

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



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

ĀI	or the	2013 calendar year, or tax year beginning January 1	, 2013, and ending	Dec	cember 3	, 20 13	
В	Check if applicable. C Name of organization D Emp					fication number	
	Address c	hange Legal Writing Institute			91-1332145		
	Name cha	Number and street (or P O. box, if mail is not delivered to street address)	Room/suite	E Telep	hone num	ber	
_	Initial retui	1021 00019.471107.40			(478)	301-2191	
=	Terminate Amended	■ City or town, state or province, country, and ZIP or foreign postal code		F Grou	F Group Exemption		
=	Applicatio	■Macon GA 31207-0001		Nun	nber 🕨		
_		ing Method: ☐ Cash ☐ Accrual Other (specify) ▶		H Check	► ☑ if th	ne organization is not	
	Vebsite					n Schedule B	
JΤ	ax-exen	npt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 494	17(a)(1) or □527	(Form 9	90, 990-E	Z, or 990-PF).	
			Other	<u> </u>			
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$20		otal assets			
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.			▶ \$	\$15,738 88	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Balances (see th	ne instru	ctions fo	or Part I)	
		Check if the organization used Schedule O to respond to any qu					
	1	Contributions, gifts, grants, and similar amounts received			1	<u> </u>	
	2	Program service revenue including government fees and contracts			2	14,803 43	
	3	Membership dues and assessments			3		
	4	Investment income			4	244 29	
	1 _	Gross amount from sale of assets other than inventory	5a				
	5a	•	5b				
	b	Less. cost or other basis and sales expenses					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5	b from line say .		5c		
	6	Gaming and fundraising events	_		4 [j.]		
Ф	a	Gross income from gaming (attach Schedule G if greater than	1 1				
Ž		\$15,000)	6a		#4E" (")		
Revenue	b	Gross income from fundraising events (not including \$	of contribut	ons	ā - 'f,		
æ		from fundraising events reported on line 1) (attach Schedule G if the					
	ł	sum of such gross income and contributions exceeds \$15,000)	6b				
	C	Less: direct expenses from gaming and fundraising events	6c		in the		
	d	Net income or (loss) from gaming and fundraising events (add lines	subtract	·			
		line 6c)		• • •	6d		
	7a	Gross sales of inventory, less returns and allowances	7a		'		
(S)	b	Less: cost of goods sold	7b		·		
2014	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from Inc. Other revenue (describe in Schedule O)		En:	77c		
	8	,			8	691 16	
@ —	9		<u> </u>	►C	9	15,738 88	
@	10	Grants and similar amounts paid (list in Schedule O)	C MAY 3 0-2	014 - C	10	2,000	
<u> </u>	11	Benefits paid to or for members	¥{ · · · · ·		11		
sa	12	Salaries, other compensation, and employee benefits	· ACACAL	1115	12		
Q ž	13	Salaries, other compensation, and employee benefits	. YUUUSIV.	<u> </u>	∄13		
NED Jexpenses	14	Occupancy, rent, utilities, and maintenance			14		
爱益	15	Printing, publications, postage, and shipping			15	3,832	
	16	Other expenses (describe in Schedule O)			16	23,637 11	
SCANNED JUN Expenses	17	Total expenses. Add lines 10 through 16			17	29,469 11	
· -	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	(13,730 12)	
ě	19	Net assets or fund balances at beginning of year (from line 27, colu					
\ss					19	355,080	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			20	(33 92)	
ž	21	Net assets or fund balances at end of year. Combine lines 18 through		_	21	341,315 85	
		work Reduction Act Notice, see the separate instructions.	Cat No 10642I			orm 990-EZ (2013)	

Pai						
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🔲
		- -		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[355,080	22	341,315 85
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[355,080	25	341,315 85
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	355,080	27	341,315 85
Par				art III)		F
	Check if the organization used Schedule				/Dog	Expenses uired for section
What	is the organization's primary exempt purpose?		cholarship relevant to l			c)(3) and 501(c)(4)
		shmonts for each o	f its three largest of	rogram conject		nizations and section
Desc	ribe the organization's program service accomplieasured by expenses. In a clear and concise n	nanner describe the	i its tillee largest pi	the number of		(a)(1) trusts, optional thers.)
nerso	ons benefited, and other relevant information for e	ach program title.	c scrvices provided	, the number of	IOI OI	ners.)
28	2013 Blackwell Award					
20	An award for outstanding achievement in the field of leg	al writing Reception a	it AALS conference, pla	aque, and		
	honorarium					
		includes foreign gra	ents chack hara	▶ □	28a	5,594 78
29	2014 LWI Biennial Conference				200	
23	Deposit for conference venue Conference provides a c	chance for colleagues t	o exchange ideas abou	it		
	pedagogy, scholarship, and professional growth					
		includes foreign gra	onte chock boro		29a	4,774 03
00	2013 Writers' Workshop	includes loreign gra	ints, check here .	· · · • 🗀	230	
30	Gathering of colleagues to work on, collaborate, and rec	reive feedback on rese	arch and writing projec	ts		
	that are in progress					
					20-	4,161 01
		includes foreign gra		· · · P 🗀	30a	4,70707
31	Other program services (describe in Schedule O)				04-	11,383 47
^^		includes foreign gra			31a	25.913 29
	Total program service expenses (add lines 28a				32	- ,
Par						Tions for Part IV)
	Check if the organization used Schedule	e O to respond to a	(c) Reportable	Part IV		<u> L.</u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe		
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC) (ff not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
(1) [nda Berger, Director & President-elect	110	(ii not paid, enter -o-)	derened compensation	<u>'</u>	
(1)			l 0		اه	0
(2) K	m Chanhanain Director	11	 		—	
(2) \	m Chanbonpin, Director	-{	l 0		اه	0
(2) K	enneth D Chestek, Director & Immediate Past Pres	3			+	
(3) N		~	0		اه	0
74\ D	achel Croskery-Roberts, Director	 	-		4	
(4) [actiel Closkery-hoberts, Director	- '	0		اه	0
(E) A	ichael J Higdon, Director	<u> </u>			4	
(5) 10		- 	0		٥	0
<u> </u>	Libra Director & Constant	15			'	
(b) A	ison Julien, Director & Secretary	- ~			اه	0
(=) I		 	0	 	Ч	0
(/) L	sa McElroy, Director	_] '				•
			0	<u> </u>	9	0
(8) S	amantha Moppett, Director	_ 1				•
			0		9_	0
(9) L	aurel Currie Oates, Director	.]1]			_
		<u> </u>	0		<u> </u>	0
(10)	Suzanne Rabe, Director	_]¹				
			0		이	0
(11)	Ruth Anne Robbins, Director					
			0		이	0
(12)	Joan Rocklin, Director & Treasurer	5				
,						

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		\sqcup
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	ļ		
b	Did the organization file Form 1120-POL for this year?	37b		L
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:			ŀ
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-	,	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		i	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		,
	· · · · · · · · · · · · · · · · · · ·	40B	-5	V
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			, 19 3
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	1	× 4	r ĝo
u	reimbursed by the organization	+ č .	73 . 33 .	27.000
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	J
41	List the states with which a copy of this return is filed ▶			
42a		541-34	6-386	9
	Located at ▶ Univ. of Oregon School of Law, 1515 Agate Street, Eugene, OR ZIP + 4 ▶	97403	3-1221	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	***************************************	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	-	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	1
45b	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," Form 990 and Schedule R may need to be completed instead of	.50		
	Form 990-EZ (see instructions)	45b		1

Form 99	0-EZ (20	D13)		· ·						age 4		
	· 						F		Yes	No		
46		ne organization engage, directly or in ndidates for public office? If "Yes," o						46				
Part		Section 501(c)(3) organizations			· · · · ·	• • •	·	40	1			
rait		All section 501(c)(3) organization	_	stions 47–49b an	d 52, and co	mplete th	e tabl	es fo	or line	25		
		50 and 51.	o maor anowor que		a oz, aa oc	inploto til	0 100		<i></i>			
		Check if the organization used Sci	hedule O to respond	I to any question in	n this Part VI							
		<u> </u>		, , ,					Yes	No		
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec				47		•		
48	ls the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complet	e Schedule E		.	48		1		
49a		ne organization make any transfers t						49a		1		
b		s," was the related organization a se						49b_				
50		olete this table for the organization's								d key		
	empl	oyees) who each received more than	1 \$100,000 of compe	nsation from the org			e, ente	er "N	one."			
	4-1	Name and Add of a sharp and a sec	(b) Average	(c) Reportable	(d) Health contributions		(e) Est	ımate	d amou	ınt of		
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	C) benefit plans, comper		othe	other compensation				
NONE					Corriper	isation						
						,						
					1							
				- "	<u> </u>				·			
				L								
		number of other employees paid ov										
51	Comp	plete this table for the organization, 000 of compensation from the orga	's five highest compo	ensated independe one enter "None "	nt contractors	s who each	ı recei	ved	more	tnan		
	\$100	,000 or compensation from the orga	The state of the s									
	(a)	Name and business address of each independ	dent contractor	(b) Type of s	ervice	(c)	Compe	nsatio	on			
NONE				-								
				1								
								-				
									_			
				1								
						-						
				1								
d	Total	number of other independent contra	actors each receiving	over \$100,000	. •				-			
52		ne organization complete Schedule	_		ns and 4947(a	a)(1)						
UL.		xempt charitable trusts must attach					▶ 🕢	Yes		No		
Under p	enalties	of penury Lideclare that I have examined this	retum, including accompar	lying schedules and state	ements, and to the	best of my kr	nowledg	e and	belief,	ıt ıs		
true, co	rrect, an	d complete Declaration of preparer (other tha	officer) is based on all info	ormation of which prepar	er has any knowle	dge						
	1	1 / / /// 100	och		,	5/27	-17	0_	19			
Sign		Signature of officer			Dat	e <i>[</i>	l		•			
Here		Joan M Rocklin, LWI Treasurer										
		Type or print name and title	Preparer's signature	 1	Date		p.	TIN				
Paid		Print/Type preparer's name				Check L self-emplo	11	•				

Preparer Use Only

Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

. ▶ 🗌 Yes 🔲 No

Firm's EIN ▶

Phone no

SCHEDULE À (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.

2013

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 o	f the organization						1	Employer id	dentificatio	n number	
	Writing Institute							91-1332145			
Part			rity Status (All orga						nstruction	ons.	
1 [2 [3 [☐ A church, con ☐ A school desc ☐ A hospital or a	vention of church ribed in section a cooperative hos	ation because it is: (Fo thes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Sched ation desc	describe ule E.) cribed in s	ed in sec section 1	tion 170(170(b)(1)((b)(1)(A)(i (A)(iii).		(iii). Enter the	
	hospital's nam	ne, city, and state	ə:								
5 (An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6 [7 [
8 [A community t	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	ırt II.)					
	receipts from support from acquired by th	activities related gross investme le organization a	receives: (1) more that to its exempt funct ant income and unrel fter June 30, 1975. Se	ions—sul lated bus ee sectio	oject to d siness tax n 509(a) (certain exable ince 2). (Comp	ceptions come (les plete Par	s, and (2) ss sectio t III.)	no more n 511 ta	e than 331/3% of its	
	An organization An organization	on organized ar one or more pub	operated exclusively nd operated exclusive licly supported organ describes the type of	ely for th nizations supportin	ie benefit described ig organiz	t of, to p d in sect zation an	perform to non 509(a d comple	the funct a)(1) or se ete lines 1	ions of, ection 50 1e throu	9(a)(2). See section gh 11h.	
e [a Type I By checking the other than four section 509 	ndation manage	II c Type II that the organization ers and other than one	is not co	ntrolled d	lirectly or	indirectl	y by one	or more	tionally integrated disqualified persons d in section 509(a)(1)	
f			written determination		the IRS t	hat it is	a Type	I, Type	ll, or Typ	oe III supporting	
g	Since August	17, 2006, has the	he organization accep		gift or co	ontributio	n from a	iny of the)		
		who directly or i	ndirectly controls, eitlody of the supported o								
	. ,	-	on described in (i) abo	-						11g(i) ✓ 11g(ii) ✓	
		•	a person described in							11g(iii) ✓	
h		•	on about the support								
(i) Name of supported organization organization organization of supported organization organization organization organization (described on lines 1-9 above or IRC section (see instructions)) (ii) EIN (iii) Type of organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		nization in of your	organiza (i) organi	(vi) Is the inization in col. reganized in the US?							
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
		/ 8 ** *	/s % %s	,	:	_ ^		* ~			

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						
	on A. Public Support			1 ()	1 1 2 2 2 2		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	å e e	3 Y	* .		,	
	shown on line 11, column (f)			0.	·		
6	Public support. Subtract line 5 from line 4.	*	*	4 .2		l	
	on B. Total Support	T	T	1 1 2 2 2 4	(0 0010	4 3 0040	(0 Tabal
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		i				
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	,	£ 13 ·	3		- 22 m	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he					ear as a section	
Sect	ion C. Computation of Public Support					 	
14	Public support percentage for 2013 (line					14	<u>%</u>
15	Public support percentage from 2012 Sc	hedule A, Part	II, line 14 .			15	<u>%</u>
16a	331/3% support test-2013. If the organi	zation did not	check the box	on line 13, an	id line 14 is 33	1/3% or more, c	heck this
	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test—2012. If the organicheck this box and stop here. The organic					3 15 IS 33 73%	or more, ► □
170	10%-facts-and-circumstances test—2	•			_	Sa or 16b and	<u>-</u>
174	10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts- facts-and-circi	and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization m	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. 1	' test, check t The organization	his box and st on qualifies as a	op here. a publicly
	supported organization						▶ ∟

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		55,250		60,000		115,250
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	7,897	302,620	51,524	282,678	14,803.43	659,522.43
3	Gross receipts from activities that are not an unrelated trade or business under section 513		<u>.</u>				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	7,897	357,870	51,524	342,678	14,803.43	774,772.43
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		y, \$44 s		`*· ** ∰€.₩	<i>7</i> 4	
	line 6.)	¥	· · ·		× (.2	774,772.43
	on B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	7,897	357,870	51,524	342,678	14,803.43	774,772.43
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,136	382	955	385	935.45	3,793.45
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	_1,136	382	955	385	935.45	3,793.45
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	9,033	358,252	52,479	343,063	15,738.88	778,565.88
14	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth			n 501(c)(3)
	organization, check this box and stop he						<u> ▶ □</u>
	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8	. ,,	•				99.5 %
16	Public support percentage from 2012 Sch			<u> </u>	<u></u>	16	99.1 %
	on D. Computation of Investment In				(0)		. 0/
17	Investment income percentage for 2013 (.49 %
18	Investment income percentage from 2012 331/3% support tests—2013. If the organ						.89 %
19a	17 is not more than 331/3%, check this box						
b	331/2% support tests—2012. If the organiz	-	-				_
U	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						

	Form 990 or 990-EZ) 2013 Page
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
-	
No eunnie	mental information.]
ido suppie	menta intornation.
	·
- -	

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.

20**13**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Legal Writing Institute Employer identification number 91-1332145

Form 990 EZ, Part 1, Line 10, Grants
\$2,000 for one LWI member Provides financial support while member conducted scholarly work during the summer (i.e., non-academic year)
The recipient has no relationship to any member of the Board
Form 990 EZ, Part 1, Line 16, Other expenses
LWI/ALWD Survey Expense \$1291 25 Provides an overview of the state of the legal writing profession and is a professional resource
Storytelling Conference Expense \$560 40 Conference fosters collaboration & dialogue about the use of narrative in legal practice
Golden Pen Award Expense \$1388 60 Recognizes people or organizations that significantly advanced the cause of profil legal writing
Blackwell Award Expense \$5,594 78 An award for outstanding achievement in the field of legal writing
2014 LWI Biennial Conference Expense \$4774 03 Deposit for conference venue Conference provides opportunity for colleagues to
exchange ideas about legal writing
2013 Writers' Workshop Expense \$4161 01 Colleagues gather to work on, collaborate and receive feedback on their scholarly writing
Pre-Law Conference Expense \$384 42 LWI member attended conference of pre-law advisors to investigate ways organizations might
collaborate
Gifts Expense \$254 32 For administrative support and to board members at times of family birth/death
Website Expense \$1926.80 Upkeep and upgrades to website for dissemination of information to public about legal writing and LWI
Board meetings Expense \$1,380 55 Provides opportunity for Board of Directors to gather and plan
Administrative Expenses \$1920 95 D&O Insurance Registered Agent Tax Extension Filing with Washington State Banking Fee
Form 990 EZ, Part 1, Line 20, Other changes in net assets
Adjustment to align tax returns Expense \$33 92
[Schedule O continued below]

Schedule O (Form 990 or 990-EZ) (2013)	Page ∠
Name of the organization Legal Writing Institute	Employer identification number 91-1332145
Form 990 EZ, Part III, Statement of Program Service Accomplishments, Line 31a	•••••
LWI/ALWD Survey Expense \$1291 25 Provides an overview of the state of the legal writing profession as	nd is a professional resource
Storytelling Conference Expense \$560 40 Conference fosters collaboration & dialogue about the use of	f narrative in legal practice
Golden Pen Award Expense \$1388 60 Recognizes people or organizations that significantly advanced	the cause of profil legal writing
Pre-Law Conference Expense \$384 42 Registration for LWI member to attend conference of pre-law acceptance of the conference of the confere	dvisors to learn about ways in
which the organizations might work together to support mutual objectives	
Website. Expense \$1,926.80 Upkeep and upgrades to disseminate information to public and membersh	nip about legal writing and LWI
Journals Expense \$3832 00 Publication and dissemination of the LWI Journal and purchase of SSRN	
Summer Research Grant Expense \$2,000 00 Provides financial support for member(s) who are produc	cing scholarly work related to
legal writing	
·	
Form 990 EZ, Part IV, List of Officers, Directors (cont.)	
(13) Jennifer Sheppard, Host School Director, 1 hr per week appox, \$0, \$0, \$0	
(14) David I C Thomson, Director, 1 hr per week appox, \$0, \$0	
(15) Mel Weresh, Director & President, 10 hr per week approx, \$0, \$0, \$0	
[Schedule O ends here]	
······································	
······································	·····
	·····
<u></u>	