareholders	-		
ľ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
t	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
t	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14-		Х
		14a 14b		Λ
BAA	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule Q</i> TEEA0105L 05/28/14	-	990 (2014

Forn	n 990 (2014) Pencil Inc. 22-3384302		Ρ	Page 6
Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.	iges	in	
500	Check if Schedule O contains a response or note to any line in this Part VI			. Х
Sec	Lion A. Governing Body and Management		Yes	No
	a Enter the number of voting members of the governing body at the end of the tax year1 a20If 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 in Schedule O.1 a20b Enter the number of voting members included in line 1a, above, who are independent1 b20		100	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 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, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6 7 a	Did the organization have members or stockholders? a 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?	6 7 a		X X
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
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? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		Х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		N
10.	a Did the organization have local chapters, branches, or affiliates?	10 a	Yes	No 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?	10a		Λ
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
I	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See. Schedule .0.	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	L
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	Х	
	a The organization's CEO, Executive Director, or top management official	15a	Х	
	b Other officers or key employees of the organization See. Schedule .0.	15b	X	<u> </u>
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a 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		Х
I	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	ction C. Disclosure			·
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)		availa	ble
19 20	Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records: ►	ບັບ		
_•	John McHale 30 West 26th Street, 5th Floor New York NY 10010 (212) 524-238	6		
			000 /	(2014)

Form 990 (2014) Pencil Inc.	22-3384302	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	st Compensated Employee	s, and
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 Compens	ated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year organization's tax year.	ending with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organizat compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ions), regardless of amount of	
 List all of the organization's current key employees, if any. See instructions for definition of 'key List the organization's five current highest compensated employees (other than an officer, direct who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more organization and any related organizations. 	or, trustee, or key employee)	
• List all of the organization's former officers, key employees, and highest compensated employee of reportable compensation from the organization and any related organizations.	s who received more than \$100,0	100
• List all of the organization's former directors or trustees that received, in the capacity as a form organization, more than \$10,000 of reportable compensation from the organization and any related org		
List persons in the following order: individual trustees or directors; institutional trustees; officers; key e employees; and former such persons.	mployees; highest compensated	

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

					(C))					
	(A) Name and Title	(B) Average hours per	thar is	n one s both dire	box, an c ector/	unles officer /truste		on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)	Dave Barger	2									
	Director	0	Х						0.	0.	0.
(2)	Howard Chatzinoff	2_									
	Chairman	0	Х		Х				0.	0.	0.
<u>(3)</u>	E. Scott Beatie	2									
	Treasurer	0	Х		Х				0.	0.	0.
_(4)	Charles R. Bendit	2							_	_	_
<u> </u>	Vice Chairman	0	Х		Х				0.	0.	0.
<u>(5)</u>	Ken Clinchy	2									
	Director	0	Х						0.	0.	0.
(6)	Christopher B. Hayward	2									
	Vice Chairman	0	Х		Х				0.	0.	0.
_(/)	Jeremy Johnson	2							0		
	Director	0	Х						0.	0.	0.
(8)	Lew_Leone	2							0		
(0)	Director	0	Х						0.	0.	0.
<u>(9)</u>	Elba_Montalvo	2							0	0	0
(10)	Director	0	Х				+		0.	0.	0.
(10)	Shael Polakow-Suransky	<u>2_</u>	v						0	0	0
/11)	Director	2	Х						0.	0.	0.
<u>(II)</u>	Galen Robbins		х						0	0	0
(12)	Director	2	X				+		0.	0.	0.
(12)	Karen Proctor		Х		Х				0.	0.	0
(12)	Secretary Mitchell M. Roschelle	2	A		Λ		+		0.	0.	0.
(13)	Director	2	х						0.	0.	0.
(1/1)	Elliot Wahle	2		\vdash		<u> </u>	$\left \right $		0.	0.	0.
<u></u>	Director	$-\frac{2}{0}$	Х						0.	0.	0.
BAA		U TEEA0		02/27	7/1 /	l.			0.	0.	Form 990 (2014)
244		ILLAU	10/L	JULIZI	/14						2014)

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Form 990 (2014) Pencil Inc. Part VII Section A. Officers, Directors, 1	ructooc	Kov	Em	nl	0.10	06 3	n	d Highest Con	22-3384302			ge 8
Tart VII Section A. Onicers, Directors, 1	(B)	ney		<u>ואות</u> (0	-	:03,0		a riignest con		loyee	3 (LUIIL	muet
(A) Name and title	Average hours per week	box offi	, unles cer an	Pos heck ss pe d a c	sition more erson direct	e than or is both or/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) stimated unt of oth opensation	her
	(list any hours for related organiza - tions	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	f org ar	rom the janization id related anization	n d
	below dotted line)	stee	ustee		e	ensated						
15) Joe Scantlebury Director	2	Х						0.	0.			l
16) Lewis Warren, Jr. Director	<u>- 2</u> 0	Х						0.	0.			
7) Abbe Raven Director	<u>2</u> 0	Х						0.	0.			
18) Jack Stephenson Director	2	X						0.	0.			
19) John Fosina Director	<u>- 2</u> 0	X						0.	0.			
20) Susan Tysk-Cosgrove Director	2	X						0.	0.			
21) John McHale Dir. Fin.& Adm.	$-\frac{40}{0}$	•		Х				97,999.	0.		15,9	
22) David Weiner President	<u>- 40</u> 0	•		Х				147,088.	0.		24,6	
23) Joanna Cannon COO	<u>- 40</u> 0	•		Х				57,076.	0.		8,1	
24) Gayle Villani VP	<u>- 40</u> 0	•				x		135,426.	0.		23,3	
25) Denise Nelson VP	<u>- 40</u> 0	•				х		150,602.	0.		8,1	
1 b Sub-total						•	-	588,191.	0.		80,2	
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)						Þ		103,626. 691,817. eived more than \$	0. 0. 100,000 of reportab	le com	13,7 94,0 pensat)0
from the organization ► 4											Yes	Ν
3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ector, or trus uch individua	stee, al	key	emp	ploy	ee, or	hiç	ghest compensate	ed employee	. 3		
4 For any individual listed on line 1a, is the sum the organization and related organizations greated organizations greated by the organization of the organization	ter than \$1	50,00)0? /i	f 'Ye	es' a	comple	ete	Schedule J for		4	V	
 such individual 5 Did any person listed on line 1a receive or accifor services rendered to the organization? <i>If 'Y</i> 	rue compen:	satio	n froi	m a	any i	unrela	ted	l organization or i	ndividual		Х	
Section B. Independent Contractors 1 Complete this table for your five highest compe							-					
compensation from the organization. Report co	mpensation	for t	the ca	aler	ndar	year	enc	ding with or within	the organization's t	,		
(A) Name and business ac	ldress							(B) Description o	of services	(Compe	C) ensatio	n
												_
2 Total number of independent contractors (inclu	ding but not	t limi	ted to	o th	ose	listed	ab	ove) who receive	d more than			
\$100,000 of compensation from the organization	v		100	03/2	10/1 F					Form	000 /	20
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Continuation Sheet for Form 990

Department of the Treasury Internal Revenue Service

2014	4
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Name of the Organization									Employler Identification nu	mber
Pencil Inc.									22-3384302	
Part VII Continuation: Officers, D Highest Compensated E) irectors mployee	s, Tru es	ste	es,	Ke	ey En	nplo	oyees, and	22 3304302	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trus or director				hat employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Sara Clough	40	1								
<u>Sr Dir Mktg (Fmr)</u>	0	-				X		103,626.	0.	13,759.
		+								
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		-								
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Form 990 (2014) Pencil Inc. 22-3384302 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue (C) (D) (B) Related or Unrelated Revenue exempt excluded from tax business function under sections revenue 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1 a **b** Membership dues..... 1 b c Fundraising events..... 1 c ,573,234 1 d Related organizations 1 d e Government grants (contributions) 1 e **f** All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 2,037,974 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f ► 3,611,208 Program Service Revenue Business Code 2 a b С d e f All other program service revenue.... g Total. Add lines 2a-2f Investment income (including dividends, interest and 3 other similar amounts) 42,761 42,761 Income from investment of tax-exempt bond proceeds... > Royalties.... 5 ► (i) Real (ii) Personal 6 a Gross rents. **b** Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss).... (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 751,160 **b** Less: cost or other basis and sales expenses 749,517 c Gain or (loss)..... 1,643. d Net gain or (loss)..... ► 1,643. 1,643 8 a Gross income from fundraising events Other Revenue (not including..\$ 1,573,234. of contributions reported on line 1c). See Part IV, line 18..... a 177,212 177.212 b Less: direct expenses b c Net income or (loss) from fundraising events. . . 9 a Gross income from gaming activities. See Part IV, line 19.....a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities..... ► 10a Gross sales of inventory, less returns and allowances..... a **b** Less: cost of goods sold. **b** c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b С d All other revenue e Total. Add lines 11a-11d • ► 3,655,612 12 Total revenue. See instructions 0 0. 44,404

	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	249,446.	149,668.	49,889.	49,889.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,952,230.	1,424,570.	187,719.	339,941.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	52,549.	37,574.	5,671.	9,304.
10	Payroll taxes	468,953.	335,309.	50,611.	83,033.
	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying.				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	16,000.		16,000.	
13	Office expenses				
14	Information technology				
15	Royalties.				
16	Occupancy	314,919.	223,592.	28,343.	62,984.
17	Travel	36,757.	5,950.	21,889.	8,918.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	70,480.	50,041.	6,343.	14,096.
23	Insurance	36,904.	26,202.	3,321.	7,381.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Consulting	406,358.	257,308.	30,649.	118,401.
	P Indirect_special_event_expense	87,747.			87,747.
	Postage and Shipping	78,501.	55,736.	7,065.	15,700.
	Miscellaneous	49,587.	3,284.	45,377.	926.
	All other expenses.	90,583.	22,680.	62,171.	5,732.
25	Total functional expenses. Add lines 1 through 24e	3,911,014.	2,591,914.	515,048.	804,052.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following				

Form 990 (2014) Pencil Inc. Part IX Statement of Functional Expenses

Form 990 (2014) Pencil Inc. Part X Balance Sheet

Page 11

					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			84,463.	1	192,459
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		• • • • • • • • • • • • • • • • • • • •	1,095,561.	3	1,334,786
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former or trustees, key employees, and highest compensated er Part II of Schedule L.	5				
	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of section 50 beneficiary organizations (see instructions). Complete	ersons (a (c)(3)(B) 1(c)(9) v Part II o	s defined under , and contributing oluntary employees' f Schedule L		6	
3	7	Notes and loans receivable, net				7	
010004	8	Inventories for sale or use				8	
ć	9	Prepaid expenses and deferred charges			25,932.	9	5,807
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10 a	1,278,686.			
	b	Less: accumulated depreciation	10 b	1,111,151.	233,575.	10 c	167,535
		Investments – publicly traded securities			1,936,848.	11	1,397,306
	12	Investments – other securities. See Part IV, line 11.			1/300/0101	12	1,00,1,000
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets.		14			
	15	Other assets. See Part IV, line 11		42,971.	15	42,971	
	16	Total assets. Add lines 1 through 15 (must equal line	3,419,350.	16	3,140,864		
	17	Accounts payable and accrued expenses			176,443.	17	212,069
	18	Grants payable		52,309.	18	31,609	
	19	Deferred revenue			2,500.	19	2,500
	20	Tax-exempt bond liabilities		•		20	,
2	21	Escrow or custodial account liability. Complete Part I'	V of Sche	edule D		21	
nabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ors, trustees, fied persons.		22		
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third	•			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		154,000.	25	122,011
	26	Total liabilities. Add lines 17 through 25			385,252.	26	368,189
20		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.	k here ►	\underline{X} and complete			
	27	Unrestricted net assets			2,402,456.	27	2,168,800
	28	Temporarily restricted net assets			631,642.	28	603,875
5	29	Permanently restricted net assets				29	· · · ·
		Organizations that do not follow SFAS 117 (ASC 958) and complete lines 30 through 34.					
5	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipm				31	
ž	32	Retained earnings, endowment, accumulated income,				32	
2	33	Total net assets or fund balances			3,034,098.	33	2,772,675
2	34	Total liabilities and net assets/fund balances			3,419,350.	34	3,140,864

Forn	990 (2014) Pencil Inc. 22-	3384302		Page 12	
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,65	5,612.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,91	1,014.	
3	Revenue less expenses. Subtract line 2 from line 1.	3	-25	5,402.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,03	4,098.	
5	Net unrealized gains (losses) on investments	5	-	6,021.	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2 77	2,675.	
Pa	t XII Financial Statements and Reporting		2/ / /	27010.	
	Check if Schedule O contains a response or note to any line in this Part XII.				
				res No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	[
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	l on a			
	Were the organization's financial statements audited by an independent accountant?		2 b	х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat		20	Λ	
	basis, consolidated basis, or both: X Separate basis Consolidated basis Consolidated basis Both consolidated and separate basis	e			
(: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?		3a	Х	
I	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA				990 (2014)	
DAA				(2014)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No.	1545-0047	
20	14	

Departı Interna	ment of the Treasury I Revenue Service	► In	formation about Sch	edule A (Form 990 or 99 at www.irs.gov/form99		nd its in	structions is	Inspection
Name o	of the organization						Employer identifica	tion number
Pen	cil Inc.						22-338430	2
Par	t I Reason	for Public Cha	arity Status (All o	organizations must	comple	ete this	s part.) See instruc	tions.
The c				For lines 1 through 11, o				
1	A church, o	convention of chu	ches, or association of	of churches described in	sectior	1 70(b)	(1)(A)(i).	
2	A school d	escribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Schedule E.)				
3				ization described in sec	tion 170	(b)(1)(A	Xiii).	
4	·	•		unction with a hospital d				ter the hospital's
	name, city	-						
5	An organiz		the benefit of a colle Part II.)	ge or university owned	or opera	ted by a	governmental unit des	cribed in section
6	A federal,	state, or local gov	ernment or governme	ental unit described in se	ection 17	70(b)(1)(A)(v).	
7	in section	1 70(b)(1)(A)(vi). (Complete Part II.)	ial part of its support fro	-	vernmen	tal unit or from the gen	eral public described
8	A commun	ity trust described	in section 170(b)(1)(A)(vi). (Complete Part II	.)			
9	from activit	ies related to its e income and unre	exempt functions – su	than 33-1/3% of its supp ubject to certain excepti e income (less section 5 Part III.)	ons, and	l (2) no	more than 33-1/3% of i	ts support from gross
10				ely to test for public safe	ty. See	section	509(a)(4).	
11	or more pu	blicly supported c	rganizations describe	ely for the benefit of, to p d in section 509(a)(1) o upporting organization a	r section	1 509(a)	(2). See section 509(a)(the purposes of one (3). Check the box in
а	Type I. A s	upporting organiz	ation operated, super regularly appoint or e	vised, or controlled by it elect a majority of the di	s suppo	rted org	anization(s), typically b	y giving the supporte ganization. You must
b	Type II. A s	supporting organiz	ation supervised or c	ontrolled in connection d in the same persons t	with its s hat cont	supporte rol or m	ed organization(s), by ha anage the supported or	aving control or ganization(s). You
с	Type III fur	ctionally integra	ed. A supporting orga	anization operated in co plete Part IV, Sections A			nd functionally integrate	ed with, its supported
d	functionally	integrated. The optimized in the opti	organization generally	organization operated i must satisfy a distribut s A and D, and Part V.	n conne ion requ	ction wi irement	th its supported organiz and an attentiveness re	ation(s) that is not equirement (see
e	Check this	box if the organiz	ation received a writte	en determination from th supporting organization.		nat is a	Type I, Type II, Type III	functionally
f	Enter the num	ber of supported	organizations					
g	Provide the fo	llowing informatio	n about the supported	d organization(s).				
	(i) Nam or	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions
					Yes	No		
A)								
(B)								
C)								
(D)								
(E)								
Total				tions for Form 990 or 9				m 990 or 990-F7) 201

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

Schedule A (Form 990 or 990-EZ) 2014

22-3384302

Page 2

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

Sec	tion A. Public Support	-			1	•			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,637,598.	3,441,294.	231,413.	2,985,192.	3,611,208.	13,906,705.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	3,637,598.	3,441,294.	231,413.	2,985,192.	3,611,208.	13,906,705.		
6	Public support. Subtract line 5 from line 4.						11,405,974.		
Sec	tion B. Total Support	-				_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4	3,637,598.	3,441,294.	231,413.	2,985,192.	3,611,208.	13,906,705.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	90,380.	96,398.	20,495.	66,619.	42,761.	316,653.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on			·			0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10						14,223,358.		
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	116,812.		
13	First five years. If the Form 990 organization, check this box and								
Sec	tion C. Computation of Du	hlic Sunnart E)orcontago						
14	Public support percentage for 20						80.19%		
15	Public support percentage from 2	2013 Schedule A,	Part II, line 14				79.08%		
16 <i>a</i>	33-1/3% support test – 2014. If and stop here. The organization	the organization of qualifies as a pub	did not check the b blicly supported or	oox on line 13, an ganization	id the line 14 is 3	3-1/3% or more, c	heck this box ·····► X		
Ł	33-1/3% support test – 2013. If t and stop here. The organization	he organization d qualifies as a put	id not check a box plicly supported or	on line 13 or 16a ganization	a, and line 15 is 3	33-1/3% or more, o	check this box ►		
17 <i>a</i>	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test. check this l	box and stop here	e. Explain in Part	VI how		
Ł	b 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see inst	ructions ►		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Calend	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include							
2	any 'unusual grants.') Gross receipts from admis-							
L	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's							
	tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support (Subtract line							
_	7c from line 6.).							
	tion B. Total Support	() 0010	4 \ 0011	() 0010	(1) 0010	() 001		(0 T
	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.							
-	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11 and 12.)							
14	First five years. If the Form 990 organization, check this box and							•
Sec	tion C. Computation of Pu							
15	Public support percentage for 20	14 (line 8, columr	n (f) divided by lin	e 13, column (f))			15	00
16	Public support percentage from 2	2013 Schedule A,	Part III, line 15				16	olo
Sec	tion D. Computation of Inv	estment Incor	me Percentag	е			· · ·	
	Investment income percentage for				mn (f))		17	0/0
18	Investment income percentage fr	•					18	00
	33-1/3% support tests – 2014. If is not more than 33-1/3%, check	f the organization	did not check the	box on line 14, a	nd line 15 is more	than 33-1/3	3%, and	line 17 ►
b	33-1/3% support tests – 2013. If line 18 is not more than 33-1/3%	the organization of	did not check a be	ox on line 14 or li	ne 19a, and line 1	6 is more th	nan 33-1/	/3%, and
20	Private foundation. If the organiz		-					▶

Part IV Supporting Organizations (Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section			
2	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)	2		
•				
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
		ou		
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.	3b		
		30		
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	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and	4.5		
	if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
L	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.	4b		
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	4c		
		-		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)			
	and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		
				
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?	5b		
		0.0		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
Ŭ	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of	6		
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
0	complete Part I of Schedule L (Form 990)	8		
~	Mar the constantion is a local discrimination of the second s			
9 a	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	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
		50		<u> </u>
c	Did a disqualified person (as defined in line 9(a)) 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.	9c		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'			
	answer (b) below.	10a		
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.)	10b		
RΔΔ	TEFA04041 07/17/14 Schedule A (Form 990	or 90	30-F7	2014

Schedule A (Form 990 or 990-EZ) 2014 Pencil Inc

Part IV Supporting Organizations (continued)			
	١	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
governing body of a supported organization?	а		
b A family member of a person described in (a) above?	b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	~		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	L L		L

Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax yea? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization? 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 supported organization? 2

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		

Section 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>							
	the organization maintained a close and continuous working relationship with the supported organization(s)							
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played							
	in this regard.	3						

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the	e organization use	ed to satisfy the l	Integral Part Test	during the year	(see instructions):

а		The organization	satisfied the	e Activities	Test.	Complete	line 2 below.
---	--	------------------	---------------	--------------	-------	----------	---------------

	The organization is	محبحم حطا ح	h of o o o h o f	اممان مستحدة	a vera pizzationa	Commentato lina	2 halan
	The organization is	s the paren	l or each or	its supported	organizations.	Complete ine	s below.

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted						
	substantially all of its activities	2a					
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the						
	the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement						
3	Parent of Supported Organizations. Answer (a) and (b) below.						
	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? <i>Provide details in Part VI</i>	3a					
		Ja					
	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	3b					
				1			

b

Yes No

22-3384302

Page 5

Yes

No

Part V

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

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions.	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
iec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities.	1a		
ł	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c).	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

BAA

Schedule A (Form 990 or 990-EZ) 2014

Sche	dule A (Form 990 or 990-EZ) 2014 Pencil Inc.		22-338	34302 Page 7
	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	ooses		
2	Amounts paid to perform activity that directly furthers exempt purpor in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sur			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organ in Part VI). See instructions	ization is responsive (p	rovide details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
C				
d				
	From 2013			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part I Additional Supplemental Information

Pencil Inc. filed a short period return for the period beginning July 1, 2013 and ending September 30, 2013 which is reported on Schedule A, Part II, Section A under the year 2012.

OMB No. 1545-0047 Supplemental Financial Statements SCHEDULE D ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. (Form 990) **Open to Public** Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number Pencil Inc. 22-3384302 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year). 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 6 impermissible private benefit?..... Yes No Part II **Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the 2 last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements..... 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c **d** Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Δ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 5 Yes No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ►\$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and 9 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ►Ś (i) Revenue included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X ►Ś 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1..... ►\$

b Assets included in Form 990, Part X		
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3301L	10/28/14

Schedule **D** (Form 990) 2014

►\$

Schedule D (Form 990) 2014 Penc.		ections	of Art. Hist	orica	l Treasures, or	Other S	22-338-		Page 2
3 Using the organization's acquisiti			,		,			•	,
items (check all that apply):	,	.,	· · ·		, ,		· 9· · · · · · · · · ·		
					hange programs				
b Scholarly research c Preservation for future gener	ations		e Other						
 c Preservation for future gener 4 Provide a description of the orga Part XIII. 		ections a	and explain hov	v they	further the organization	ation's exe	mpt purpose	in	
5 During the year, did the organiza to be sold to raise funds rather the sold to rather the sold to raise funds rather the sold to rather	tion solicit or	receive	donations of art	t, histo	prical treasures, or	other simil	ar assets	Yes	No
Part IV Escrow and Custodia				0					
line 9, or reported an	amount on	Form	990, Part X,	line	21.	Swerea		111 330, 1	art iv,
1.2 Is the organization on agent true		n or oth	or intermediary	for or	patributions or other	accata pa	tipoludod		
1 a Is the organization an agent, trus on Form 990, Part X?								Yes	No
b If 'Yes,' explain the arrangement	in Part XIII a	nd comp	lete the following	ng tab	le:		L		
								Amount	
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance.								Vee	
2 a Did the organization include an ab If 'Yes,' explain the arrangement							-	Yes	No
D in res, explain the arrangement	III Falt Alli. (ere il trie explai	alion	nas been provided	III Fait All			
Part V Endowment Funds.	complete if	the or	nanization a	nswe	red 'Yes' to For	m 990 F	Part IV lin	ne 10	
	(a) Current		(b) Prior yea		(c) Two years back		ee years back	(e) Four y	ears back
1 a Beginning of year balance		,					,		
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities									
and programs									
f Administrative expenses									
g End of year balance			and the laws are allow	. 1					
2 Provide the estimated percentage		nt year e	nd balance (IIn م	e ig, i	column (a)) neid as				
a Board designated or quasi-endov b Permanent endowment ►			<u> </u>						
c Temporarily restricted endowmer			0						
The percentages in lines 2a, 2b,		1 equal 1	00%						
		·							
3a Are there endowment funds not i organization by:	n the possess	sion of tr	e organization	that a	re held and adminis	stered for t	ne	Ye	s No
(i) unrelated organizations								3a(i)	
(ii) related organizations								3a(ii)	
b If 'Yes' to 3a(ii), are the related o	organizations	listed as	required on Sc	hedul	e R?			3b	
4 Describe in Part XIII the intended		-	tion's endowme	ent fun	ds.				
Part VI Land, Buildings, and									
Complete if the organiz	zation answ	ered 'Y	es' to Form ?	990, I	Part IV, line 11a	. See Fo	rm 990, Pa	art X, line	10.
Description of property		(a) Cost (in)	or other basis vestment)	(b) Cost or other basis (other)	(c) Accu depree	mulated ciation	(d) Book	value
1 a Land	· · · · · · · · · · · · · · · · · · ·								
b Buildings.									
c Leasehold improvements			591,669.				37,348.		54,321.
d Equipment			687,017.			6	73,803.	1	3,214.
e Other			- 000 D- 1 X		(D) $h = 10$				
Total. Add lines 1a through 1e. (Colum: BAA	iii (a) must eq	iuai Forn	n 990, Part X, C	oiumr	і (В), ІІПЕ І UC.)			16 ule D (Form	57,535.
							Concu		

Schedule **D** (Form 990) 2014

Schedule	O(Form 990) 2014 Pencil Inc.			22-3384302	Page 3
Part VII	Investments – Other Securities.	(aal ta Earra 000 Da	N/A	Forme 000 Dort V lines	10
	Complete if the organization answered '	(b) Book value		Form 990, Part X, line lation: Cost or end-of-year market va	
••	ial derivatives	(b) Dook value		acion. Cost of end-of-year market va	alue
· ·	/-held equity interests.				
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
(E) (F)					
(G)					
<u>(H)</u>					
(l)					
	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨				
Part VIII	Display="block-style="block-sty	Voc' to Form 990 P	N/A	o Form 990 Part X line	12
	(a) Description of investment type	(b) Book value		on: Cost or end-of-year mark	
(1)		(0) = 000 0000	()		
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
	nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨				
Part IX	Other Assets. Complete if the organization answered 'Y	N/A es' to Form 990. Par	t IV. line 11d. See l	Form 990. Part X. line 15	5.
	· · · · · ·	scription	7	(b) Book	
(1)					
(2) (3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
	lumn (b) must equal Form 990, Part X, column (E	3), line 15.)		►	
Part X	Other Liabilities.	n 000 Dart IV lina 11a ar	11f Coo Form 000 Davi	V line OF	
	Complete if the organization answered 'Yes' to Forr (a) Description of liability	(b) Book value		I X, IIIle Zo	
(1) Fede	ral income taxes				
	erred Rent	122,01	1.		
(3)			_		
(4) (5)			-		
(6)			-		
(7)					
(8)					
(9)					
(10) (11)					
	nn (b) must equal Form 990, Part X, column (B) line 25.)	▶ 122,01	1.		
	r uncertain tax positions. In Part XIII, provide the text of the for			s the organization's liability for upon	rtain

Schedule D (Form 990) 2014 Pencil Inc.	22-3384302	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements		697,154.
	C 021	
	<u>6,021.</u> 7,563.	
c Recoveries of prior year grants	7,505.	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		11 512
3 Subtract line 2e from line 1.		41,542.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	······ 3 5,	055,012.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		655,612.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	- /	000,011.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements.		,958,577.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a 4'	7,563.	
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.		47,563.
3 Subtract line 2e from line 1	3 3,	,911,014.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	-	
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		911,014.
Part XIII Supplemental Information.		

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

Part X - FIN 48 Footnote

Pencil does not believe its financial statements include any material, uncertain tax

positions. Tax filings for periods ending June 30, 2012 and later are subject to

examination by applicable taxing authorities.

Schedule **D** (Form 990) 2014

	Sunnlem	ental Inform	ation Re	naihren	Fundraising or Ga	mina Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	Comple	2014					
		Open to Public					
Department of the Treasury Internal Revenue Service	 Information 	on about Schedule	G (Form 990) or 990-EZ)	and its instructions is at ww	-	
Name of the organization Pencil Inc.						Employer id 22-338	entification number 34302
Part I Fundraising	Activities. Comp Z filers are not re	lete if the organ	nization ar	nswered 'Y	′es' to Form 990, Part I	V, line 17.	
					wing activities. Check a	all that apply.	
a Mail solicitati				е			5
b Internet and e	email solicitations	5		f	Solicitation of gove	rnment grants	
c 🗌 Phone solicita	ations			g	Special fundraising	events	
d 🗌 In-person sol	icitations						
2 a Did the organizat employees listed	ion have a writter in Form 990, Par	n or oral agreem t VII) or entity i	nent with a	any individ ion with pr	ual (including officers, or ofessional fundraising s	directors, trustees services?	or key Yes X No
b If 'Yes,' list the te compensated at I	n highest paid in east \$5,000 by th	dividuals or enti e organization.	ties (fund	raisers) pı	ursuant to agreements ι	under which the fur	ndraiser is to be
(i) Name and addres		(ii) Activity		fundraiser	(iv) Gross receipts	(v) Amount paid	I to (vi) Amount paid to (or retained by)
or entity (fund	uraiser)		have custo of contr	dy or control ributions?	from activity	(or retained by fundraiser listed	in organization
			Yes	No		column (i)	
1			103	NO			
·							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		+	•				
3 List all states in v					l licit contributions or has	been notified it is	exempt from registration
or licensing.							
							·
							·
							·

	G (Form 990 o					
Part II	Fundraising	j Events. (Complete	if t	he o	or

22-3384302 Page 2

Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported
more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.
List events with gross receipts greater than \$5.000.

R			(a) Event #1 <u>Annual Gala</u> (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	1,750,446.			1,750,446.
Ĕ	2	Less: Contributions	1,573,234.			1,573,234.
	3	Gross income (line 1 minus line 2)	177,212.			177,212.
	4	Cash prizes				
	5	Noncash prizes				
D R E C T	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	177,212.			177,212.
s	10 11	Direct expense summary. Add lines 4 three Net income summary. Subtract line 10 from the summary.				· · · · · · · · · · · · · · · · · · ·
Par		-	ation answered 'Ye			
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue				
E	2	Cash prizes				
EXPENSE DIRECT	3	Noncash prizes				
CS TE S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes [%] No	Yes% No	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)		•••••	
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	n (d)		
ł	IS th If 'N	er the state(s) in which the organization co ne organization licensed to conduct gaming lo,' explain: re any of the organization's gaming license	activities in each of th	ese states?		

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 Pencil Inc.	22-3384302	Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:a The organization's facility	13a	00
b An outside facility	13b	010
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:	
Name ►		
Address ►		
 15 a Does the organization have a contact with a third party from whom the organization receives gaming reverses b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$	enue? Yes	No
Name ►		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	s or spent in the	
organization's own exempt activities during the tax year \$	a columna (iii) and	<u></u>
Part IV Supplemental Information. Provide the explanations required by Part I, line 2t and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information (see instructions).	te any additional	(v),

SCHEDULE J Compensation Information		OMB No.	17		
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. ► Attach to Form 990.				
Department of the Treasury Internal Revenue Service	Information about Schedule J (Form 990) and its instructions at www.irs.gov/form990.		Open to Public Inspection		
Name of the organization		Employer identificat	tion number		
Pencil Inc.		22-3384302	2		
Part I Questions	s Regarding Compensation				
1 a Check the approp VII, Section A, lir	priate box(es) if the organization provided any of the following to or for a person li ne 1a. Complete Part III to provide any relevant information regarding these items	sted in Form 990,	Part	Yes	No
	charter travel Housing allowance or residence				
Travel for co		·			
	fication and gross-up payments				
	y spending account Personal services (e.g., maid, ch				
Districtionary		launeur, enery			
	es on line 1a are checked, did the organization follow a written policy regarding pa r provision of all of the expenses described above? If 'No,' complete Part III to exp		1b		
	tion require substantiation prior to reimbursing or allowing expenses incurred by a cers, including the CEO/Executive Director, regarding the items checked in line 1a		2		
CEO/Executive D	any, of the following the filing organization used to establish the compensation of Director. Check all that apply. Do not check any boxes for methods used by a relation of the CEO/Executive Director, but explain in Part III.	[:] the organization's ed organization to	;		
Compensatio	on committee Written employment contract				
Independent	compensation consultant Compensation survey or study				
X Form 990 of	other organizations X Approval by the board or compe	nsation committee			
or a related orga					
	ance payment or change-of-control payment?				X
	receive payment from, a supplemental nonqualified retirement plan? receive payment from, an equity-based compensation arrangement?				X X
	lines 4a-c, list the persons and provide the applicable amounts for each item in P		40		^
Only section 501	(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
contingent on the		·			
0	2				Х
, ,	nization?		5b		Х
	or 5b, describe in Part III. d in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	compensation			
0	?		6a		Х
-	nization?				X
	or 6b, describe in Part III.				
7 For persons liste payments not de	d in Form 990, Part VII, Section A, line 1a, did the organization provide any non-f scribed in lines 5 and 6? If 'Yes,' describe in Part III	ixed	7		х
8 Were any amoun	ts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	subject			
to the initial cont	ract exception described in Regulations section 53.4958-4(a)(3)? in Part III		8		Х
section 53.4958-	did the organization also follow the rebuttable presumption procedure described in 6(c)?	<u></u>			
BAA For Paperwork F	Reduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other	(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(I)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
David Weiner	(i)	147,088.	0.	0.	0.	24,662.	<u>171,750.</u>	0.
1 President	(ii)	0.	0.	0.	0.	0.	0.	0.
Gayle Villani	(i)	135,426.	<u> </u>	0.	<u>0.</u>	23,336.	158,762.	0.
2 VP	(ii)	0.	0.	0.	0.	0.	0.	0.
Denise Nelson	(i)	150,602.	<u> </u>	0.	<u>0.</u>	8,160.	158,762.	0.
3 VP	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)						L	
6	(ii)							
	(i)						L	
7	(ii)							
	(i)						L	
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)				Γ		Γ	
	(i)							
11	(ii)						F	
	(i)							
12	(ii)				[F	
	(i)							
13	(ii)						t	
	(i)							
14	(ii)				+		+	
	(i)							
15	(ii)				+		t	
	(i)							
16	(ii)				t		t	
ВАА			TEEA4102L 06/19	9/14			Schedule .	(Form 990) 2014

22-3384302

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 22-3384302

Name of the organization Pencil Inc.

Form 990, Part III, Line 1 - Organization Mission

PENCIL is the leader in creating innovative and impactful models of collaboration between the business and education communities. PENCIL works at the intersection of school needs and business expertise to bring together the best ideas, talent, and resources across sectors to improve public student and school performance and enhance workforce pathways.

Form 990, Part III, Line 4a - Program Service Accomplishments

In FY15, PENCIL's School Partnership Program served 210 New York City public schools by leveraging the talents and resources of the City's business community to improve students' college and career readiness and strengthen school leadership. These partnerships were supported by over 260 companies and 1250 business volunteers. -95% of principals reported that their PENCIL Partnership helped improve school culture and/or student performance

-85% of business partners reported that their PENCIL Partnership provided the school with knowledge, skills and support that were not accessible through the school system

-88% of students reported that their PENCIL Partnership helped them understand the types of activities different careers entail.

In FY15, the PENCIL Fellows Program placed 194 students in six-week internships at 98 businesses across New York City. Business Mentors and Fellows report that the Fellows Program had a positive impact on participants' communication skills, networking skills, professional skills, and their career awareness and planning. For example:

Form 990, Part III, Line 4a - Program Service Accomplishments

or career plans

-89% of students reported the PENCIL Fellows Program increased their confidence interacting with people in a professional environment

-99% of students reported that as a result of the PENCIL Fellows Program they understand how a network will benefit them in the future

-Over 85% of Business Mentors reported that PENCIL Fellows: asked questions and sought assistance when necessary; integrated feedback from supervisors into their work; worked collaboratively with others; managed their time effectively; were flexible and responsive to company needs; and spoke to supervisors and staff clearly and articulately

-25% of Business Mentors offered to extend their Fellow's internship or offered them a job after the Program had completed

Form 990, Part VI, Line 11b - Form 990 Review Process

Management reviewed a draft of the form 990 with the audit/finance committee and provided edits to the tax preparer. After this process was performed, the form 990 was sent to the full board of directors prior to being filed with the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization has a "board approved" conflicts of interest policy. Each board member must fill out an annual declaration stating they had no conflicts or identifying the nature of their interested party transactions.)

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Each year, the audit and finance committee reviews comparable salaries based on a recognized study and reviews the performance of the president to determine if the existing salary falls within these ranges. After a deliberation of this matter, a new proposed salary and benefit package is voted on. The minutes of the audit and finance committee reflect the nature of this process.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Organizational documents are made available upon request.