

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# SCARFE IN 2220

# Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

OMB No 1545-0047

4 FULLIE	2007 Calcilluar year, or tax year beginning	
Check if		Employer identification number
applicab	use IRS	
Addre	print or FRIENDS OF WRITERS, INC	03-0330253
Name	Number and street (or P O box if mail is not delivered to street address)   Room/suite   E	Telephone number
Initial return	Specific C/O ELLEN VOIGT, PO BOX 128	802-563-2707
Termi ation		Accounting method: X Cash Accrual
Amen	MARSHI TEHO, VI 03030	Other (specify)
Applie	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  H and I are not applications and 4947(a)(1) nonexempt charitable trusts  H and I are not applications and 4947(a)(1) nonexempt charitable trusts	able to section 527 organizations
	H(a) is this a group retu	/_
	e: NWW.FRIENDSOFWRITERS.ORG H(b) If "Yes," enter num	
	zation type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or 527 H(c) Are all affiliates inc	
	nere  in the organization is not a 509(a)(3) supporting organization and its gross   H(d) is this a separate r	return filed by an or-
	•	by a group ruling? Yes X No
CHOOSE	s to file a return, be sure to file a complete return  I Group Exemption	
0		the organization is <b>not</b> required to attach , 990-EZ, or 990-PF)
T		, 990-62, 01 990-77)
Part I		
1	Contributions, grits, grants, and similar amounts received  Contributions to donor advised funds	
	105.96	8.
		<u> </u>
	d Government contributions (grants) (not included on line 1a)  1d	
	e Total (add lines 1a through 1d) (cash \$ 84,188 noncash \$ 21,680 )	105,868.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 22,969.
3	Membership dues and assessments	3
4	Interest on savings and temporary cash investments	4 557.
5	Dividends and interest from securities	5 51,552.
6		
	b Less rental expenses 6b	
	c Net rental income or (loss) Subtract line 6b from line 6a	6c
Sevenue 7 8	Other investment income (describe	) 7
8 8		
ر ا پي	than inventory 37, 228 • 8a	
	b Less cost or other basis and sales expenses 27,918.8b	
	c Gain or (loss) (attach schedule) 9, 310 . 8c	
	d Net gain or (loss) Combine line 8c, columns (A) and (B) Stmt 1	8d 9,310.
9	Special events and activities (attach schedule). If any amount is from gaming, check here	
1 :	a Gross revenue (not including \$ of contributions reported on line 1b) ga 2,58	0.
	b Less direct expenses other than fundraising expenses 9b	_
	c Net income or (loss) from special events. Subtract line 9b from line 9a See Statement 2	gc 2,580.
10	a Gross sales of inventory, less returns and allowances	
	b Less. cost of goods sold . 10b	
1	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	100
11	Other revenue (from Part VII, line 103)	11 3,342.
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12 196,178.
<sub>0</sub> 13	Program services (from line 44, column (B))  RECEIVED	13 59,709.
g 14	ivializagement and general (from tine 44, column (C))	14 11,113.
14 15 16	Fundraising (from line 44, column (D))	15
益 │ 16	Payments to affiliates (attach schedule)	16 70 933
17	Total expenses. Add lines 16 and 44, column (A)	17 70,822.
y 18	Excess or (deficit) for the year Subtract line 17 from line Commission of year (from line Commission of year (from line Commission of year)	18 125,356.
Assets 19		19 852,041.
	Other changes in net assets or fund balances (attach explanation)	20 0.
21 723001	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21 977,397.
723001 12-27-07	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.	Form 990 (2007)
00611	1 702262 BOM 2007 07000 BRIENDS OF WRITERDS	TNC EON 1
0061	1 792263 FOW 2007.07090 FRIENDS OF WRITERS,	INC FOW1

03-0330253 Page 2 Form 990 (2007) FRIENDS OF WRITERS, INC All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) Part # Statement of **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (C) Management Do not include amounts reported on line (B) Program (D) Fundraising (A) Total and general services 6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) 0 • noncash \$\_ (cash \$ If this amount includes foreign grants, check here |22a Statement 3 Statement 4 22b Other grants and allocations (attach schedule) (cash \$ 31,050 • noncash \$ 31,050. 31,050. If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach 23 schedule) 24 Benefits paid to or for members (attach 24 schedule) 25a Compensation of current officers, directors, key 0. 0 0 0 employees, etc. listed in Part V-A 25a **b** Compensation of former officers, directors, key 0. 0. 0. 0. employees, etc. listed in Part V-B 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not 26 included on lines 25a, b, and c 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 28 25a · 27 29 29 Payroll taxes 30 30 Professional fundraising fees 800. 800. Accounting fees 31 32 32 Legal fees 33 Supplies

- cappilla	-				
34 Telephone	34				·
Postage and shipping	35	876.		876.	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
Renting and publications	38	879.		879.	
39 Travel	39	,			
10 Conferences, conventions, and meetings	40	27,659.	27,659.		<u></u>
11 Interest	41	14.		14.	
Depreciation, depletion, etc. (attach schedule)	42				
3 Other expenses not covered above (itemize):					
a PRIZES AND AWARDS	43a	1,000.	1,000.		
b INVESTMENT MANAGEMENT	43b				
c FEES	43c	5,471.		5,471.	
d MISCELLANEOUS	43d	56.		56.	
e LOGO AND WEBSITE	43e				
DESIGN	43f	3,017.		3,017.	
9	43g				
44 Total functional expenses. Add lines 22a through					
43g (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	70,822.	59,709.	11,113.	0.
Joint Costs. Check 🕨 🔲 ıf you are following	SOF	98-2.		_	
Are any joint costs from a combined educational campai	gn ar		ported in (B) Program servi	ces? ► L	Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos	sts \$		(ii) the amount allocated to	Program services \$	<u>N/A</u> ,
(iii) the amount allocated to Management and general \$		N/A , and	(iv) the amount allocated to	Fundraising \$	N/A
723011 12-27-07			_		Form <b>990</b> (2007)
			2		
00611 792263 FOW		2007.07090 F	RIENDS OF WR	ITERS, INC	FOW1

# Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ► See Statement 5	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others )
а	TO PROVIDE SCHOLARSHIPS TO ELIGIBLE POETS AND WRITERS MEETING PROPER REQUIREMENTS AND ATTENDING WARREN WILSON COLLEGE	
b	(Grants and allocations \$ 31,050.) If this amount includes foreign grants, check here ► □ TO PROVIDE ANNUAL AND PERIODIC CONFERENCES AND MEETING THROUGHOUT THE YEAR TO DISCUSS POTENTIAL SCHOLARSHIP RECEIPENTS	32,050.
С	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	27,659.
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here   Other program services (attach schedule)  (Grants and allocations \$ ) If this amount includes foreign grants, check here   Total of Program Service Expenses (should equal line 44, column (B), Program services)  ■	59,709.
<u> </u>	Total of Frogram octates expenses (Should equal line 44, Column (b), Frogram Services)	55,105.

Form **990** (2007)

<b>Pa</b>	<b>11 1A</b>	balance Sneets (See the Instructions.)				
Note		re required, attached schedules and amounts wit uld be for end-of-year amounts only.	hin the description column	(A) Beginning of year		( <b>B)</b> End of year
	45	Cash · non-interest-bearing		956.	45	10,708.
	46	Savings and temporary cash investments		19,969.	46	25,426.
		, , , , , , , , , , , , , , , , , , , ,				
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts			48c	<del></del>
	49	Grants receivable .	· [-		49	
	50 a	Receivables from current and former officers, di	rectors, trustees, and			
		key employees	<u> </u>		50a	
	b	Receivables from other disqualified persons (as	į į			
Assets		4958(f)(1)) and persons described in section 49	' ' ' <b> </b>		50b	
Ass		Other notes and loans receivable	512			
•	_	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use	-		52	
	53	Prepaid expenses and deferred charges Investments - publicly-traded securities Stmt	. 6 ► X Cost ☐ FMV	831,116.	53 54a	941,263.
	54 a	Investments - other securities	Cost FMV		54b	
	}	Investments - land, buildings, and	- Cost - Tier	<del></del>	340	
	55 2	equipment: basis	552			
		equipment: basis	004			
	b	Less: accumulated depreciation	55b		55c	
	56	Investments - other		<del></del>	56	
	57 a	Land, buildings, and equipment: basis	57a			
	l .	Less: accumulated depreciation	57b		57c	
	58	Other assets, including program-related investments				
		(describe ►	) _	<del>-</del>	58	
	59	Total assets (must equal line 74). Add lines 45	through 58	852,041.	59	977,397.
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
s	62	Deferred revenue .	-		62	<del></del>
bilities	63	Loans from officers, directors, trustees, and key	employees		63	<del></del>
abil	l .	Tax-exempt bond liabilities	-		64a	
Lia	1	Mortgages and other notes payable	<u>.</u>		64b	
	65	Other liabilities (describe	··································		65	
	66	Total liabilities Add less 60 through 65		0.	66	0.
	66	Total liabilities. Add lines 60 through 65 anizations that follow SFAS 117, check here ▶	X and complete lines		- 00	
	Oige	67 through 69 and lines 73 and 74.	and complete lines			
98	67	Unrestricted		852,041.	67	886,773.
anc	68	Temporarily restricted	Ī		68	886,773. 90,624.
Ba	69	Permanently restricted			69	
힏	Orga	anizations that do not follow SFAS 117, check	here  and			
Ę		complete lines 70 through 74.				
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			70	
set	71	Paid-in or capital surplus, or land, building, and	equipment fund		71	
t As	72	Retained earnings, endowment, accumulated in	come, or other funds		72	
Š	73	Total net assets or fund balances. Add lines 67 throu	igh 69 <b>or</b> lines 70 through 72			
		(Column (A) must equal line 19 and column (B) must		852,041.	73	<u>977,397.</u>
	74	Total liabilities and net assets/fund balances	. Add lines 66 and 73	852,041.	74	977,397.

723041 12-27-07

Form **990** (2007)

03-0330253

Page 5

	1 990 (2007) FRIENDS OF WRITERS, INC 03-033	<u> </u>	_	age 7
Pa	rt VI •Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially	1		
	less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.		1	
	(See instructions in Part III.)	_	'	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
þ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	, , , , , , , , , , , , , , , , , , , ,	84a	ļ	ļ
b	, , , , , , , , , , , , , , , , , , , ,		1	
	tax deductible?	84b	<u> </u>	
85 a		85a		
b		85b	ļ	ļ
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a		1	
	waiver for proxy tax owed for the prior year.		1	
C	Dues, assessments, and similar amounts from members  85c N/A	-		
d	Section 162(e) lobbying and political expenditures  85d N/A	4		
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e N/A	_[		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A	-	ļ '	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		—
h	(7,7,7)			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h		ļ
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	Ine 12 86a N/A	-		
. D	Gross receipts, included on line 12, for public use of club facilities  86b N/A  501(c)(12) organizations. Enter: a Gross income from members or shareholders  87a N/A	-[		
87	( // -/ -/	-	1	
b				
aa -	,	-[		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	88a		х
_	If "Yes," complete Part IX	004		<u> </u>
U	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	88b		X
90 -	section 512(b)(13)? If "Yes," complete Part XI	OOD		
09 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:  section 4911 ▶ 0 • , section 4912 ▶ 0 • , section 4955 ▶ 0 •			
h				
U	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b	'	X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	090		
G	sections 4912, 4955, and 4958			į
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
u	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	1	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
a	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	031		
9	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g	1	ĺ
gn a	List the states with which a copy of this return is filed  None	<u> </u>		
b				0
91 a	- DITTN 11010M	<del></del>	707	
4	Located at ▶ PO BOX 128, MARSHFIELD, VT			
b			Yes	No
J	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			İ
	and Financial Accounts.			
		Form	990	(2007)

	DS OF WRI	rers,	INC			<u>03-0</u>	<u>330253</u>	Page 8
Part VI , Other Information (col	ntinued)							Yes No
c At any time during the calendar year	r, did the organizati	on maintai	n an office outside	of the Un	ited States?		91c_	X
If "Yes," enter the name of the foreig	gn country 🕨	N	<u>'</u> A					
32 Section 4947(a)(1) nonexempt chara	table trusts filing Fo	m 990 in l	ieu of Form 1041-	Check he	ere	1		
and enter the amount of tax-exempt					▶ 92			
Part VII Analysis of Income-F	Producing Activ			1				
Note: Enter gross amounts unless otherw	/Ise		business income		ed by section 512, 513, or	514	(E)	
ındıcated.		(A) siness	(B)	(C) Exclu-	(D)		Related or 6	exempt
93 Program service revenue:		ode	Amount	sion code	Amount		function in	
a CONFERENCE INCOME							22	2,969.
b								
C								
d					·			
e							<u> </u>	
f Medicare/Medicaid payments								
g Fees and contracts from government	t agencies						<u></u>	<del></del>
94 Membership dues and assessments								
95 Interest on savings and temporary cash in	vestments			14		57.		
96 Dividends and interest from securitie	s			14	51,5	52.		
97 Net rental income or (loss) from real e	estate:							
a debt-financed property								
b not debt-financed property.								
98 Net rental income or (loss) from person	onal property							
99 Other investment income								
100 Gain or (loss) from sales of assets								
other than inventory	<u>.</u>			18	9,3	10.		
101 Net income or (loss) from special eve	nts							2,580.
102 Gross profit or (loss) from sales of inv	entory							
103 Other revenue:								
a MISCELLANEOUS								3,342.
b								
c								
d								
e								
104 Subtotal (add columns (B), (D), and (I	E))		(	).	61,4	19.		3,891.
105 Total (add line 104, columns (B), (D),	and (E))		•			<b>_</b>	9(	0,310.
Note: Line 105 plus line 1e, Part I, should	equal the amount o	n line 12, l	Part I.					
Part VIII Relationship of Activ	ities to the Acc	complisi	nment of Exer	npt Pur	poses (See the ins	struction	s.)	
Line No. Explain how each activity for which	h income is reported i	n column (E	) of Part VII contribu	ited import	antly to the accomplish	ment of t	the organizatio	n's
exempt purposes (other than by p	providing funds for su	ch purposes	s)					
See Statement	8							
					<del> </del>			
Part IX Information Regarding	ng Taxable Sub	sidiarie		rded En	-72	ructions		
(A) Name, address, and EIN of corporation.	(B) Percentage of		(C) lature of activities		(D) Total income		(E) End-of-y	1621
	ownership interest		ature or activities				asset	
	_%							
N/A	%				. <u></u>			
	%					L		
	%	_		[				
Part X Information Regarding	g Transfers As	sociate	d with Person	al Bene	fit Contracts (S	ee the II	nstructions.)	
(a) Did the organization, during the year, rec	eive any funds, direct	y or indirec	tly, to pay premiums	on a perso	nal benefit contract?		Yes	X No
(b) Did the organization, during the year, pay	-	-					Yes	X No
Note: If "Yes" to (b), file Form 8870 and	Form 4720 (see ins	tructions).						
					_		Form	990 (2007)

Form 990 (2007)

Preparer's SSN or PTIN (See Gen Inst X)

Phone no ► 802-223-2352

Paid

Preparer's

Use Only

Preparer's

signature

Firm's name (or

yours if self-employed),

address, and

Sullivan,

Montpelier,

Barre St

Date

Powers & Company

PO Box 947

VT 05601

Check if self-

employed >

EIN ▶

### **SCHEDULE A**

(Form 990 of 990-EZ)

Department of the Treasury

Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)** 

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the org	ganization			<b>Employer Identif</b>	
	FRIENDS OF WRITERS, INC			03 03302	253
Part I	Compensation of the Five Highest Paid Emp (See page 1 of the instructions List each one If there are none, et		Officers, Direc		
	a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None					-
Total number of over \$50,000	f other employees paid	0			
Part II-A	Compensation of the Five Highest Paid Inde (See page 2 of the instructions List each one (whether individuals			ional Servic	es
	(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of s	service	(c) Compensation
None					
			<del></del> -		
	f others receiving over	0			<del></del>
Part II-B	Compensation of the Five Highest Paid Inde (List each contractor who performed services other than profession firms If there are none, enter "None." See page 2 of the instruction	onal services, whether individu		ervices	
	(a) Name and address of each independent contractor paid more th		(b) Type of s	service	(c) Compensation
None					
Total number o	f other contractors receiving over	0			
<del>+30,000 101 001</del>		<del></del>		<del> </del>	-

•	Part III Statements About Activities (See page 2 of the instructions )		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities  \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2				
	a Sale, exchange, or leasing of property?	2a		Х
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments )  See Statement 9	3a	X	
	b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year			0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

	_	·					
ertrfy t	hat th	e organization is not a private foundation because it is (	•	• • • • • • • • • • • • • • • • • • • •			
5 L	_	A church, convention of churches, or association of ch	• •	(1)(A)(ı)			
6 L	=	A school Section 170(b)(1)(A)(II) (Also complete Part					
7 L	╡	A hospital or a cooperative hospital service organization	, ,, ,, ,	• •			
8 L	=	A federal, state, or local government or governmental (					
9 L		A medical research organization operated in conjunction and state	on with a nospital Section	on 170(b)(1)(A)(iii) Enteri	ine nospitari	s name, city,	
o [	$\neg$	An organization operated for the benefit of a college or	university owned or on	erated by a governmental (	unit Section	170(h)(1)(A)( <sub>IV</sub> )	_ <del></del>
•		(Also complete the Support Schedule in Part IV-A)	amvorony owned or op-	orated by a governmentary	J 00001011	.,	•
1a [		An organization that normally receives a substantial pa	ert of its support from a	governmental unit or from	the general	nublic	
		Section 170(b)(1)(A)(vi) (Also complete the Support	* *	•	. the goneral	<b>P</b> 450	
1b [		A community trust. Section 170(b)(1)(A)(vi) (Also con					
_	$\overline{\mathbf{x}}$	An organization that normally receives (1) more than		•	ership fees, a	nd aross	
_	_	receipts from activities related to its charitable, etc., fui	nctions - subject to certa	in exceptions, and (2) no	more than 3	3 1/3% of	
		its support from gross investment income and unrelate				ses acquired	
		by the organization after June 30, 1975 See section 5	U9(a)(2) (Also complet	te the <b>Support Schedule</b> in	n Part IV-A )		
з [		An organization that is not controlled by any disqualifie	d persons (other than f	oundation managers) and	otherwise m	ets the requirer	nents of section
		509(a)(3) Check the box that describes the type of su	oporting organization				
		Type II Type II	Type III-F	unctionally Integrated		Type III-O	ther
		Provide the following information a	hout the supported are:	animations (Coc. page 9 of	the instruction	nne \	
				anizaunus, isee nane o m			
		<u></u>	1	1			(e)
		(a)	(b)	(c)	(d	)	(e)
		<u></u>	(b) Employer identification	(c) Type of organization (described in lines	(d Is the si organizati	) upported on listed in	
		(a)	(b) Employer	(c) Type of organization (described in lines 5 through 12 above	d Is the si organizati the sup	) upported on listed in uporting	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines	(d Is the si organizati the sup organi	) upported on listed in	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi	) upported on listed in uporting zation's	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of
		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of
otal		(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of

_	_	_	_	_	_	_	_	_
₹_	n	3	3	n	2	5	3	Page 4

Par	Support Schedule (C.	omplete only if you che	ecked a box on line 10	, 11, or 12.) Use cash from the accrual to the	method of acc	ountin	g.
Calen	dar year (or fiscal year					n acco	
begin 15	ning in)  Gifts, grants, and contributions	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
	received (Do not include unusual grants See line 28)	103,803.	172,129.	105,790.	76,3	25.	458,047.
<u>16</u>	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is			!			
	related to the organization's charitable, etc., purpose	0.	0.	51,411.	70,3	39.	121,750.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	22,387.	13,323.	11,886.	11,3	60.	58,956.
19	Net income from unrelated business	<del></del>	10,020	11,000	11,0	000	
	activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not include gain or (loss) from			See Stateme			
	sale of capital assets	1,270.	1,477.	12,362.	7,8	$\frac{11.}{11.}$	22,920.
23	Total of lines 15 through 22	127,460.	186,929.	181,449.	165,8		661,673.
24	Line 23 minus line 17	127,460.	186,929.	130,038.	95,4		539,923.
25	Enter 1% of line 23	1,275.	1,869.	1,814.	1,6	. +	N/A
26	Organizations described on lines 1 Prepare a list for your records to sho					26a	_ N/ A
U	unit or publicly supported organizati		•				
	Do not file this list with your return			ded the annount shown in	III 20a	26b	N/A
c	Total support for section 509(a)(1) t				•	26c	N/A
	Add Amounts from column (e) for t		19		-		
	The filled the treatment (b) for the	22	26b	_		26d	N/A
е	Public support (line 26c minus line 2		<del></del>			26e	N/A
f	Public support percentage (line 26		line 26c (denominator)		<b>&gt;</b>	26f	N/A %
27	Organizations described on line 12				disqualified perso	n," prepa	are a list for your
	records to show the name of, and to	ital amounts received in e	ach year from, each "disq	ualified person <b>" Do not f</b> i	le this list with yo	ur retur	n. Enter the sum of
	such amounts for each year:						
		- (2005)	120,668. (2		,605. (200	,	35,062.
þ	For any amount included in line 17 t		•		•		
	and amount received for each year,						
	described in lines 5 through 11b, as the larger amount described in (1) of	·	-			een the	amount received and
		. (2005)	0. (2		0 . (200	131	0.
c	Add Amounts from column (e) for I	, ,	450 045		,	,,,	
٠				21		27c	579,797.
đ	Add Line 27a total 2		id line 27b total		0. ▶	27d	221,335.
8	Public support (line 27c total minus					27e	358,462.
f	Total support for section 509(a)(2) t	test. Enter amount on line	23, column (e)	<b>▶</b> 27f	661,673.		
9	Public support percentage (line 27	e (numerator) divided by	line 27f (denominator))	1		27g	54.1751%
	Investment income percentage (lin				<u></u> ▶	27h	8.9101%
S	Inusual Grants: For an organization d how, for each year, the name of the c eturn. Do not include these grants in	ontributor, the date and a	· 12 that received any unu mount of the grant, and a	isual grants during 2003 to brief description of the n	through 2006, pre ature of the grant	Do not	st for your records to file this list with your

Part V Private School Questionnaire (See page 9 of the instructions)

If you answered "Yes" to either 34a or b, please explain using an attached statement

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50,

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	25		
30	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	1 1	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
•	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	1	ĺ
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		_		
32	Does the organization maintain the following:	-   _		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C		-		
	admissions, programs, and scholarships?	32c		
d	•	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to	-		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d		
8	Educational policies?	33e		
f	Use of facilities?	33f_		
g	Athletic programs?	<b>33</b> g		
ħ	Other extracurricular activities?	33h		ļ
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		-		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
h	Has the organization's right to such aid ever been revoked or suspended?	34b		l

Schedule A (Form 990 or 990-EZ) 2007

11300611 792263 FOW

P		Expenditures by Ele of ONLY by an eligible organ	•	, , ,	je 11 o	f the instruction	ns)		N/A
Che		ition belongs to an affiliated			ou che	cked <b>"a"</b> and "l	mited c	ontrol" j	provisions apply
		mita an Labbuina I				(a	•		(b)
		mits on Lobbying E	-			Affiliated tota	-		To be completed for <b>all</b> electing organizations
_	(The terr	n "expenditures" means amo	ounts paid or incurred )						
	- 4.11.41	6			00	N/A	7		
	Total lobbying expenditures to				36				
	Total lobbying expenditures to		(airect loodying)	-	37 38	<del></del>			<del></del>
38 39	Total lobbying expenditures (a Other exempt purpose expend	·			39				<u> </u>
				-	40				
	Lobbying nontaxable amount								
•	If the amount on line 40 is -		ng nontaxable amount is -						
	Not over \$500,000	-	nount on line 40						
	Over \$500,000 but not over \$1,000	,000 \$100,000 plus	15% of the excess over \$500,0	000					
	Over \$1,000,000 but not over \$1,50	00,000 \$175,000 plus	10% of the excess over \$1,000	0,000	41	••••			······································
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plus	5% of the excess over \$1,500,	000					
	Over \$17,000,000	\$1,000,000							
42	Grassroots nontaxable amour	•		-	42				_
43	Subtract line 42 from line 36			-	43				
44	Subtract line 41 from line 38	Enter -0- If line 41 is more t	han line 38		44				
	Caution: If there is an amo	unt on oither line 12 or li	no 44 vou must file For	m 4720					
	(	Some organizations that ma	Averaging Period ade a section 501(h) electrostructions for lines 45 through	on do not have to	compl	ete all of the fiv	e colum	ins	
	<del></del>		Lobbying Exp	enditures During	g 4-Ye	ar Averaging F	eriod		N/A
	lendar year (or cal year beginning in)	(a) 2007	(b) 2006	(c) 2005	1		(d) 2004		(e) Total
45	Lobbying nontaxable amount								0.
46	Lobbying ceiling amount				_				
	(150% of line 45(e))								0.
47	Total lobbying								
	expenditures								0.
48	Grassroots nontaxable								
_	amount .								0.
49	Grassroots ceiling amount								
_	(150% of line 48(e))			ļ	•••••		•••••	•••••	0.
50	Grassroots lobbying								0.
P	expenditures art VI-B Lobbying A	Activity by Nonelec	ting Public Charit	ies					
-3		nly by organizations that did			ie instr	uctions )			N/A
Du	ring the year, did the organizati	on attempt to influence natio	onal, state or local legislation	on, including any	attemp	t to	Yes	No	Amount
ınfl	uence public opinion on a legis	lative matter or referendum	, through the use of				163	140	
a	Volunteers								
þ	Paid staff or management (In	clude compensation in expe	nses reported on lines <b>c</b> th	rough h.)			<u> </u>		
	Media advertisements	and and the most tree					$\vdash$		
d	Mailings to members, legislat								
e •	• •				-		$\square$		· — · · · · · · · · · · · · · · · · · ·
1	Grants to other organizations Direct contact with legislators		ificials, or a legislative body	1					
g h		•							
	Total lobbying expenditures (		.,,,	-		•			0.
700	If "Yes" to any of the above, a	lso attach a statement giving	g a detailed description of t	he lobbying activ	rities				

FOW\_\_\_1

Pa		garding Transfers To and zations (See page 14 of the instr		d Relationships With Nonchari	table	
	-			- experiment described in section		
51	· • •	r organization described in section				
_	• •	section 501(c)(3) organizations) or in	- ·	ontical organizations?	T <b>y</b>	es No
а						
	(i) Cash				51a(i) a(ii)	X
	(II) Other assets	2(11)	- A			
b	Other transactions		b(i)	X		
	•	ets with a noncharitable exempt organ	nization		b(ii)	X
		a noncharitable exempt organization			b(iii)	X
	(iii) Rental of facilities, equipme			b(iv)	X	
	(iv) Reimbursement arrangeme	•	b(v)	X		
	<ul><li>(v) Loans or loan guarantees</li><li>(vi) Performance of services or</li></ul>	b(vi)	X			
C		, mailing lists, other assets, or paid e			C C	X
d	•			always show the fair market value of the	<u> </u>	
·		s given by the reporting organization				
		ment, show in column (d) the value o			N.	/A
(a		(c)	, <b>3</b>	(d)		,
Line		Name of noncharitable ex	empt organization	Description of transfers, transactions, and	sharing arran	igements
			·		•	
-						
52 a	Is the organization directly or in	ndirectly affiliated with, or related to, o	one or more tax-exempt org	ganizations described in section 501(c) of the		
	Code (other than section 501(c			▶	Yes	X No
<u>b</u>	If "Yes," complete the following	schedule N/A	<del>,</del>			
	3)	1)	(b)	(c)	hin	
	Name of or	rganization	Type of organization	Description of relations		
						_
		<del></del>	<u> </u>			
	<u> </u>					
			-			
_						
			<del> </del>			
			<del>                                     </del>			
_		<u> </u>	<del> </del>	<del>                                     </del>		
			<del> </del>	<del>                                     </del>		
			+			
		<del></del>	<del>                                     </del>	<del> </del>		
7231 12-27	52		L	Schedule A (Fo	rm 990 or 901	D-EZ) 2007
12-27	-0/		16	Concesso A (1 o	555 61 556	,,

Form 990 Gain (Los	s) From Pub	licly T	raded Securit	ies St	tatement 1
Description		oss Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
SALE OF INVESTMENTS	3	7,228.	27,918.	0.	9,310.
To Form 990, Part I, line	. 83	8 37,228.		0.	9,310.
		<u> </u>			
Form 990	Special Eve	nts and	Activities	St	tatement 2
	Special Eve Gross Receipts	nts and Contri Inclu	but. Gross	Direct	Net Income
Description of Event VARIOUS EVENTS	Gross	Contri Inclu	but. Gross	Direct Expenses	Net Income or (Loss)

Form 990	orm 990 Cash Grants and Allocations to Others		
Class of Activity/Do	nee's Name and Address		Amount
SCHOLARSHIPS WARREN WILSON COLLEG PO BOX 9000 ASHEVILLE, NC 28815-			29,000
Total Included on Fo	rm 990, Part II, line 22b	)	29,000
Form 990	Cash Grants and Alloc to Individuals	cations	Statement
Class of Activity/Do	nee's Name and Address	Donee's Relationship	Amount
SCHOLARSHIPS VARIOUS INDIVIDUALS		None	2,050
Total Included on Fo	orm 990, Part II, line 22b	<b>)</b>	2,050
Form 990 Statemen	t of Organization's Prima Part III	ary Exempt Purpose	Statement

## Explanation

Enriches American poetry and fiction by cultivating new and vital literary voices. We support the students, alumni and faculty of our partner, the Warren Wilson MFA Program for Writers. The MFA Program pioneered a model of low-residency study based on three core values: community, rigor, and diversity. Community provides support for the individual writer; rigor encourages that individual's finest work; and diversity in aesthetic, ethnicity, gender, age, occupational, geographic, and economic background ensures that American writing reflects the entire nation.

Form 9,90 N	on-Government S	ecurities	S	<u> </u>	Sta	ement	6
Security Description Cost/	Corporate FMV Stocks	Corpora Bonds		Othe: Public Trade Securi	cly ed 1	Total Non-Gov ecuritie	
VARIOUS INVESTMENTS COS (STOCKS AND MUTUAL FUNDS)	t			941	,263.	941,20	63.
To Form 990, line 54a, Col	В			941	,263.	941,263.	
	st of Current C ustees and Key			ectors,	Sta	tement	7
Name and Address		e and Hrs/Wk		mpen- tion	Employed Ben Plan Contril		
ELLEN VOIGT	PRESII			0.	0		0.
MARTHA RHODES		PRESIDENT 00		0.	0		0.
CHERYL BALDI	SECRET	CARY 00		0.	0		0.
PETER TURCHI	DIRECT	OR 00		0.	0		0.
JOAN ALESHIRE		NG DIREC	TOR	0.	0		0.
CATHERINE BARNETT	DIRECT	COR 00		0.	0		0.
SHANNON CAIN	DIRECT	OR 00		0.	0		0.

FRIENDS	OF WRITERS, INC			03-03	330253	
JUDY FREN	СН	DIRECTOR 1.00	0.	0.	0.	
JASMINE E	BEACH-FERRARA	DIRECTOR 1.00	0.	0.	0.	
ELEANOR W	ILNER	DIRECTOR 1.00	0.	0.	0.	
JYNNE MAR	RTIN	DIRECTOR 1.00	0.	0.	0.	
C. DALE Y	OUNG	DIRECTOR 1.00	0.	0.	0.	
VYVYNNE I	ЮН	DIRECTOR 1.00	0.	0.	0.	
DANIEL TO	BIN	DIRECTOR 1.00	0.	0.	0.	
CAMMY THO	)MAS	DIRECTOR 1.00	0.	0.	0.	
NAN CUBA		DIRECTOR 1.00	0.	0.	0.	
Totals In	cluded on Form 990,	Part V-A	0.	0.	0.	
Form 990	Part VIII - Accompli	Relationship of Acti shment of Exempt Pur	vities to	Statemer	nt 8	
Line Ex	planation of Relati	onship of Activities	3			
		VER THE COST OF THE				
MEETINGS THROUGHOUT THE YEAR TO DISCUSS SCHOLARSHIP RECEIPENTS AND MEET WITH ALUMNI AND PERFORM READINGS  101 INCOME RECEIVED TO ATTEND VARIOUS CONFERENCES (THEY PAY FOR THE MEAL) AND THE EXCESS IS FUNDRAISING INCOME  103A VARIOUS RECEIPTS THAT ARE RECEIVED FROM NO SPECIFIC PROGRAM PROVIDED						

Schedule A Explanation of Qualifications to Receive Payments Statement 9
Part III, Line 3a

THE ORGANIZATION MAKES SCHOLARSHIPS TO STUDENTS AND ALUMNI ATTENDING WARREN WILSON COLLEGE

Schedule A	Other Inc	S	Statement 10	
Description	2006 Amount	2005 Amount	2004 Amount	2003 Amount
MISCELLANEOUS	1,270.	1,477.	12,362.	7,811.
Total to Schedule A, line 22	1,270.	1,477.	12,362.	7,811.