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CCANNED MAY 2 3 2014

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 private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	ror the	2013 Calendar year, or tax year beginning and	enaing			
В	Check if applicable	- Cookers for the Abvancement of Bershe	E	D Employer identific	cation number	
F	Jchange ]Name	WRITING, INC.		13_1	953314	
$\vdash$	]chang ]Initial	——————————————————————————————————————	Daam/austa	·	<del></del>	
$\vdash$	Jretum Termin	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite	E Telephone number		
느	_Jated	TO BOX 510	<u> </u>	304-	754-6786	
느	Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	333,288.	
L	_]Applic	HEDGEDVIBLE, WV 25427		H(a) Is this a group re		
	pendir	F Name and address of principal officer ALAN BOYLE		for subordinates	? Yes X No	
		same as C above		H(b) Are all subordinates in	cluded? Yes No	
Ι.	Tax-exe	empt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)	
J	Websit	e: ► WWW.CASW.ORG		H(c) Group exemption	number 🕨	
K	Form of	organization X Corporation	L Year		State of legal domicile NY	
	art I	Summary	<u> </u>			
			NCREAS	E PUBLIC UN	DERSTANDING	
Activities & Governance		OF SCIENCE BY UPGRADING THE QUALITY AND	QUANT	TY OF SCIEN	CE AND	
ē	1	Check this box   (if the organization discontinued its operations or dispo	sed of mor	1 1		
õ		Number of voting members of the governing body (Part VI, line 1a)		3	14	
ಷ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14	
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	3	
Ž	6	Total number of volunteers (estimate if necessary)		6	22	
ć	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
_	b	Net unrelated business taxable income from Form 990-T, line 34		7ь	0.	
				Prior Year	Current Year	
ø	8	Contributions and grants (Part VIII, line 1h)		174,550.	257,130.	
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		47,651.	51,420.	
Œ		Other revenue (Part VIII, column (A), Imes 5, 60,80,190, 103, and 11e)		0.	0.	
	12	Total revenue - add lines 8 throught 1-(must equal-Part-VIII-column (A), line 12)		222,201.	308,550.	
	13	Grants and similar amounts paid Part IX, column (A), lines 1-300		22,500.	16,500.	
	14			0.	0.	
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		121,924.	193,370.	
Expenses	16a	Professional fundraising fees (Part IX, column (A) Vine 11 6)		0.	0.	
ě	,	Total fundraising expenses (Part IX, column (D), line 25) 14,5	88.			
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		140,787.	94,846.	
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		285,211.	304,716.	
		Revenue less expenses Subtract line 18 from line 12		-63,010.	3,834.	
<u></u>	3 18	Nevertue less experises Subtract line to from line 12	ρ,	eginning of Current Year	End of Year_	
ats (	00	Total position (Dod V. Iron 10)		854,109.	1,022,141.	
SS	20	Total assets (Part X, line 16)		0.	0.	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		854,109.	1,022,141.	
6	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		031/1031	2/022/2120	
		lities of perjury, I declare that I have examined this return, including accompanying scheduli	ac and states	nente, and to the hest of m	v knowledge and helief it is	
		et, and complete. Declaration of preparer (other than officer) is based on all information of w			, morning and contr, it is	
tiuc	, correc	in, and complete declaration of preparer (other than officer) is based on an information of w	поп ртерате	Thas any knowledge		
O:-		Signature of officer		Date		
Sig		Alan Boule President	•	4/27/	2014	
He	re	Type or print name and title				
_				Date Check	PTIN	
Pal	el	Print/Type preparer's name   Preparer's signature	API	R 22 20 Greck Check		
					13-2060851	
111111111111111111111111111111111111111						
_		New York, NY 10165		Phone no Z I	X Yes No	
		RS discuss this return with the preparer shown above? (see instructions)			7 Form 990 (2013)	
332	001 10-2 S	19-13 LHA For Paperwork Reduction Act Notice, see the separate instruction Schedule Ofor Organization Mission S	ions. Stateme	ent Continua		

COUNCIL FOR THE ADVANCEMENT OF SCIENCE

Part IV	Checklist	of Requi	red Sche	dules

			res	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	<del> </del>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			U
	public office? If "Yes," complete Schedule C, Part I	3	-	<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	[	x
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5_	<del> </del> -	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	-	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,	ŀ	Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<del> </del> -	
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-	<del>                                     </del>	<del></del>
•	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	1	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		!	.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<del> </del> -	_ ^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444	Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<del> </del>
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?		<del> </del> -	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or 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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			ļ ,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	١		l v
4.5	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17	<del>                                     </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	-	v
4-	1c and 8a? If "Yes," complete Schedule G, Part II	18	├	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			X
00-	complete Schedule G, Part III	19 20a	<del> </del> -	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<del>  ^``</del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2013)
				,,-,

	990 (2013) WRITING, INC. 13-1953	314	_Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21_		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			3,
•	Schedule J	23	_	<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	'		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		Х
ь.	Schedule K. If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(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	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
••	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions)	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	'		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1 00		х
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		$\vdash$
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	<u></u>
	<del></del>	Form	990	(2013)

WRITING, INC.

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Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4	ļ		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	(	)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	able gaming			
	(gambling) winnings to prize winners?			1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	3	3		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		↓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a	ļ	<u> </u>
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	Accou	ints			1
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action'	?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit			v
	any contributions that were not tax deductible as charitable contributions?		_	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions c	or gifts	۱.		
	were not tax deductible?			6b		<del>                                     </del>
7	Organizations that may receive deductible contributions under section 170(c).			,	ŀ	X
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor			<b>├</b> ^
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quirea	7c		X
	to file Form 8282?	7d	1	76		+
	If "Yes," indicate the number of Forms 8282 filed during the year		ot?	7e		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		Ct,	71	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti If the organization received a contribution of qualified intellectual property, did the organization file Fi		800 as required?	7g		+
9	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			1	1 " "	
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		1
9	Sponsoring organizations maintaining donor advised funds.		, ,	7777		1
а	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b		_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ո 1041	?	12a		<b></b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-	<del> </del>	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	ļ	<del>. </del>
	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	1	1			
	organization is licensed to issue qualified health plans	13b		-		
С	Enter the amount of reserves on hand	13c	<u> </u>	<del></del>	ļ	+
	Did the secondary receives any payments for independence conjugate during the tay year?			14a	ļ	X
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		•	14b		

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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 or note to any line 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 14									
	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									
ь	b Enter the number of voting members included in line 1a, above, who are independent 14									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
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						
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
. •	more members of the governing body?	7a		X						
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
·	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
a	The governing body?	8a	Х							
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 Code)									
<u> </u>	don's 1 onotes (This section is requests information about pointies net required by the internal horonae code)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
Ū	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь	İ							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	The state of the s	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
_	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
	Other officers or key employees of the organization	15b		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			i						
_	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
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 501(c)(3)s only)	availab	le							
	for public inspection, Indicate how you made these available. Check all that apply									
	Own website X Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	ıd finar	ncıal							
	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 organization.	ition:								
-	The Organization - 304-754-6786									
	PO BOX 910, HEDGESVILLE, WV 25427									

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See 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	Posi heck ss pe	more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	кеу етріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALAN BOYLE	2.00									
PRESIDENT		X		X			<u> </u>	0.	0.	0.
(2) DEBORAH BLUM	2.00								_	
VICE PRESIDENT		X		X	L_			0.	0.	0
(3) CHARLES PETIT	2.00									
SECRETARY		X		Х				0.	0.	0 .
(4) TOM SIEGRIED	2.00	<b>↓</b>								•
TREASURER		X	_	Х			<u> </u>	0.	0.	0 .
(5) CHRISTINE RUSSELL	1.00	١					1			•
DIRECTOR		X				_	_	0.	0.	0
(6) LEWIS COPE	1.00									
DIRECTOR		X					<u> </u>	0.	0.	0
(7) BARBARA CULLITON	1.00	┨							_	0
DIRECTOR	1 00	X			-	-		0.	0.	0
(8) RICHARD HARRIS	1.00	١,,							0.	0
DIRECTOR	1.00	X	$\vdash$			<u> </u>	1	0.	0.	0
(9) MAGGIE KOERTH-BAKER	1.00	X						0.	0.	0
DIRECTOR	1.00	1	-		<del> </del>	-	╁─	0.	0.	
(10) BETSY MASON	1.00	X			1	1		0.	0.	0
DIRECTOR	1.00	<u> </u>	-		l I					
(11) MILES O'BRIEN	1.00	X						0.	0.	0
DIRECTOR (12) JOANN RODGERS	1.00	\ <u>^</u>	$\vdash$	$\vdash$	$\vdash$	+	-			<u>_</u>
DIRECTOR	1.00	x			ŀ			0.	0.	0
(13) CARL ZIMMER	1.00	<del>  ^</del>	1	-	<del>                                     </del>	$\vdash$	1-			
DIRECTOR		√x		1				0.	0.	0
(14) ROBIN LLOYD	1.00	†==	t	<u> </u>	$\vdash$	1	1			
DIRECTOR		x					l	0.	0.	0
(15) ROSALIND REID	40.00		T			T	Γ			
EXECUTIVE DIRECTOR		1		X				59,426.	0.	3,284
(16) BEN PATRUSKY	40.00					Π				
		1		Х				68,504.	0.	11,818
DIRECTOR EMERITUS	I									

(A) Name and title	(B) Average hours per week (list any hours for related	box, u	ot cheaniless r and a	(C) Osition ock more person a direct	e than is bot or/trus	h an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-Mis	on d s	am comp fro	(F) timate nount o other pensa om the	of ition e ion
	organizations below line)	Individual tn	Institutional frustæ	Key employee	Highest compensated employee	Former					d relate Inizatio	
			+	+		_						
				_								
				+				· · · · · · · · · · · · · · · · · · ·				
				+								
											_	
1 b Sub-total c Total from continuation sheets to F	Part VII, Section A	<del></del>		•		<b>&gt; &gt;</b>	127,930. 0. 127,930.		0. 0.		5,10	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including compensation from the organization	_	ose li	sted	abov	e) wł	no re		,000 of reportabl				02.
3 Did the organization list any former of			key	empl	oyee	, or I	nighest compensated e	mployee on			Yes	No X
<ul> <li>line 1a? If "Yes," complete Schedule</li> <li>For any individual listed on line 1a, is and related organizations greater tha</li> </ul>	the sum of reportab	le con	•				•	the organization	ļ	4		X
5 Did any person listed on line 1a receired to the organization? If "Yes	ve or accrue compe	nsatio	n fro	m an	y unr			dual for services		5		X
Complete this table for your five high the organization. Report compensation.									npens:	ation fr	om	<del></del>
(4	A) siness address	NO		, , , , , ,			(B) Description of s		c	(C ompen		n
				_		_						
						$\dashv$						
					_	+						_
				-		+						
Total number of independent contract     \$100,000 of compensation from the		ot lim	ited 1		ose li:	L sted	above) who received m	ore than				
										Form §	390 (2	2013)

38,758.

COUNCIL FOR THE ADVANCEMENT OF SCIENCE <u>13-19</u>53314 Form 990 (2013) WRITING, INC. Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 1c Fundraising events С 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 257,130. similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 257,130. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue ▶ Total. Add lines 2a-2f Investment income (including dividends, interest, and

38,758.

5	Royalties				
		(ı) Real	(II) Personal	 	
6 a	Gross rents				
Ь	Less: rental expenses				
С	Rental income or (loss)				
d	Net rental income or (loss)		<u> </u>		
7 a	Gross amount from sales of	(i) Securities	(II) Other		

Business Code

37,400.

24,738.

662

С	Gain or (loss)	12,002	•
d	Net gain or (loss)		
8 a	Gross income from fundraising	g events (not	
	including \$	of	
	contributions reported on line	1c). See	
	Part IV, line 18		а

Income from investment of tax-exempt bond proceeds

other similar amounts)

assets other than inventory b Less cost or other basis

and sales expenses

Other Revenue

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

b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue

D	
С	
d	All other revenue

11 a

and allowances

e Total. Add lines 11a-11d Total revenue See instructions 332009 10-29-13

12,662.	 	12,662

51,420.  $\overline{3}08,550.$ 

Form 990 (2013)

WRITING, INC.

13-1953314 Page 10

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising Do not include amounts reported on lines 6b, Management and general expenses Program service Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in 16,500. 16,500. the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 56,636 9,394. 143,032. 77,002. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  $1\overline{4,843}$ 2,284. 17,127. 34,254. 7 Other salaries and wages Pension plan accruals and contributions (include 6,900. 2,760 3,450 690. section 401(k) and 403(b) employer contributions) Other employee benefits 4,592. 918. 3,674 9,184. 10 Payroll taxes 11 Fees for services (non-employees). Management b Legal 7,400. 7,400 Accounting d Lobbying Professional fundraising services See Part IV, line 17 5,330 5,330. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O) 12 Advertising and promotion 3,966 12,488. 686. 17,140. Office expenses 13 11,701. 616. 12,317. Information technology 14 Royalties 15 16 Occupancy 9,578. 9,578 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 20,050 6,509 26,559. Conferences, conventions, and meetings 19 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 O) 9,480. 9,480 **SPEAKERS** 3,602. 3,002 600. OTHER b 3,440 3,440. **AWARDS** C d e All other expenses 121,553. 14,588. 304,716. 168,575. 25 Total functional expenses. Add lines 1 through 24e 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

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 22,165. 41,910. 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other 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 instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 999,976. 812,199. 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 854,109. 1,022,141 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,017,753. 4,388. 839,572. 14,537. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,022,141. 1,022,141. 854,109. 33 33 Total net assets or fund balances 854,109. Total liabilities and net assets/fund balances

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of	tne organizati		FOR THE ADV	ANCEM	ENT O	r sci	ENCE	=		identificati		
Part I	Reason	WRITING	ity Status (All organiz	entions mu	et complet	o this sort	) See inci	tructions	<u>+</u>	3-1953	314	
								tructions				
1 _			because it is: (For lines	-		-	•					
2 🗀			s, or association of church			ction 170	(O)(T)(A)(I)	,.				
3 🗔			<b>70(b)(1)(A)(ii).</b> (Attach Sc Ital service organization (			170/5//1	/A\/C::\					
4	•	,	operated in conjunction					/b\/4\/A\/;;	il Entor	tha haaaital	الم ممد	
<b>-</b>	city, and stat		operated in conjunction	with a nos	pital desci	ibed iii se	CHOII 170	(0)(1)(7)(1)	ı, Lintei	the nospital	3 IIali	16,
5 🗀	An organizat		benefit of a college or unete Part II)	niversity o	wned or op	perated by	a governi	mental uni	t describ	ped in		
6 🖳	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d ın <b>sectio</b>	n 170(b)(1	I)(A)(v).					
7 🖳	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170	<b>b)(1)(A)(vi).</b> (Comple	ete Part II )									
8	-		section 170(b)(1)(A)(vi).		· ·							
9 X			eives (1) more than 33 1									
			nctions - subject to certa							-		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 3	0, 19	75.
40 🗀		<b>509(a)(2).</b> (Complete					500/ \/	41				
10	•	,	perated exclusively to te	•	•			•				
11	_	- '	perated exclusively for the		-				•			or
		•	ations described in section				:). See sec	ction 509(	<b>a)(3).</b> On	eck the box	ınaı	
	a Type		organization and comple ype II		nctionally			ayT 🗀 t	o III - No	n-functional	lu into	arated
e 🗀			at the organization is not		-						-	_
•			han one or more publicly									
f			tten determination from t						λ(α)(1) Oi	000000000000000000000000000000000000000	(4)(2)	
-		rganization, check th				po ., .,po	., 0, p.					
g		-	organization accepted ar	nv aift or c	ontribution	from anv	of the follo	owina pers	sons?			
Ū			directly controls, either al	-						<b>'.</b>	Yes	No
		•	upported organization?	_					•	11g(i)		
	(ii) A family	member of a person	n described in (i) above?							11g(ii)		
	(iii) A 35% (	controlled entity of a	person described in (i) o	or (II) abov	e <sup>?</sup>					11g(iii)		}
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		<del>,</del>	<del>,</del>									
organization (described on lines 1-9 in col (i) listed in your organization in col (ii) organization					vi) Is the ization in col ganized in the US?		_					
				Yes	No	Yes	No	Yes	No			
		ļ			]	•	j	•		i		
			ļ					<del> </del>				_
				<del> </del>	<del> </del>			<del> </del>				
		<del></del> -	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>			
				Į.					]			
			<del>                                     </del>		<del>                                     </del>		<b>-</b>	<del>                                     </del>				
						1	ĺ					
								<b>†</b>				
Total												
	Paperwork Re	duction Act Notice	, see the Instructions f	or	• • • • • • • • • • • • • • • • • • • •		<del> </del>	Schedul	e A (For	m 990 or 99	0-EZ	2013

Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not	1				•	
	include any "unusual grants.")	1	_				
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						
	by each person (other than a						
	governmental unit or publicly	ĺ					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	ĺ					
	column (f)						
6	Public support. Subtract line 5 from line 4	· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	777	
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instruct	ions)			12	
	First five years. If the Form 990 is fo			ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and sto						▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2013 (	line 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2012	2 Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2013. If the	organization did n	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	ported organizatio	n			
t	33 1/3% support test - 2012. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3°	% or more, check to	nis box
	and stop here. The organization qua	lifies as a publicly	supported organi	zation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as	a publicly supporte	ed organization		▶ 🗀
t	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶□
18	Private foundation. If the organization						ıs ▶∐
		<del></del>				edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2013 WRITING, INC.

### 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

Se	ction A. Public Support	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	78) 5003	(6) 2010	(4) 2011	10/2012	<u>16/2010</u>	
•	membership fees received (Do not						
	include any "unusual grants.")	203,200.	179,100.	189,650.	174,550.	257,130.	1003630.
2	Gross receipts from admissions,	203/2001	275/1001	105,000.	1.1/3300	2577255	1000000
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-				1		
	iness under section 513						
4	Tax revenues levied for the organ-						
~	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge				•		
6	Total. Add lines 1 through 5	203,200.	179,100.	189,650.	174,550.	257,130.	1003630.
	Amounts included on lines 1, 2, and	203,200.	175,1001	100,000.	174,330.	23771301	1003030.
,,	3 received from disqualified persons		20,300.	5,750.	17,750.	12,200.	56,000.
,	Amounts included on lines 2 and 3 received		20,300.	37130.	11,130.	12/2001	30,000.
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						۰0 -
_	amount on line 13 for the year		20,300.	5,750.	17,750.	12,200.	56,000.
	Add lines 7a and 7b		20,300.	5,750.	17,750.	12,200.	947,630.
	Public support (Subtract line 7c from line 6) ction B. Total Support	L					747,030.
		( ) 0000	(1) 0010	(-) 0011	(4) 0040	(-) 2012	/A Tatal
	endar year (or fiscal year beginning in)	(a) 2009 203,200.	(b) 2010 179,100.	(c) 2011 189,650.	(d) 2012 174,550.	(e) 2013 257,130.	(f) Total 1003630.
	Amounts from line 6  Gross income from interest,	203,200.	1/5,100.	100,000.	1/4,550.	231,130.	1003030.
100	dividends, payments received on						
	securities loans, rents, royalties	23,869.	27,713.	30,198.	36,930.	38,758.	157,468.
	and income from similar sources	23,009.	27,713.	30,190.	30,930.	30,730.	13//400.
	Unrelated business taxable income		,				
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	·	23,869.	27,713.	30,198.	36,930.	38,758.	157,468.
	Add lines 10a and 10b  Net income from unrelated business	23,009.	2/,/13.	30,170.	30,330.	30,730.	1377400.
• •	activities not included in line 10b,	· ·					
	whether or not the business is						
12	regularly carried on Other income. Do not include gain				<del></del>		
12	or loss from the sale of capital	100.	430.	293.			823.
	assets (Explain in Part IV)		207,243.		211,480.	295,888.	
	Total support. (Add lines 9, 10c, 11, and 12)	227,169.					
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) organiz	ation,
<del></del>	check this box and stop here	in Commant Da			<del></del>		
	ction C. Computation of Publ						81.56 %
	Public support percentage for 2013 (			column (f))		15	00 00
16						16	82.23 %
	ction D. Computation of Inve						13.55 %
	Investment income percentage for 20			ne 13, column (f))		17	<del> </del>
18	· · · · · · · · · · · · · · · · · · ·					18	
198	a 33 1/3% support tests - 2013. If the						/ IS NOT ⊾ TOT
	more than 33 1/3%, check this box a						<b>▶</b> X
ı	o 33 1/3% support tests - 2012. If the						and
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th		structions redule A (Form 99	0 or 990-E71 2012
7777	22 00 25 12				200	EUDIE A IFOIM MM	

t (V	Supplementa	Z) 2013 WRI Informatio	<b>n.</b> Provide th	e explanation:	s required by	y Part II, line	10; Part II	, line 17a o	r 17b, and Pa	53314 Pa
	Also complete this	part for any ac	dditional infori	mation. (See ii	<u>nstructions).</u>				<del></del>	
					_			_		
		·						_		
	<del></del>	<del></del>	<del>-</del>							
						· <del></del>	_			<u></u>
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(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.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

COUNCIL FOR THE ADVANCEMENT OF SCIENCE Name of the organization WRITING, INC.

**Employer identification number** 13-1953314

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate 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 advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	• • •	Yes No
Par		ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	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 struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization 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 pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements of	during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ► \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└─ Yes
9	in Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	the organization's accounting for
-	conservation easements.		
Pa	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		5
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	<b>.</b> .
а	Revenues included in Form 990, Part VIII, line 1		<b>5</b>
b	Assets included in Form 990, Part X	•	<b>&gt;</b> \$

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

**b** Buildings

d Equipment e Other

c Leasehold improvements

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

WRITING, INC.

Part VII Investments - Other Securities.				-1933314 Fage
Complete if the organization answered "Yes" t	to Form 000 Part IV lu	ne 11h See Form 990 f	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value			I-of-year market value
1) Financial derivatives	, , ,	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·,	
2) Closely-held equity interests  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [			<del></del>	<del>-</del>
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(B)				
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otal (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" t				d of year market value
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)				
(2)	<u> </u>			
(3)	····			
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(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, Ii	ne 11d. See Form 990,	Part X, line 15	
(a) [	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.	e 13 j			
Complete if the organization answered "Yes"	to Form OOO Bort IV I	no 11o or 11f See Forn	n 000 Part Y line 25	
(a) Description of liability	to rolli 990, rait IV, i	(b) Book value	1 330, Fait X, III e 23	
		(b) Book value	-	
(1) Federal income taxes			1	
(2)	<del>-</del>		1	
(3)			4	
(4)			4	
(5)			-	
(6)			4	
(7)			1	
(8)			]	
(9)			_[	
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)		<u> </u>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

222054
302034

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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lete it the organization answered "Tes" to Form 990, Part IV, line 21 or 22.	
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OMB No 1545-0047	2013	Open to Public Inspection

Employer identification number COUNCIL FOR THE ADVANCEMENT OF SCIENCE Name of the organization

or government of applicable cash grant non-cash assistance of assistance

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

332101 10-29-13

Schedule I (Form 990) (2013)

# COUNCIL FOR THE ADVANCEMENT OF SCIENCE WRITING, INC.

Schedule I (Form 990) (2013)

Part III

Page 2

13-1953314

(f) Description of non-cash assistance Schedule I (Form 990) (2013) (e) Method of valuation (book, FMV, appraisal, other) 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance 0 15,000. 27 (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 332102 10-29-13

## 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.

► Attach to Form 990 or 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. COUNCIL FOR THE ADVANCEMENT OF SCIENCE WRITING, INC.

**Employer identification number** 13-1953314

<del></del>
Form 990, Part I, Line 1, Description of Organization Mission:
MEDICAL WRITING BY IMPROVING RELATIONSHIPS BETWEEN SCIENTISTS AND
PRESS.
Form 990, Part VI, Section B, line 11:
Explanation: A DRAFT OF FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR
TO FILING.
Form 990, Part VI, Section B, Line 12c:
Explanation: A CONFLICT OF INTEREST FORM IS SIGNED AT EACH BOARD MEETING.
Form 990, Part VI, Section C, Line 19:
Explanation: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE
UPON REQUEST.
· <del></del>
PART XII LINE 1
Explanation: THE ORGANIZATION FOLLOWS THE MODIFIED CASH BASIS OF
ACCOUNTING. REVENUE IS RECORDED WHEN RECEIVED, RATHER THAN WHEN
EARNED. EXPENSES ARE RECORDED WHEN DISBURSED, RATHER THAN WHEN
INCURRED. INVESTMENTS ARE VALUED AT FAIR VALUE.