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Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

and ending

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

C Name of organization D Employer identification number Check if applicable COUNCIL FOR THE ADVANCEMENT OF SCIENCE WRITING, INC. Name change 13-1953314 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 304-754-6786 PO BOX 910 Amended return 313,960. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-HEDGESVILLE, WV 25427 H(a) Is this a group return pending F Name and address of principal officer: CRISTINE RUSSELL Yes X No for affiliates? same as C above H(b) Are all affiliates included? Yes No 1 Tax-exempt status: X 501(c)(3) 527 501(c) () (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.CASW.ORG **H(c)** Group exemption number ▶ K Form of organization X Corporation Other > L Year of formation 1959 M State of legal domicile NY Trust Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO INCREASE PUBLIC UNDERSTANDING Activities & Governance OF SCIENCE BY UPGRADING THE QUALITY AND QUANTITY OF SCIENCE AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 179,100. 189,650. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 14,550. 26,060. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 430 293. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 216,003. 194,080. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 31,367. 19,250. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 108,063. 124,282. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 13,107. **b** Total fundraising expenses (Part IX, column (D), line 25) 130,488. 116,122. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 269,918. 259,654. Total expenses. Add lines 13-17 (must equal Part IX, ஜெயிர்டி) line 25) -43,651.-75,838. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 83 MAY 1 1 2012 20 21 928,155. 861,088. Total assets (Part X, line 16) 0. 0. Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 DEN 928,155. ,088. Part II Signature Block Under penalties of perjury declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true-correct, and complete Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge MA ignature of office Sign MIRUSKY UIR ECPON EXECUTIVE Ĥere Type or print name and title æ. 20 Preparer's signatu PTIN Print/Type preparer's name P00706145 ₹**Paid** Kevin Sunkel 13-2060851 Firm's name Dowen J Flanagan & Co Firm's EIN Preparer Firm's address 60 East 42nd Street Use Only New York, NY 10165 Phone no 212-682-2783 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Colle

Form **990** (2011)

COUNCIL FOR THE ADVANCEMENT OF SCIENCE

Form 990 (2011) WRITING, INC
Part IV Checklist of Required Schedules

`			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		w	
	Schedule D, Parts XI, XII, and XIII	12a	X	├
Ь	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, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
þ	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			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-		Х
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		┢┻
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	4.0		х
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
20	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 ``
	11 165 to mic 200, did the organization attach a copy of its addited illiandal statements to this fetom:		990	(2011)

WRITING, INC.

13-1953314

Page 4

Form 990 (2011) WRITING, INC.

Part IV Checklist of Required Schedules (continued)

United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21	`			Yes	No
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 2001mm (A), line 21 if "Yes," complete Schedule I, Part and III 2001mm (A), line 21 if "Yes," complete Schedule I, Part IV 2002 if "Yes," complete Schedule I, Part IV 2002 if "Yes," complete Schedule I, Part IV 25 but 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 25 but the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding secrow at any time during the year of the organization. Did the organization experts any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization expects any time during the year? 25b I be the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II and that the transaction was not be entired to reganization's propose, substantial contribution or employee thereof, a grant selection committee employee, highly compensated employee, or disqualified person on unitary to a business transaction with one of the following parties (see Schedule L, Part IV and the organization parties of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV and the organization parties of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV and the organization org	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			v
column (A), line 27 if "Yes," complete Schedule I, Parts I and Ill Did the organization answer "Yes 1 Part IVI (Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 24 through 24d and complete Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization mental an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization mantain an escrow account other than a refunding escrow at any time during the year? Each Section 501(6)(3) and 501(6)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I is the organization aware that the regiser of an excess benefit transaction with a disqualified person outstanding as of the end of the organizations engage in an excess benefit ansaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons of "Yes," complete Schedule L, Part IV A neatity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A neatity of which a current or former officer, director, trustee, or key employee or a family member for a family member of a current or former officer, director, trustee, or key emp			21		_X_
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, itrustees, key employees, and highest compensated employees? If "Yes," complete Schedule L Part IV and 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 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization are that it engaged in an excess benefit transaction with a disqualified person of interest own and that the transaction has not been reported on any of the organization expose in the through 24d and complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person of unitational part of the organizations is tax year? If "Yes," complete Schedule L, Part II Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, and the through 24d and complete schedule L, Part II Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV and that the transaction party to a business transaction with one of the following parties (see Schedule L, Part IV A mentity of which a current or former officer, director, trustee, or key employee for a family member of a current or former officer, director, trustee, or key employee for a family member thereof) was an o	22		_	v	1
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13-1953314 WRITING, INC. Form 990 (2011) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 2 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a ō 16 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3ь b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 6a any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6ь were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g** 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 a Did the organization make any taxable distributions under section 4966? 9a 9ь b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans

Form 990 (2011)

14a

X

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

WRITING, INC.

13-1953314

Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI				X					
Sec	tion A. Governing Body and Management									
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	13								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent	13								
2	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 sup	pervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		3_		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X					
6	Did the organization have members or stockholders?		6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one	or								
more members of the governing body?										
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
persons other than the governing body?										
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	owing								
а			8a	X	ļ					
b	Each committee with authority to act on behalf of the governing body?		8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	€								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co.	de.)								
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, aff	ilıates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	ng the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts'	?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described	be								
	in Schedule O how this was done		12c							
13	Did the organization have a written whistleblower policy?		13		X					
14	Did the organization have a written document retention and destruction policy?		14	ļ 	X					
15	Did the process for determining compensation of the following persons include a review and approval by indepe	endent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official		15a		X					
b	Other officers or key employees of the organization		15b	ļ <u></u>	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1			1					
	taxable entity during the year?		16a	ļ	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic	cipation								
	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	<u> </u>	<u> </u>					
<u>Sec</u>	ction C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►NY									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	501(c)(3)s only) :	availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of in	terest policy, an	d finai	ncial						
	statements available to the public during the tax year.		-							
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the organiza	tion:	-						
	The Organization - 304-754-6786									
	PO BOX 910, HEDGESVILLE, WV 25427									

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	Kod	not c , unle cer ar	Posi heck ss pe	more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual mustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CRISTINE RUSSELL										•
PRESIDENT	2.00	X	<u> </u>	X	ļ	<u> </u>	<u> </u>	0.	0.	0.
(2) CHARLES PETIT	2 00	.,							^	_
VICE PRESIDENT	2.00	X	-	X		┡		0.	0.	0.
(3) TOM SIEGFRIED	2.00	X		Х				0.	0.	0.
SECRETARY (4) ALAN BOYLE	2.00	^	\vdash	^		┢	├─	0.	0.	0.
TREASURER	2.00	X		x				0.	0.	_0.
(5) DEBORAH BLUM	2.00	1	\vdash	1	\vdash	 	\vdash		<u></u>	
DIRECTOR	1.00	X						0.	0.	0.
(6) LEWIS COPE		1				\vdash				
DIRECTOR	1.00	X	1					0.	0.	0.
(7) BARBARA CULLITON		T								
DIRECTOR	1.00	X	<u> </u>	<u> </u>				0.	0.	0.
(8) RICHARD HARRIS										_
DIRECTOR	1.00	X	↓	[_	Ĺ	<u> </u>	0.	0.	0.
(9) MILES O'BRIEN	1 00			1						_
DIRECTOR	1.00	X	├	-	_	-	<u> </u>	0.	0.	0.
(10) DAVID PERLMAN	1 00	J						0.	0.	0
DIRECTOR	1.00	X	+	├	┢	H	-		0.	0.
(11) ROSALIND REID	1.00	X						0.	0.	0.
DIRECTOR (12) JOANN RODGERS	1.00	Α.		\vdash		 	╁	· · · · · · · ·		
DIRECTOR	1.00	x			ļ			0.	0.	0.
(13) CARL ZIMMER		1	1							
DIRECTOR	1.00	X		ĺ	[1		0.	0.	0.
(14) BEN PATRUSKY		1								
EXECUTIVE DIRECTOR	40.00	-		X				71,000.	0.	9,266.
		+	-		-		-			
		\vdash	\vdash	-		-				
			1	L_	<u> </u>	1	L	<u> </u>	l	F 000 (0044)

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Page 8

Par	t VII Section A. Officers, Directors, Tra	ıstees, Key Er	nple	yee	s, a	nd ł	łigh	est	Compensated Employ	ees (continued)				
•	(A)	(B)		-	((C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Est	mate	ed
		hours per	box	, unle cer an	ss pe	rson	ıs bot	ns rt	compensation	compensation			ount o	of
		week (describe			Γ		T	T	from the	from related organizations		comp	ther	tion
		hours for	director						organization	(W-2/1099-MISC	,	•	ensa m the	
		related	8	# R			Safe		(W-2/1099-MISC)	(** 2 1000 111100	"		nızatı	
		organizations		Institutional trustae		8	Ē		(** = *********************************			-	relate	
		ın Schedule	Individual	Efg	85	кеу етріоуве	2 8 C	9				orgar	nizatio	ons
		O)	힏	<u>F</u>	Officer	ş	Highest compensated employee	Former						
									-	-				
														-
											- 1			
						_							-	
			-	Ħ	\vdash	<u> </u>	\vdash							
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				<u> </u>		-	├	<u> </u>						
				ŀ		l								
		L					Ļ	<u> </u>	71 000		_			
1b	Sub-total								71,000.		0.	9	, 2	66.
C	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)						•		71,000.		0.		, 2	66.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bove	e) wl	ho r	eceived more than \$100	,000 of reportable				
	compensation from the organization									·····-				0
											-		Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual									Ļ	3		X
4	For any individual listed on line 1a, is the se	um of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete S	Sche	edul	e J f	for such individual		Ļ	4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	rom	any	uni	relat	ed organization or indivi	idual for services	ľ			
	rendered to the organization? If "Yes," con	nplete Schedul	e J	for s	uch	pers	son				İ	5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensa	ation fr	om	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir	n the organization's tax	year.				
	(A)	-						Ī	(B)			(C))	
	Name and business	address	N	INC	3				Description of s	ervices	Co	ompen	satio	n
		-												
								_						
						-								
										1				
2	Total number of independent contractors (including but a	ot li	mito	d to	tha	ا مو	etec	d above) who received a	ore then				
~			iOt II	·······································	u (0		0 0	3100	and selectived the	iore triall				
	\$100,000 of compensation from the organ	Zation				<u> </u>	-					Form 9	200 (0044

Page 9

WRITING, INC.

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from business exempt function tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) All other contributions, gifts, grants, and 189,650. similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 189,650. Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue ▶ g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 30,198. 30,198. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 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 93,819. assets other than inventory b Less: cost or other basis 97,957 and sales expenses -4,138c Gain or (loss) -4,138.-4,138.d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 900099 293. 293 11 a OTHER All other revenue 293 Total. Add lines 11a-11d 293. 26,060. 216,003. Total revenue. See instructions Form 990 (2011)

WRITING, INC.

13-1953314 Page 10

Form 990 (2011) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

D-	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	1 750	1 750		
	organizations in the United States See Part IV, line 21	1,750.	1,750.		
2	Grants and other assistance to individuals in	15 500	17 500		
	the United States. See Part IV, line 22	17,500.	17,500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 066	20 106	40 100	0 007
	trustees, and key employees	80,266.	32,106.	40,133.	8,027
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			15.55	2 550
7	Other salaries and wages	35,500.	14,200.	17,750.	3,550
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		2 40 5	4 050	050
10	Payroll taxes	8,516.	3,406.	4,258.	852.
11	Fees for services (non-employees):				
а	Management			1 105	
b	Legal	1,125.		1,125.	
C	Accounting	7,300.		7,300.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	5,637.		5,637.	
9	Other	37,200.	37,200.		
12	Advertising and promotion				
13	Office expenses	9,632.	3,487.	5,467.	678.
14	Information technology	4,783.	4,783.		
15	Royalties				
16	Occupancy				
17	Travel	4,417.	4,417.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,632.	13,499.	17,133.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				·
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				11.46.00.00
а	AWARDS	7,606.	7,606.		
b	SPEAKERS	6,496.	6,496.		
c	OTHER	1,294.		1,294.	
d	All other expanses				
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	259,654.	146,450.	100,097.	13,107
25 26		23710346	110,100		20,20,
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)			L	Form 990 (2011

Form **990** (2011)

13-1953314 Page 11 WRITING, INC. Form 990 (2011) Part X Balance Sheet (A) End of year Beginning of year 72,255. 99,188. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 855,900. 761,900. 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 928,155. 861,088. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 884,620. 814,907. Unrestricted net assets 43,535. 46,181. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34.

> 861,088. Form 990 (2011)

861,088.

30

31

32

33

928,155.

928,155.

30

31

32

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

	Check if Schedule O contains a response to any question in this Part XII		_	
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other MODIFIED CASH			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		
		Form	990 (2011)

SCHEDULE A

Department of the Treasury

(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. ➤ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

ization COUNCIL FOR THE ADVANCEMENT OF SCIENCE Employers WRITING, INC.

Employer identification number

		WRITING							13	-1933	314	
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	t.) See inst	ructions.				
The organ	ization is not a	private foundation l	because it is: (For lines 1	I through 1	l 1, check d	only one b	юх)					
1 🔲	A church, cor	nvention of churches	s, or association of chure	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3	A hospital or	a cooperative hospit	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4	A medical res	earch organization o	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hosprtal'	s nam	e,
	city, and state	e:										
5 🗔	An organizati	on operated for the l	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t described	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗌	A federal, sta	te, or local governme	ent or governmental uni	t described	d ın sectio	n 170(b)(1	I)(A)(v).					
7	An organizatı	on that normally reco	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general pu	ublic desci	ribed ir	ı
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🗔	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support fr	om contri	butions, m	embershi	p fees, and	d gross rec	eipts f	rom
	activities rela	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (2	e) no more	than 33 1	/3% of its	support fr	rom gross	ınvestı	ment
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired by	y the orga	nızatıon af	ter June 3	0, 197	5.
	See section	509(a)(2). (Complete	Part III.)									
10 🔲	An organizati	on organized and op	perated exclusively to te	st for publ	ıc safety. S	ee sectio	n 509(a)(4	l).				
11 🔲	An organizati	on organized and op	perated exclusively for the	ne benefit (of, to perfo	rm the fu	nctions of,	or to carr	y out the p	urposes o	f one o	or
	more publicly	supported organiza	itions described in secti	on 509(a)(1	1) or sectio	n 509(a)(2	2). See sec	tion 509(a)(3). Chec	k the box	that	
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a Type I		_ '/''	• .	e III - Func	-	-			Type III - C		
e 🔛			t the organization is not									n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions des	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	ns box									L
9	•		rganization accepted ar			-						
	(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described i	n (II) and (ııi) below,	r	Yes	No
	•		upported organization?							11g(i)		
		•	n described in (i) above?		_					11g(ii)		
			person described in (i)							11g(iii)		
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
			(iii) Type of	I				(to	the T			
	of supported	(ii) EIN	(iii) Type of organization	P	organization sted in your		u notify the	(vi) is organizati	on in col	(vii) Am		f
orga	anization		(described on lines 1-9	1 , ,	document?		r support?	(i) organiz U S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			•
			(See mandenona))	163	140	163	140	103	110			
		<u> </u>		 			· · · · · ·		 			
					<u> </u>				 	•		
								-				
				<u> </u>								
								-		•		
Total												

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

	Support Schedule for (Complete only if you checked fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I o	or if the organization			
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			1			
	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)	<u> </u>					
	Public support. Subtract line 5 from line 4	<u> </u>	l	<u> </u>			
	ction B. Total Support		1		1.50040	1 (10044	(O T-4-1
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
^	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	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						
	Gross receipts from related activities	etc. (see instruct				12	
	First five years. If the Form 990 is fo			rd. fourth, or fifth t	tax vear as a secti		
	organization, check this box and sto		• •		,	, , ,	▶□
Sec	ction C. Computation of Pub		ercentage				
	Public support percentage for 2011 (column (f))		14	9
15						15	9
	33 1/3% support test - 2011. If the			on line 13, and line	e 14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2010. If the				d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization qua						▶□
17a	10% -facts-and-circumstances tes				ne 13, 16a, or 16b	, and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes						
	more, and if the organization meets t	he "facts-and-circ	umstances" test, d	check this box and	d stop here . Expla	un in Part IV how the	e

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 WRITING, INC.

13-1953314 Page 3

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.)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	145,182.	223,800.	203,200.	179,100.	189,650.	940,932.
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	:				į	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	145,182.	223,800.	203,200.	179,100.	189,650.	940,932.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				20,300.	5,750.	26,050.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
•	Add lines 7a and 7b				20,300.	5,750.	26,050.
8	Public support (Subtract line 7c from line 6)						914,882.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	145,182.	223,800.	203,200.	179,100.	189,650.	940,932.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,549.	30,529.	23,869.	27,713.	30,198.	163,858.
ŧ	Unrelated business taxable income					,	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	51,549.	30,529.	23,869.	27,713.	30,198.	163,858.
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.)	554.		100.	430.	293.	7,690.
13	Total support (Add lines 9, 10c, 11, and 12)	197,285.	260,642.	227,169.	207,243.	220,141.	1112480.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (column (f))		15	82.24 %
	Public support percentage from 2010					16	81.53 %
	ction D. Computation of Inve						
17	Investment income percentage for 20)11 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	14.73 %
18	Investment income percentage from					18	15.95 %
	a 33 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than 3	33 1/3%, and line	
	more than 33 1/3%, check this box a b 33 1/3% support tests - 2010. If the	and stop here. The	e organization qua	ifies as a publicly	supported organiz	ation	$\triangleright X$
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						▶ □

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011 Open to Public Inspection

Name of the organization

COUNCIL FOR THE ADVANCEMENT OF SCIENCE

Employer identification number

	WRITING, INC.		13-1953314
Pa	★1 Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	inds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
·	for charitable purposes and not for the benefit of the donor of	· · ·	•
	impermissible private benefit?	or deficit advisor, or for any other purpose come	Yes No
Pa	······································	ganization answered "Vee" to Form 000. Port IV	
			7, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified i	historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizar	•	
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Other	Similar Assets.
تتستنا	Complete if the organization answered "Yes" to Form	•	
1a	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		· Poone control provide and my
ь	If the organization elected, as permitted under SFAS 116 (AS		halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	relating to these items:	ducation, or research in furtherance of public s	civice, provide the following amounts
	-		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
•	(ii) Assets included in Form 990, Part X	anuran ar athar amulan access for figure and a con-	
2	If the organization received or held works of art, historical tre	_	i, provide
	the following amounts required to be reported under SFAS 1	To (ASC 958) relating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
Þ	Assets included in Form 990, Part X		* \$

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Schedule D (Form 990) 2011

	COUNCI	L FOR THE ADVAN	CEMENT OF SC	IENCE	. ,
	tule D (Form 990) 2011 WRITING		·		1953314 Page 2
Par	III Organizations Maintaining	Collections of Art, His	<u>torical Treasures, c</u>	or Other Similar As	sets (continued)
3.	Using the organization's acquisition, access	sion, and other records, chec	k any of the following tha	it are a significant use of	its collection items
	(check all that apply):				
а	Public exhibition		Loan or exchange progra	ams	
b	Scholarly research	e 🗀	Other		
C	Preservation for future generations				-
4	Provide a description of the organization's				art XIV.
5	During the year, did the organization solicit			er similar assets	Yes No
Day	to be sold to raise funds rather than to be r			"Vee" to Form 000 Port I	
Par	Escrow and Custodial Arra reported an amount on Form 990, P		organization answered	Tes to Form 990, Part I	v, inte 9, or
1a	Is the organization an agent, trustee, custo	dian or other intermediary for	contributions or other as	ssets not included	
	on Form 990, Part X?				└─ Yes └─ No
b	If "Yes," explain the arrangement in Part XI	V and complete the following	table:		
					Amount
C	Beginning balance			1c	
d	Additions during the year			1d	
e	Distributions during the year			1e	
f	Ending balance			1f	<u> </u>
	Did the organization include an amount on				L Yes No
	If "Yes," explain the arrangement in Part XI				
Par	Endowment Funds. Complete				1 () 5
_		(a) Current year (b) f	Prior year (c) Two yea	rs back (d) Three years ba	ick (e) Four years back
1a	Beginning of year balance				
b	Contributions				
C	Net investment earnings, gains, and losses	·			
a	Grants or scholarships				
е	Other expenditures for facilities				
	and programs Administrative expenses				
'	End of year balance				- Introditiblish to the second
9 2	Provide the estimated percentage of the ci	rrent year end balance (line :	la, column (a)) held as:		
_ a	Board designated or quasi-endowment	%	, g, coloitiii (a), iiola ao.		
ь	Permanent endowment ▶	 /*			
_	Temporarily restricted endowment ▶	%			
•	The percentages in lines 2a, 2b, and 2c sh				
За	Are there endowment funds not in the pos	•	at are held and administe	ered for the organization	
	pà.	•			Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(ii), are the related organization	ns listed as required on Sche	dule R?		3ь
4	Describe in Part XIV the intended uses of t				
Pa	t VI Land, Buildings, and Equip	ment. See Form 990, Part	(, line 10.		
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value

Schedule D (Form 990) 2011

1a Landb Buildings

d Equipment e Other basis (other)

basis (investment)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

depreciation

c Leasehold improvements

Part VII Investments - Other Securities		no 12		
(a) Description of security or category		16.	(c) Method of valua	tion.
(including name of security)	(b) Book value	Co	ost or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(O) Other				· · · · · · · · · · · · · · · · · · ·
	-			
(A)				
(B)				
(C)		- · · · · · · · · · · · · · · · · · · ·	 	
(D)				
<u>(E)</u>				
<u>(F)</u>				
(G)			<u> </u>	
(H)				
	0.1			
Total. (Col (b) must equal Form 990, Part X, col (B) line 1	2)			
Part VIII Investments - Program Relati	ted. See Form 990, Part X, I	ine 13.	(-) Mash and afternion	
(a) Description of investment type	(b) Book value	G	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 1	3)▶			
Part IX Other Assets. See Form 990, Par				
	(a) Description			(b) Book value
(1)				
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)	·			
(5)				
(6)	·			
(7)				
(8)				
(9)				
(10)	//D\ /rec 15 \		>	
Total. (Column (b) must equal Form 990, Part X, column (b) Total Part X Other Liabilities. See Form 990,				<u> </u>
(a) Department of lightly		(b) Book value		
	,	(B) BOOK TOICO	-	
(1) Federal income taxes		· · · · · · · · · · · · · · · · · · ·	+	
(2)			-{	
(3)			-	
(4)			-	
(5)			_	
(6)			4	
			4	
(8)			_	
(9)			4	
(10)			_	
(11)			_	
Total. (Column (b) must equal Form 990, Part X, co FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the 2. FIN 48 (ASC 740)	ol (B) line 25.)	statements that mosts the arm	enization's liability for upper	ain tax positions under
EIN 48 (ASC 740) Footnote in Part XIV, provide the text of the 132053 01-23-12	loomore to the organization's infancial	statements that reports the orga		nedule D (Form 990) 201
U1-23-12			301	, 200/ 201

HEDULEI	ırm 990)
SCH	For

Department of the Treasury

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

2011
Copen to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Employer identification number 2 13-1953314 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed ame and address of organization

(b) ElN

(c) IRC section

(d) Amount of non-cash are grant

(e) Amount of valuation (book, non-cash assistance assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SCIENCE OF COUNCIL FOR THE ADVANCEMENT General Information on Grants and Assistance criteria used to award the grants or assistance? WRITING, 1 (a) Name and address of organization Name of the organization Internal Revenue Service Part

8	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
ო	Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2011)

COUNCIL FOR THE ADVANCEMENT OF SCIENCE WRITING, INC.

Page 2

13-1953314

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2011) WRITING, INC.

Part iii Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 0 17,500. 26 (c) Amount of cash grant (b) Number of recipients FELLOWSHIPS FOR STUDENTS AND JOURNALISTS ENROLLED IN GRADUATE-LEVEL PROGRAMS IN SCIENCE WRITING. (a) Type of grant or assistance 132102 01-27-12

SCHEDULE O (Form 990 or 990-EZ)

Ale 🀞

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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.

2011 Open to Public Inspection

Name of the organization

COUNCIL FOR THE ADVANCEMENT OF SCIENCE WRITING, INC.

Employer identification number 13–1953314