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### 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.

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

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Pai			ity Status (All organ						estruction	ns.		
he d	•	-	tion because it is: (For		_							
1	A church, con	vention of church	nes, or association of	churches	describe	d in sect	ion 170(	b)(1)(A)(i)				
2		escribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
4	_	-	•	ction with	a nospita	au describ	ed in se	ction 170	i)(A)(r)(a),	IIJ. E∩tei	tne	
E		ne, city, and state			(Oppoint Co	unod or	noroical	by 8 86	corporate		acoriba	
5		on operated for t )(1)(A)(iv), (Comp	the benefit of a collect plete Part II.)	ge or unil	rersity ov	viled Of C	perated.	ny a gov	verranenta	n Uriil (di	Jaci IDE	74 III
6	☐ A federal, stat	e, or local govern	nment or governmenta	al unit des	scribed in	section	170(b)(1	)(A)(v).				
7		•	receives a substantia (A)(vi). (Complete Par		its suppo	rt from a	governn	nental un	nt or from	the ger	eral pu	ublic
8	☐ A community	trust described in	n section 170(b)(1)(A)	( <b>vi).</b> (Con	nplete Pa	rt II.)						
9	_		receives: (1) more tha				m contri	butions, i	memberst	nip fees,	and g	ross
			to its exempt functi									
			nt income and unrel						n 511 tax	() from	busine	sses
	_		fter June 30, 1975 Se					•				
10		_	operated exclusively		•	•			-			
11			id operated exclusive									
			licly supported organ describes the type of a								ee <b>se</b> c	:uon
	a 🗌 Type		Type II c			ctionally i			d [		III-Oth	
•			that the organization									
		_	ers and other than one	e or more	publicly	supporte	ed organi	izations d	lescribed	in sectio	on 509(	(a)(1)
	or section 509	, ,					_					
f			a written determination	on from t	the IRS 1	that it is	а Туре	I, Type I	I, or Type	e III sup	porting	g
_	<del>-</del>	check this box			-:44						• •	Ш
ç	following pers	sons?	he organization accep	•	_			•				
			ndirectly controls, eitlody of the supported of			her with	persons	described	d in (ii) and	d (119(i)	Yes	No
		· · · · · ·	on described in (I) abo	-				•		119(ii)		
	•		a person described in		above?					11g(iii)		
1			ion about the support									
(i	) Name of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify		s the	(vii) A	mount o	1
	organization	(described on lines 1-9 above or IRC section					the organization in col. (i) of your		organization in col		support	
		(see instructions))				support?		U.S ?				
		ļ		Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)		<del>                                     </del>			<u> </u>	<del></del> .		<del> </del>	-			
(D)	·				<del> </del>	-		-				
		-			ļ <u>.</u>					<del></del>		
(E)			Control 1844 Office Secretary 2 performance of					1 (14 s. 17 - 12 de 16 s. 1				
Tota	al					1						
100	di			10000000000000000000000000000000000000	A. A.							

Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to						
Section	on A. Public Support			<u> </u>			
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				,		
4	Total. Add lines 1 through 3	AND ROBERT OF A CONTRACT OF		a in the second second second	1 862 - 27 - 17 - 17 - 17 - 17	Section First Spice of the Confession Confession	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).		90 T				
	Public support Subtract line 5 from line 4			Address - All St.			
	on B. Total Support	(-) 000C	4. 0007	1 (1) 0000	1 n 0000	( ) 0040	1 60 7 3 1
Calen 7	dar year (or fiscal year beginning in) > Amounts from line 4	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	100	* <u>*</u> * * * * * * * * * * * * * * * * *				
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the			nd, third, fourti	h, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	ere	<u> </u>		<u>.</u>	<u>.</u>	
Sect	ion C. Computation of Public Suppo						
14	Public support percentage for 2010 (line	. ,,	•	11, column (f))	•	14	%
15 16a	Public support percentage from 2009 Sci 331n% support test—2010. If the organi			con line 13, an	 nd line 14 is 33	15 normore (	check this
	box and stop here. The organization qua						• [
b	331/3% support test - 2009. If the organ check this box and stop here. The organ				•	e 15 is 33 <sup>1</sup> /3%	or more,
17a	10%-facts-and-circumstances test — 2 10% or more, and if the organization me Part IV how the organization meets the " organization	ets the "facts	-and-circumst	ances" test, ch	neck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part IV how the organization in supported organization	ition meets th	e "facts-and-o	circumstances	" test, check t	his box and s	a, and line stop here. a publicly
18	Private foundation. If the organization d	lid not check a	a box on line 1	3, <b>1</b> 6a, 16b, 17	a, or 17 <b>b</b> , che	ck this box and	d see

## 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.)

Section	on A. Public Support	·					
Caland	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(1) Total
1	Gifts, grants, contributions, and membership fees		575	ĺ		55,250	55,825
_	received. (Do not include any "unusual grants.")						<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	289,456	3,658	313,220	7,897	302,620	916,851
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	289,456	4,233	313,220	7,897	357,870	972,676
7a	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					į	
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						972,676
Secti	on B. Total Support		No. 1 min dec 1 has been been been been been been been bee		Marage Teach Control of the Control	santa saurana mengalawa aran	
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	289,456	4,233	313,220	7,897	357,870	972,676
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	6,724	10,387	6,742	1,136	382	25,371
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	6,724	10,387	6,742	1,136	382	25,371
11	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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	296,180	14,620	319,962	9,033	358,252	998,047
14	First five years. If the Form 990 is for to organization, check this box and stop he		's first, secon		, or fifth tax ye	ear as a section	n 501(c)(3)
Sect	ion C. Computation of Public Suppo	rt Percentag	е				
15	Public support percentage for 2010 (fine			3, column (f))		15	97.46 %
_16	Public support percentage from 2009 Sc			<u></u>	<u></u>	16	95.48 %
	ion D. Computation of Investment In						
17	Investment income percentage for 2010			y line 13, colur	(1) חח	17	2.54 %
18	Investment income percentage from 200			• •		18	4.52 %
19a	331n% support tests—2010. If the organ	nization did not	check the box	c on line 14, ai	nd line 15 is m	iore than 331/39	
þ	17 is not more than 331/2%, check this box 331/2% support tests - 2009. If the organi	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than :	331/23%, and
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ization qualifies	as a publicly s	upported organ	nization 🕨 🗌
20	Private foundation. If the organization of	lid not check a	box on line 14	, 19a, or 19b, c	check this box	and see instru	ctions > 🗆

Schedule A (I	Form 990 or 990-EZ) 2010  Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	
	instructions).	
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#### SCHEDULE O (Form 990 or 990-EZ)

# 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.

2010
Open to Public Inspection

Employer identification number

91-1332145

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**LEGAL WRITING INSTITUTE** 

or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Form 990, Part VI, line 10(b): The Legal Writing Institute maintains one branch located in Savannah, Georgia. As such, all written policies and
procedures governing the organization's activities are consistent.
Form 990, Part VI, line 11(b): The prepared Form 990 return is reviewed by the organization's treasurer, Michael J. Higdon, before submittal.
Form 990, Part VI, line 19: The Legal Writing Institute receives no income from gaming activities as reported on Form 990, Part VIII, line 9(a)
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