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Department of the Treasury Internal Revenue Service

Check if applicable

For the 2014 calendar year, or tax year beginning

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

2014, and ending

OMB No 1545-0047

Open to Public Inspection

20

D Employer identification number

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

C Name of organization Legal Writing Institute 91-1332145 Doing business as Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 215-605-6653 021 Georgia Avenue Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Macon, Georgia 31207-0001 Amended return G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Application pending Linda Berger, UNLV, 4505 S. Maryland Parkway, Box 451003. Las Vegas, NV 891 H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status www lwionline org H(c) Group exemption number ▶ Website: ▶ Form of organization Corporation Trust Association ☐ Other ► L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: To exchange ideas about legal writing and to provide a forum for research and scholarship about legal writing and analysis SCANNED SREVENCE 21/18 Activities & Governance $\operatorname{box} lacktriangle$ If the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voling members of the governing body (Part VI, line 1a). 15 Number of Independent of the governing body (Part VI, line 1b) 4 Total/number of individuals employed in calendar year 2014 (Part V, line 2a) 0 5 200 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a n Net unrelated business taxable income from Form 990-T, line 34 0 7b Current Year Pnor Year Contributions and grants (Part VIII, line 1h) . 46,793 00 14,803 43 Program service revenue (Part VIII, line 2g) 272,692 27 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 244 29 203 29 691 16 222 33 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 15,738 88 319,910 89 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2000 8937 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,469 11 253 997 07 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 29,469 11 262,934 07 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 (13,730 12) 56,976 82 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 341,315 85 398,292 67 20 Total assets (Part X, line 16) 0 21 Total liabilities (Part X, line 26) . 341 315 85 398,292 67 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, Lectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign andace Centeno, LWI Treasurer Here Type or print name and title Preparer's signature Print/Type preparer's name **Paid** Check I If self-employed **Preparer** Firm's EIN ▶ Firm's name Use Only Firm's address 🕨 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Cat No 11282Y

Form 990 (2014)

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: To exchange ideas about legal writing and to provide a forum for research and scholarship about legal writing and analysis
	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code.) (Expenses \$ 224,795 70 including grants of \$ 2,937) (Revenue \$ 262,168 33)
	LWI Biennial Conference of the Legal Writing Institute, June 29-July 2, 2014
	Provide a collegial, collaborative environment for sharing ideas, provide colleagues a chance to meet reconnect, and discuss ideas about pedagogy, scholarship, and professional growth. Over 525 members attended
4b	(Code) (Expenses \$ 3,721 84 including grants of \$) (Revenue \$ 0)
70	······································
	Writers' Workshop
	Worshops designed to work on, collaborate and receive feedback on research and writing projects in progress Approximately 8-9 members
	brought scholarship to discuss and for other attendees to review. Three other members acted as facilitators
4c	(Code.) (Expenses \$ 6,000 including grants of \$ 6,000) (Revenue \$ 0) Summer Research Grants
	Provide funding to support colleagues in their scholarly research efforts. Three members received grants.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 20,789 86 including grants of \$ 0) (Revenue \$ 10,233 94)
4e	(Expenses \$ 20,789 86 including grants of \$ 0) (Revenue \$ 10,233 94) Total program service expenses ▶ 255,307 04

Part	V Checklist of Required Schedules		Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	I N
	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	1
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		
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
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		•
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		
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		•
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		
0	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		
1	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		•
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		•
С	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		
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	_	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e		•
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	11f		*
b	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 and XII is optional.	12a 12b		•
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		•
4 a		14a		•
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		
5	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		
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	•	Ť
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

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Part	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		•
2 2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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 Schedule J	23		•
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 Schedule K. If "No," go to line 25a	24a		•
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		y
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		y
b	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		•
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 "Yes," complete Schedule L, Part II	26		•
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		•
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):	2.5 		
	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	28a 28b		4
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		•
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		y
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		•
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		•
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		-
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37	20	•

	0 (2014)			Page 5
Part				
	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 0	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	ľ	33
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4.0		\$ \ \
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		38.ú c.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	33	3,4	f, 1.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		j 15	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ľ · · ·
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.,		W. :
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	•••••	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).)	\$ ·	** <u>*</u> **
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	*********	•
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	4	K.	
а	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	¥.	ا مدا
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		11
d	If "Yes," indicate the number of Forms 8282 filed during the year		.	[7] A
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	a	•
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	_	1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	N 2
-	sponsoring organization have excess business holdings at any time during the year?	8	- X	
9	Sponsoring organizations maintaining donor advised funds.		. Š	,
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	. 8	′
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter	1	3 .	<i>2</i> ^ .
a	Initiation fees and capital contributions included on Part VIII, line 12	,	ľ	<u>.</u>
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	• 🖷 '	*:	3-1
11	Section 501(c)(12) organizations. Enter:	1		~ ; <i>^</i>
а	Gross income from members or shareholders		3	~~ :
b	Gross income from other sources (Do not net amounts due or paid to other sources			(A)
	against amounts due or received from them.)	٤	į,	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		milian L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	- 3		, 8
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	<u> </u>
-	Note. See the instructions for additional information the organization must report on Schedule O.	130		, ×
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	y.D)	
С	Enter the amount of reserves on hand	2	ĵ.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	_	
			 -	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	٠	. 👱
Secti	ion A. Governing Body and Management			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 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	1a	15	7 es	No
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent .	1b	15	****	٤, ١
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	2		
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		4
6 7a	Did the organization have members or stockholders?	elect or appoint	7a	•	1
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	by) members		•	
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			Î., ^,
а	The governing body?		8a	•	1
b	Each committee with authority to act on behalf of the governing body?		8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule Company of the company of t)	9	/	
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reve	enue C	 ′	
40-	Dutable a second colored character because a set between		40	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		10b 11a	-	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	=	I I I I	. ^	^;
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a 12b	200	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c	-	
13 14	Did the organization have a written whistleblower policy?		13 14		
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation			:	
а	The organization's CEO, Executive Director, or top management official		15a	<u> </u>	<u> </u>
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			3	2 3
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarity during the year?	lar arrangement	16a		Û.
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to applicable several tax law, and taxes to applicable several taxes taxes to applicable several taxes to applicable several taxes to applicable several taxes t	to safeguard the		* *: [*]	
C+	organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	16b	<u> </u>	
3ecti	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Secti	on 501	(c)(3)s	only
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Science of the public during the tax year.		nterest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization Candace Centeno, LWI treasurer, 1108 Chestnut Lane, Flourtown, PA 19031 215 605 6653	on's books and i	records	. ▶	

Form	990	(201	4١

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 employees,"
- 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

☑ Check this box if neither the organization	on nor any relate	d org	anız	atic	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	rson	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	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) Linda Berger										
Director and President		•		•				0	0	o
(2) Mary Bowman				-						
Director	1	•						0	0	0
(3) Candace Centeno										
Director and Treasurer	5	4		~				0	0	0
(4) Kim Chanbonpin										
Director and President-Elect	3	•		•				0	0	0
(5) Cassandra Hill										
Director	1	1			ľ			0	0	0
(6) Michael Higdon									-	
Director	1	•						0	0	0
(7) Kimberly Holst										
Director	1	4						0	0	0
(8) Alison Julien										
Director	1	~						0	0	0
(9) Samantha Moppett										
Director and Secretary	3	1		•				0	0	0
(10) Suzianne Painter-Thorne		-				-				
Host School Director	2	1						0	0	О
(11) Ruth Anne Robbins										
Director	1	~						0	0	0
(12) Rebecca Scharf										
Director	1	-						0	0	0
(13) Kristen Konrad-Tiscione										-
Director	1	•						0	o	О
(14) Melissa Weresh										
Director and Immediate Past President	2	-						0	0	0

(15) Mark Director (16) (17) (18) (19) (20) (21) (22) (23)	(A) Name and title	(B)			Pos	•					
(16) (17) (18) (19) (20) (21) (22)		Average hours per week (list any	box, i	unles er and	eck s pe d a d	more rson rect	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation fro	(F) Estimated m amount of other
(16) (17) (18) (19) (20) (21) (22)		hours for related organizations below dotted line)		Institutional trustee	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
(16) (17) (18) (19) (20) (21) (22) (23)	Wojcik	1	,						0		0
(18) (19) (20) (21) (22) (23)			•								
(19) (20) (21) (22) (23)								-			
(20) (21) (22) (23)											
(21)								_			
(22)											
(23)											
(24)											
(25)											
с То	ub-total . otal from continuation sheets to Part otal (add lines 1b and 1c)			•			· ·	→	0 0		0 0 0
2 To	otal number of individuals (including but	not limited) wl	ho received m	ore than \$100,	000 of
3 Di	id the organization list any former of mployee on line 1a? If "Yes," complete 5	ficer, direc							loyee, or high	est compensa	Yes No
or	or any individual listed on line 1a, is the rganization and related organizations dividual		an \$1								
	id any person listed on line 1a receive or services rendered to the organization?									ation or individ	Problem Simple
	B. Independent Contractors										
cc	omplete this table for your five highest on some one of the organization. Repear.										
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
2 To	otal number of independent contracto										

Part	VIII	Statement of Reve							
		Check if Schedule C	contains	a res	ponse or note t			<u></u>	🗆
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1a	Federated campaigns	s	1a		30 800 18 6	\$ 2 . \$**		3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3
Grants	b	Membership dues		1b	***		13 11 0 18 13 15	le, year e	
9, <u>F</u>	c	Fundraising events		1c	43,793	15 . " ` ' ' : ' : :			
Gifts, ilar An	d	Related organizations	s	1d			100	la in a stall	14.5 10.58
., E	e	Government grants (cor		1e		1,: 1		, , ,	
Si Si	f	All other contributions, g		- . -					
ž ž	,	and similar amounts not inc	-	1f	3,000	la Marki		**	
걸	_	Noncash contributions include							
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a-1				46.793			
	- '!	Total. Add lines 1a-1	<u> </u>	•	Business Code	31 2 2 2	V. 1 V. 1 V. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 1
Ž	0-	2014 LWI Conference			611430	262,468 33	262,486 33	لللقط عدادها	
Program Service Revenue	2a	One-day Workshops			611430	10,223 94		<u>-</u>	
ě	b		· 		011430	10,223 94	10,233 94		-
ž	C								
တ္တ	d								
Ē	е								
G	f	All other program ser		ıe	L				
<u>a.</u>	g	Total. Add lines 2a-2		•	<u> ▶</u>	272,692 27			· · · · · · · · · · · · · · · · · · ·
	3	Investment income							
		and other similar amo	· ·			203 29	203 29		
	4	Income from investmen	it of tax-exer	mpt b	ond proceeds ►				
	5	Royalties	 	•		222 33	222 33		
			(ı) Real		(ii) Personal		1 1 2	, , ,	
	6a	Gross rents							
	b	Less rental expenses					.85 ***		
	С	Rental income or (loss)			<u> </u>				
	d	Net rental income or			▶				
	7a	Gross amount from sales of	(ı) Securit	ies	(II) Other) ₂ .
	İ	assets other than inventory						State of the	
	ь	Less cost or other basis				1 · 1 · 4 · 4	Tar All Sar		
		and sales expenses					****		
	С	Gain or (loss) .							
	d	Net gain or (loss) .			•				
•						` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	2 1 4 1 6		
nue	8a	Gross income from fu	ındraısıng					1.3.1 1.9	
ĕ		events (not including \$, ,		1 1	444 8
æ		of contributions reporte	ed on line 1	c)					
ē		See Part IV, line 18		а					2942 5 m 1 m 1 m 1
Other Rever	b	Less. direct expenses	s	. b					
•	С	Net income or (loss) f	rom fundra	using	events . >				
	9a	9	aming activi	ties		} * * 4	, , , , , , , , , , , , , , , , , , ,		10 8 2
		See Part IV, line 19 .		· a					
	b	Less: direct expenses	s	. b			12.24	li di besa	Josef No. M.
	С	Net income or (loss) f	rom gamın	g acti	vities .	*****		1 .000 W	
	10a	Gross sales of in	ventory,	less		* ** **		Virginity of	
		returns and allowance		· a			Bi di Grè		in the
	ь	Less: cost of goods s	sold	. b					
	С	Net income or (loss) f		of inv	entory . ►	to 1 1 the there is a suite or a sittle	~	***************************************	· · · · · · · · · · · · · · · · · · ·
		Miscellaneous F			Business Code	1 - 1 - 1 - 3	28 22 11 L	is well a fine	
	11a					100	*·		• • • • • • • • • • • • • • • • • • •
	b								
	C								
	ď	All other revenue .	·			-			
	e	Total. Add lines 11a-	11d		<u></u> ▶		te was in the t	and a second	
	12	Total revenue. See II			•	319,910 89			

	IX Statement of Functional Expenses				- age 10
Section	on 501(c)(3) and 501(c)(4) organizations must con			ns must complete co	olumn (A).
	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8 937	8,937	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			· *. 3 "\$	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11 a	Other employee benefits				
b c d e f	Legal	30 65		30 65	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13 14 15 16	Advertising and promotion	10 2 007		2,007	
17 18	Travel				_
19 20 21	Conferences, conventions, and meetings Interest	225,981 06	221 858 70	4,122 36	
22 23	Depreciation, depletion, and amortization . Insurance	1 532		1,532	
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.) Incorporation Expenses	304		304	
a b c	Writers' Workshop Journals	3,721 84 9,769 62	3 721 84 9 769 62	304	
d e	Awards (Blackwell, Golden Pen, Hecht) All other expenses	9,299 74 1,341 16	9,299 74 80 51	1260 65	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	262 934 07	253,667 41	9,266 66	
	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)				

Р	art X	Balance Sheet		•	<u></u> <u></u>
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	341,315 85	1	34,203 31
	2	Savings and temporary cash investments		2	364,089 36
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	11 (11)	% <	**
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7_	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	341,315 85		398,292 67
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	, , , ,	21	7
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	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	
	26	Total liabilities. Add lines 17 through 25	0	26	0
(n		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	F" ^ 1		, , ,
ë		complete lines 27 through 29, and lines 33 and 34.			لأساء فالمتشفات الما
	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
nd	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	341 315 85	33	398,292 67
	34	Total liabilities and net assets/fund balances	0	34	0

Page	1	2
raue		-

	•
Form	990 (2014)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		319,9	10 89
2	Total expenses (must equal Part IX, column (A), line 25)	2		262,9	34 07
3	Revenue less expenses. Subtract line 2 from line 1	3		56,9	76 82
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		341,3	15 85
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			_	
		10		398,2	92 67
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u> </u>	<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other				S.
	If the organization changed its method of accounting from a prior year or checked "Other," expl	aın ır	ז		
	Schedule O.				32
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	ļ	V
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	led o		b :	3
	reviewed on a separate basis, consolidated basis, or both:			ľ,	
	Separate basis Consolidated basis Both consolidated and separate basis		l [∞] :	i	-
b	Were the organization's financial statements audited by an independent accountant?		2b	 	4
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both.	i on a	1		,
]	1
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	reigh	. -^	1	9.
С	of the audit, review, or compilation of its financial statements and selection of an independent account				.
	If the organization changed either its oversight process or selection process during the tax year, exp				•
	Schedule O.		ļ.	1, **	1, %
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth ir	, [*	<u> </u>	300
Ja	the Single Audit Act and OMB Circular A-133?		За		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ao the		1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	-	3b		
			Fo	rm 990	(2014)

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

► 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.

Department of the Treasury Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Legal Writing Institute 91-1332145 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-9) other support (see support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) 200

Total

	lle A (Form 990 or 990-EZ) 2014			. 450/13/4		<u>-/332/95</u>	
Part							
	(Complete only if you checked the						ality under
Secti	Part III. If the organization fails to on A. Public Support	o quality unde	er the tests is	sted below, p	ilease comple	te Part III.)	
	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(6) 2011	(6) 2012	(0) 2010	(6) 2014	(i) Total
•	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				ļ		
4	Total. Add lines 1 through 3			8 1 1	****	, ,	
5	The portion of total contributions by	, ., El.					
	each person (other than a						
	governmental unit or publicly supported organization) included on			3 3	*		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				1 1 1 1 1		
6	Public support. Subtract line 5 from line 4		. 🕌 🕆	3 J. 43 P. J.	,	* å - ,	
ecti	on B. Total Support						
alen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
9	Net income from unrelated business						
9	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 VI)						
11	Total support. Add lines 7 through 10	2, 3	; , ,	<u> </u>	*	7 .	
12	Gross receipts from related activities, etc	•	•			12	·
13	First five years. If the Form 990 is for the						n 501(c)(3)
\	organization, check this box and stop he			· · · · ·	· · · · ·	• • •	
	on C. Computation of Public Suppo			1 (6)			
14 15	Public support percentage for 2014 (line Public support percentage from 2013 Sc					15	9
16a	33 ¹ / ₃ % support test—2014. If the organi						
	box and stop here . The organization qua						
b	331/3% support test-2013. If the organ						
	check this box and stop here. The organ						. •
17a	10%-facts-and-circumstances test-2	014. If the orga	anization did n	ot check a box	k on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "I						
	organization						. •
b	10%-facts-and-circumstances test —2						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in				-		
40							
18	Private foundation. If the organization d instructions						
	111311UUUUU						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants ")	55,250		60,000		46,793	162,043
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	302,620	51,525	282,678	14,803	272,692	924,318
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	357,870	51,525	342,678	14,803	319,485	1,086,361
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
<u>8</u>	Public support (Subtract line 7c from line 6.)			**************************************			1,086 361
	on B. Total Support			·			
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	357,870	51 525	342,678	14,803	319,485	1,086,361
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	382	955	385	935	425	3082
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	382	955	385	935	425	3082
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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	358,252	52,479	343,063	15,738	319,910	1,089,443
14	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth,	-		501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor					·	
15	Public support percentage for 2014 (line 8			3, column (f))		15	99 7 %
16	Public support percentage from 2013 Sch				<u></u>	16	99 5 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2014 (nn (f))	17	3 %
18	Investment income percentage from 2013					18	49 %
19a	331/3% support tests—2014. If the organ 17 is not more than 331/3%, check this box						
Þ	331/3% support tests – 2013. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 301/3%, check this line 18 is not more than 301/3%.						3 ¹ /3%, and
20	Private foundation. If the organization di			•		· ·	

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Section	A. All	Supporting	Organizations
--	---------	--------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated b class or purpose, describe the designation. If historic and continuing relationship, explain,
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and Ell numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail ii Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantia contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943((regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
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Part	IV Supporting Organizations (continued)			
		W. Z.	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		×	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	ځی مرق	·
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations		<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	> c q/g	įć	\$ 50
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		, c :	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,		1	A 6
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ļ, , ļ		ľ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	المانيا	í	
2	Did the experimental analysis for the benefit of any experiend experimental attention the experimental	1	/ .	├
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	10 1%	*	3 3 ,
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		v	1
	supervised, or controlled the supporting organization.	2	* 4 3	, °
Secti	on C. Type II Supporting Organizations			
	J. 11 5 5	-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	, ,		1 2
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	 	, ,	, ,
	or management of the supporting organization was vested in the same persons that controlled or managed		<u> </u>	L
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		1	т
4	Did the appropriate provide to each of its appropriate appropriate by the local day of the fifth seath of the		Yes	+
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	3	^ "	: 2
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		r :	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		h
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1, 1	1 .	3
	organization(s) or (ii) serving on the governing body of a supported organization? if "No," explain in Part VI how		(
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		* > 1	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	w ~ \u.	<u>.</u> , ,	J:
Cook		3		<u> </u>
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		. 4 4	,
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ms	Struct	ions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	, ,		1 . ^ .
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		e v	¶£ .
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		Ĭ	
	that these activities constituted substantially all of its activities.	200	i.	.l.a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	-	ļ., ,
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		- 3	1 3
	reasons for the organization's position that its supported organization(s) would have engaged in these		ļ.,:	12
	activities but for the organization's involvement.	2b	! ~ /	In sim
3	Parent of Supported Organizations. Answer (a) and (b) below.	20.00	; é, e,	1 1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	 		ľ.
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u></u>	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	+		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	8_	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	*		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	, ,	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	<u> </u>	g organization (see

	le A (Form 990 or 990-EZ) 2014			332 145 Page
Part	Type III Non-Functionally Integrated 509(a)(sion D - Distributions	3) Supporting Organ	izations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish	exempt nurnoses	 _	Ourient rear
	Amounts paid to perform activity that directly furthers ex-		orted	
_	organizations, in excess of income from activity	simple purposes or suppl	or to d	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	· · · · ·
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		·	
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in Part VI) See instructions.			_
9	Distributable amount for 2014 from Section C, line 6		-	
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		\$ 18	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:	`	,	7 16 - 7
а		, , , '	, ,	3 ,
b			1 (/ /	3 , "1
С				,#a\
d				<u> </u>
<u>e</u>	From 2013	45 Si 2 SKI	\$ % \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>f</u>	Total of lines 3a through e		3 ° ° .	
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount	m *		
_ <u>i</u>	Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f.		20 € 3 3 7 0 A 8 0 1 A 1 B 2 B 3 B 3 B 3 B 3 B 3 B 3 B 3 B 3 B 3	
	Distributions for 2014 from Section			
4	D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			<u> </u>
c	Remainder Subtract lines 4a and 4b from 4			*
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		100	
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а			,*, , *, * * *	
b				
С		* 25 3 3	,	
d	Excess from 2013	, , , , , , , , , , , , , , , , , , , ,	,,	4. 1 1. 1
е	Excess from 2014	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	,^ {	** *

• Schedule A (Form 990 or 990-EZ) 2014	91-1332145 Page 8			
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Fart III, line 12. Also complete this part for any additional information. (See instructions)	Part II, line 17a or 17b; and tions.)			
		·			
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

	of the organization Writing Institute					Employer identific	cation number -1332145
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" to Fo	orm 990, Part IV,	line 17.
1 a b c d 2a b	Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a writor key employees listed in Form If "Yes," list the ten highest paid compensated at least \$5,000 by	ons tten or oral agre 1 990, Part VII) o d individuals or e	e f g cement with rentity in coentities (fundament)	Solicitat Solicitat Special any individual	ion of non-governn ion of government fundraising events dual (including offic with professional fu	nent grants grants cers, directors, trus indraising services	[?] ☐ Yes ☐ No
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			
2							
3							
4				-			
5							
6							
7							
8			ļ <u>-</u> -				
9		ļ					
10			l				
Total 3	List all states in which the organ registration or licensing.	inization is regis	stered or lic	ensed to s	solicit contributions	or has been notifi	ed it is exempt from
				·			

	irt II	Fundraising Events. Cor than \$15,000 of fundraising	ng event contributions		orm 990, Part IV, line	
-	_	gross receipts greater tha	(a) Event #1 Biennial Conf (event type)	(b) Event #2 One-Day Workshop (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	306,261 33	10 223 94		316,485 27
Re	2 3	Less: Contributions Gross income (line 1 minus	43,793	0		43,793
		line 2)				272,692 27
	4	Cash prizes	0	0		0
	5	Noncash prizes	0	0		0
Direct Expenses	6	Rent/facility costs .	197,936 41	0		197,936 41
ct Exp	7	Food and beverages .	included in line 6	0		0
Dire	8	Entertainment	0	0		0
	9	Other direct expenses .	26 859 29			26 859 20
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, co	olumn (d)	► ► Part IV. line 19. or	224,795 70 47,896 57 reported more
		than \$15,000 on Form 9		-		,
Revenue			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Re			(a) 2 igo	bingo/progressive bingo		col (a) through col (c))
	1	Gross revenue	(a) Enigo	bingo/progressive bingo		
ses	2	Gross revenue	(a) Singe	bingo/progressive bingo		
Expenses			(a) Singe	bingo/progressive bingo		
Direct Expenses	2	Cash prizes	(a) Singe	bingo/progressive bingo		
Direct Expenses	2	Cash prizes				
Direct Expenses	2 3 4	Cash prizes	☐ Yes%	□ Yes%	□ Yes%	
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	☐ Yes%	☐ Yes%	□ Yes%	
Direct Expenses	2 3 4 5	Cash prizes	☐ Yes % ☐ No	☐ Yes% ☐ No Dlumn (d)	□ Yes% □ No	

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .

Yes
No
If "Yes," explain:

Schedù	le G (Form 990 or 990-EZ) 2014	91-133.	2145	- I	Page 3
11 12	Does the organization conduct gaming activities with nonmembers?	or other e	entity	Yes T	No
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility		13a 13b		% %
	Name ►				·
	Address >		·		<u></u> -
15a	Does the organization have a contract with a third party from whom the organization revenue?		_	☐ Yes [] No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	Name ►				
	Address ►				
16	Gaming manager information.				
	Name ►				
	Gaming manager compensation ► \$				
	Description of services provided ▶				
	□ Director/officer □ Employee □ Independent contractor				
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaminetain the state gaming license?			□ Yes □] No
b	Enter the amount of distributions required under state law to be distributed to other exempt spent in the organization's own exempt activities during the tax year > \$	organizatioi	ns or		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any instructions).	, columns additional	(III) and Inform	d (v), and lation (see	e
			-		·

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

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

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OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, S S (h) Purpose of grant or assistance 91-1332145 □ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash (e) Amount of non-grant (book, FMV, appraisal, cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization or government Legal Writing Institute Part Part !! **£** 9 12

Schedule I (Form 990) (2014)

Cat No 50055P

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

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Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2014)

Part III Grants an

Schedule I (Form 990) (2014)					
		-			
onal information.	(b), and any other addit	e 2, Part III, columr	equired in Part I, lin	the information r	7 Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
					9
					5
					4
					3
			2,927	3	2 Biennial Conference Scholarship Grants
			9'000'9	3	1 Research Grants
(f) Description of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(d) Amount of non-cash assistance	(c) Amount of cash grant	(b) Number of recipients	(a) Type of grant or assistance

SCHÉDULE 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.

OMB No 1545-0047 20**14**

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Legal Writing Institute	91-1332145
Form 990, Part III, line 2 all significant program services are listed in response to Part III, lines 4a-4 and below	v in response to line 4d
Form 990, Part III, line 4d in addition to line 4a-4c, other program services include the following	
One Day Workshops help at multiple locations to provide an opportunity to exchange teaching & scholarship in the control of th	deas (Expenses 0 Revenue 10233 94)
Journals and Publications (Expenses 9 769 92 Revenue 0)	
Committee support (Expenses 1639 69 Revenue 0)	
Awards Blackwell recognizes excellence in teaching, Golden Pen recognizes contributions to field of LW (Ex	penses 9299 74 Revenue 0)
Unknown expense LWI's bank accounts showed a \$80 51 decrease over what LWI accounts showed which	means that 80 51\$ is unaccounted for
LWI has no expense unrelated to its purpose of promoting the exchange of ideas about legal writing and so	the expense is related to LWI's purpose
This expense was included in Form 990 Part iX, line 24e	
Form 990, Part VI, Section A. Line 7a Every 2 years, the membership elects new board members to a 4 year	term Procedures and eligibility to vote
are outlined in teh LWI bylaws posted on the LWI website wwwiwionline org	
Form 990, Part VI, Section A Line 7a The Executive Committee is permitted to act on behalf of the organizat	ion between board meetings. The
authority is explained in more detail in the LWI bylaws posted on the LWI website	
Form 990, Part VI, Section B, line 11a&b The current treasurer reviewed all supporting documentation and the	en prepared the Form 990 and supporting
schedules All documents are then submitted to the board for its review before the documents are filed with the	e IRS
Form 990, Part VI Section C, line 19 LWI's bylaws are available on the LWI website Iwionline org LWI's final	ncial statements and conflict of interest
policy are available upon request	
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Şchedùle O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
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Part 990, Part VII Section A, line 9	
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