Form **990**

Return of Organization Exempt From Income Tax

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

2017 Open to Public

Department of the Treasury

 \blacktriangleright Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Inter	nal Rever	nue Service	► Go to www.irs.gov/Form990 for instructions and the latest	nformation.		Inspection
A	For the	2017 cale	ndar year, or tax year beginning , 2017, and endin	9		, 20
В	Check if	applicable:	C Name of organization Association of Legal Writing Directors Inc	orporated	D Employe	er identification number
		change	Doing business as		36-41	.02592
$\overline{\Box}$	Name c	_	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephon	
ă		•	(336)279-9252			
금	initial re		201 North Greene Street City or town, state or province, country, and ZIP or foreign postal code		(330)	213-3232
H		m/terminated	Greensboro, NC 27401		G Gross re	ceipts \$ 173,423.
H		ed return		1		
L	Applicat	tion pending	F Name and address of principal officer:			uttordinates? Yes No
			Catherine Wasson, 201 North Greene Street, Greensboro Ne 274	01 H(b) Are all:	subordinates	includec? Li Yes Li No
<u>!</u>	Tax-exe	mpt status:	\[\begin{align*} \			list. (see Instructions)
1	Website		lwd.org	H(c) Group		
K		organization:	X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma	tion: 199	7 M State	of legal domictle: NC
<u>P</u>	art I	Summ	ary			
	1	Briefly de	scribe the organization's mission or most significant activities: A pr	ofession	al orga	anization
9			romotes leadership, scholarship, and continuing			
ä	1		al writing programs and pedagogy.			
er	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.
ő	3		of voting members of the governing body (Part VI, line 1a)			14
ಷ	4		of independent voting members of the governing body (Part VI, line 1b)			14
98	5		nber of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
ξ	6		nber of volunteers (estimate if necessary)		6	14
Activities & Governance	7a		•		7a	· · · · · · · · · · · · · · · · · · ·
٩			elated business revenue from Part VIII, column (C). line 12			4,139.
	b	ivet unre	ated business taxable income from Form 990-T, line 34	Prior Y	7b	Current Year
]					
ě	8		tions and grants (Part VIII, line 1h)		5,550.	54,329.
Ē	9		service revenue (Part VIII, line 2g)		2,517.	77,763.
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		4,151.	4,139.
-	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3	1,001.	37,192.
	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5	4,219.	173,423.
	13		nd similar amounts paid (Part IX, column (A), lines 15) Fin (F)	1 1	5,695.	19,523.
	14	Benefits	paid to or for members (Part IX, column (A), line 4)	a l		
ş	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	Ď		
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), in 11e) p 1 9 2018 .	द्रा		
g.	ь			2		
ŵ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e	7	9,500.	135,967.
	18		penses. Add lines 13-17 (must equal Part IX, column A line 25)		5,195.	155,490.
	19		less expenses. Subtract line 18 from line 12		0,976.	17,933.
- 2			isso expenses. Subtract into 10 nontano 12	Beginning of C		End of Year
ts c	20	Total acc	ets (Part X, line 16)		9,048.	534,828.
Asse	21		olities (Part X, line 26)		1,036.	8,883.
Net Assets or	22		ts or fund balances. Subtract line 21 from line 20			
	art II		ture Block	50	8,012.	525,945.
						
tru	ider pen ie. come	aires or perpo ct. and comp	rry, I declare that I have examined this return, including accompanying schedules and statilete. Declaration of preparer (other than officer) is based on all information of which prepar	ements, and to er has any know	the best of I Nadrie	my knowledge and belief, it is
e:			ladhar, ul J. Wassu			2018 9-13-18
Sig	gır ere	1;	ature of officer	U	ate	
п	31 G		therine Wasson, Treasurer			· · · · · · · · · · · · · · · · · · ·
_						DTIN
Pa	aid	·		ate	Check	☐ # PTIN
Pr	epar	er Joe	Verlin Joe Verlin (7/18/201	8 self-em	ployed P01042298
U	se On					26-0317004
_		Firm's	ddress ► 13561 S West Bayshore Dr Ste 209, Traverse City, M	I 49684 Ph	one no. (2	
Ma	y the I	HS discus	s this return with the preparer shown above? (see instructions)			🛛 Yes 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 990 (2017)

REV 12/05/17 PRO

Part		
		se or note to any line in this Part III
1	Briefly describe the organization's mission:	,
	A professional organization	
		arship, and continuing improvements
	in legal writing programs and pe	edagogy.
2	Did the organization undertake any significant parior Form 990 or 990-F72	program services during the year which were not listed on the
	If "Yes," describe these new services on Sched	
3		nake significant changes in how it conducts, any program
	services?	· · · · · · □Yes ⊠No
4	If "Yes," describe these changes on Schedule (
4		ccomplishments for each of its three largest program services, as measured by inizations are required to report the amount of grants and allocations to others h program service reported.
4a	(Code:) (Expenses \$ 148.848	. including grants of \$ 19,523.) (Revenue \$ 0.)
		structors for the purpose of
		rams.
		5.500.
	•	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
		······································
4d	Other program services (Describe in Schedule	0)
+u	(Expenses \$ 0 . including grants o	
4e	÷ :	of \$ 0.)(Revenue \$ 0.) See Statement 148,848.
_	_	,



Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </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? If "Yes," complete Schedule C, Part II	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? If "Yes," 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.			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	10	_	Î
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	L	×
	Did the organization maintain an office, employees, or agents outside of the United States?	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		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	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		×
17	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? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	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			×
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	18		×

Part			'	age 4
	Oncokiist of Medanea Concades (Commuca)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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 19 If "Yes," complete Schedule I, Parts I and II	21		_×_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u>×</u> _	
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	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	25a	-	
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		L×_
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):		1.2	}
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200	\vdash	 ^ -
	Schedule L, Part IV	28b	l	×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30		×
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,"	31	-	<u>×</u>
	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		<u> ×</u> _
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	├ ─	<u> ×</u> _
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	251	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	├	
55	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	55	<u> </u>	 ^ -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37		_ ×_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	×]

rart				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 ;	<u>. X</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ا ـ ـ ا
	reportable gaming (gambling) winnings to prize winners?	1c	×	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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		l	
	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		ĺ	ŀ
	(FBAR).		ĺ	
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		
C	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	36_		├
va				
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	-	<u> ×</u>
Ь	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).			
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	<u> </u>	×
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		—
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×_
d	If "Yes," indicate the number of Forms 8282 filed during the year	*	ļ	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	↓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	×
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
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]]		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		į	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		\top
-	Note. See the instructions for additional information the organization must report on Schedule O.			\top
b	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			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	×
14a		14a	 	+^

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			; E r
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2_		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		×
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	38	*	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		×
14 15	Did the organization have a written document retention and destruction policy?	14	×	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	×
b	Other officers or key employees of the organization	15b	<u> </u>	×
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		×
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	 16b	****	
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501	(c)(3)s	s only)
19	Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Catherine Wasson, Treasurer, 201 North Greene Street, Greensboro, NE 27401 (3			9252

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

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 nor any related organization compensated any current officer, director, or trustee.

Officer this box in fletther the organization flo	ally related	u orga	ariiz) ()	Jiipe	IISa	led any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bοx, ι	unles er and	Pos eck s pe	ition more	e than compensated Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Megan McAlpin President	2.00	×		×				0.	0.	0.
(2) Jodi Wilson President-Elect	2.00	×		×				0.	0.	0.
(3) Catherine Wasson Treasurer	2.00	×		×				0.	0.	0.
(4) Tamara Herrera Secretary	2.00	×		×				0.	0.	0.
(5) David Cleveland Board Member	2.00	×						0.	0.	0.
(6) Brenda Gibson Board Member	2.00	×						0.	0.	0.
(7) Tonya Kowalski Board Member	2.00	×		<u> </u>				0.	0.	0.
(8) Katrina Lee Board Member	2.00	×						0.	0.	0.
(9) Lucy Jewel Board Member	2.00	×						0.	0.	0.
(10) Anne Mullins Board Member	2.00	×						0.	0.	0.
(11) Ellie Margolis Board Member	2.00	×						0.	0.	0.
(12) Amy Vorenberg Board Member	2.00	×						0.	0.	0.
(13) Susie Salmon Board Member	2.00	×						0.	0.	0.
(14)]								

	(A) Name and title	(B) Average hours per week (list any	box, office	ot ch inles r and	s pe l a d	ntion more rson irecte	than o	n an tee)	(D) Reportable compensation from	(E) Reportable compensation i		(F) Estimated amount o other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-M		fror organ and i	ensatior n the nization related izations	
(15)														
(16)								<u> </u>						
(17)					-			-						
(18)														
(19)														
(20)								_						
(21)								ļ			_			
						_			1-		_			
			ļ 					_						
(23)														
(24)														
(25)								ļ						
C	Sub-total		n A					>	0.		0.			0
2	Total (add lines 1b and 1c)	t not limited					abov	e) w		ore than \$10		of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	nest comper	nsated	3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble (con	npei	nsatio					4		×
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	ividual	5		×
Section	n B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ах
	(A) Name and business add	Iress							(B) Description of	services		(C) Compens	ation	
				-										
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who	·····			

Part	VIII	Statement of Revenu				Para dia	D4 \/80		
		Check if Schedule O co	ontains a	a resp	onse or note to	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
							function revenue	revenue	under sections 512-514
ts	1a	Federated campaigns .		1a					
흔	b	Membership dues	1	1b	28,129.			1	4
ا ق ت	С	Fundraising events		1c	-				1
ar fits	d	Related organizations .		1d			j		1
9, E	е	Government grants (contrib		1e					1
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts,						j	ı
her		and similar amounts not include		1f	26,200.				
호텔	α.	Noncash contributions included			20,200.				
ig g	g h	Total. Add lines 1a–1f.				54,329.			
		Total. Add lines Ta-11 .	· · · · · · · · · · · · · · · · · · ·	· · ·	Business Code	31,323.			
nu-	20								
leve	2a			·					
9	b							_ _	
Ž	C						-		
Se	d			'					
гаш	e	**************************************					77. 763		0.
Program Service Revenue	f	All other program servic				77,763.	77,763.	0.	0.
	g	Total. Add lines 2a-2f .			>	77,763.	<u> </u>		
	3	Investment income (income and other employed						4 120	0
		and other similar amoun				4,139.	0.	4,139.	0.
	4	Income from investment of							
	5	Royalties				37,192.	37,192.	0.	0.
			(ı) Real		(II) Personal				
	6a	Gross rents							*
	b	Less rental expenses				^	* *		٠ ٠
	С	Rental income or (loss)					* ***		
	d	Net rental income or (los	ss) .		🕨				
	7a	Gross amount from sales of	(ı) Securit	ies	(II) Other	×*	18	**	
		assets other than inventory					* `		
	b	Less cost or other basis				· *		` '	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		and sales expenses .				**	, i.	*	
	С	Gain or (loss)					,*		*
	d	Net gain or (loss)			▶		an annual distance from the		
		, 					×		, * A
nue	8a	Gross income from fund	draising						
		events (not including \$	Ū						
Other Reve		of contributions reported	on line 1	c).					
7									
Ę	Ь	Less direct expenses		_		1			
0		Net income or (loss) from						e service section of	collections
		Gross income from gam		_	CVCING : P				
	""								
	L	Less: direct expenses				1			
	b	Net income or (loss) from							
	102	Gross sales of inve	_	_	VIII 63		-		
	Iva	returns and allowances							
	.					-			
	b	Less: cost of goods sol							
	C	Net income or (loss) fro	···	ot inv			-		
		Miscellaneous Rev	enue		Business Code	<u> </u>			
	11a	***************************************							
	b						<u> </u>		ļ
	C								
	d	All other revenue .							<u> </u>
	e	Total. Add lines 11a-11	ld		▶				
	12	Total revenue. See inst	tructions			173,423.	114.955.	4,139.	0.

	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organizations	s must complete colu	mn (A).
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,423.	2,423.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	17,100.	17,100.		
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				
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				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	6,748.	6,748.	0.	0.
b	Legal				
С	Accounting	2,575.	0.	2,575.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			*	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	15,164.	15,164.	0.	0.
16	Occupancy	50.50	70.760		0.
17 18	Travel	72,768.	72,768.	0.	
19 20	Conferences, conventions, and meetings . Interest	17,606.	17,606.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		:		
_	Desk I - make and	10 707	12 707	0.	0.
a	Publications Other Expenses	12,787. 4,252.	12,787. 4,252.	0.	0.
b	Other Expenses Operations	4,252.	4,252.	4,067.	0.
c d		4,007.	<u> </u>	4,007.	
u e	All other expenses		·-		
25	Total functional expenses. Add lines 1 through 24e	155,490.	148,848.	6,642.	0.
26	Joint costs. Complete this line only if the				
_ -	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	<u> </u>	Check if Schedule O contains a response or note to any line in this Pa	urt Y		<u> </u>
_		of contribution of contains a response of flore to any line in this Fa			· · · · L
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	70,578.	1	93,280.
	2	Savings and temporary cash investments	409,048.	2	410,312.
	3	Pledges and grants receivable, net		3	
ts	4	Accounts receivable, net	29,422.	4	31,236.
	5	Loans and other receivables from current and former officers, directors, 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 organizations (see instructions). Complete Part II of Schedule L	-	6	
Assets	7	Notes and loans receivable, net		7	
As	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			
	b	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)	509,048.	16	534,828.
_	17	Accounts payable and accrued expenses	1,036.	17	
	18	Grants payable	1,030.	18	8,883.
	19	Deferred revenue	<u> </u>	19	
	20	Tax-exempt bond liabilities	·	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	w-
S	22	Loans and other payables to current and former officers, directors,	* **	· ·	· · · · · · · · · · · · · · · · · · ·
Liabilities		trustees, key employees, highest compensated employees, and	· · · · · · · · · · · · · · · · · · ·	1	7,7
эbі		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	. <u></u> .		
		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	1,036.	26	8,883.
s		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 and			
9		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	508,012.	27	525,945.
Ba	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ŏ		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	508,012.	33	525,945.
	34	Total liabilities and net assets/fund balances	509,048.	34	534,828.

Page	1	2
		_

				<u> </u>
Par	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)		173,	
2	Total expenses (must equal Part IX, column (A), line 25)		155,	<u>490.</u>
3	Revenue less expenses. Subtract line 2 from line 1		17,	933.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		508,	012.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities	_		
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		525,	945.
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>
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ın		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 28		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	or		
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	. 2t	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	а		
	separate basis, consolidated basis, or both:			
	⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis			_
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		-	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant		:	_ <u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain	ın 👫		
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	ın		
	the Single Audit Act and OMB Circular A-133?	. 3	1	×
b				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			
		-	~m QQ	0 (2017

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

Employer identification number

Association of Legal Writing Directors Incorporated 36-4102592 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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: 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. d 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 (III) Type of organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

	(Complete only if you checked the						alify under	
Secti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests his	stea below, p	ilease comple	ete Part III.)		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(3) 201	(0) 2010	(4) 2010	(6) 2017	(1)), O.U.	
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 shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4	AIRE OF T		/				
	on B. Total Support				*···.		·	
	dar year (or fiscal year beginning ın)	(a) 2013	(b) 2014	/(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4			<i>;</i> ′				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on	j	1					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for the							
C4	organization, check this box and stop he		<u> </u>	<u></u>	<i></i>		> 🗀	
	on C. Computation of Public Suppor	<u>-</u>		4 1 (0)	····			
14 15	Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch			1, column (f))		15	<u>%</u>	
16a	33 ¹ / ₃ % support test—2017. If the organi							
	box and stop here. The organization qua	lifies as a publ	cly supported	organization			▶ □	
b	331/3% support test—2016. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	Sa, and line 15	ıs 33 ¹ /3% or n	nore, check	
17a								
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c ts-and-circums	orcumstances stances" test.	" test, check	this box and	stop here.	
18	Private foundation. If the organization die	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see	
	instructions						🕨 🔲	

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

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

(Complete only if you checked the box on line 10 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			,	<u></u>	,	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		~ -				
	received. (Do not include any "unusual grants.")	20,100.	17,850.	34,495.	16,550.	54,329.	143,324.
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	138,388.	32,282.	115,585.			286,255.
3	Gross receipts from activities that are not an	130,300.	32,202.	113,303.			200,233.
_	unrelated trade or business under section 513	6,571.	8,883.	9,766.			25,220.
4	Tax revenues levied for the	0,371.	8,883.	3,780.			23,220.
7	organization's benefit and either paid to						
	or expended on its behalf		ļ		ļ		
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	165,059.	<u> </u>	150 046	16 550	F4 330	4E4 700
	Amounts included on lines 1, 2, and 3	103,039.	59,015	159,846.	16,550.	54,329.	454,799.
14	received from disqualified persons .				ļ		
	·						
D	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	i					
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		·	3			
•	line 6.)	·	,	٠,	.	* .	454 700
Secti	on B. Total Support		***		``	<u>,</u>	454,799.
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	165,059.	59,015	159,846.	16,550.	54,329.	454,799.
10a	Gross income from interest, dividends,	103,033.	35,013	139,040.	10,550.	34,329.	<u> </u>
	payments received on securities loans, rents,	į					
	royalties, and income from similar sources	3,186.	3,288.	3,313.			9,787.
b	Unrelated business taxable income (less	3,100.	3,200.	3,313.1			
~	section 511 taxes) from businesses						
	acquired after June 30, 1975		l				
С	Add lines 10a and 10b	_3,186.	3,288.	3,313.			9,787.
11	Net income from unrelated business	3,130.	3,200.	3,7313.			
	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.)	168,245.	62,303	163,159.	16,550.	54,329.	464,586.
14	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax ye		n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2017 (line	B, column (f) dı	vided by line 1	3, column (f))		15	97.89 %
16	Public support percentage from 2016 Sch	nedule A, Part I	II, line 15 .			16	96.33 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2017 (17	2.11 %
18	Investment income percentage from 2016					18	3.67 %
19a	331/3% support tests-2017. If the organ						%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organize						
	line 18 is not more than 331/3%, check this i		_				
20	Private foundation. If the organization di	d not check a t	oox on line 14,	, 19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	. Ali	Supporting	Organizations
-----------	-------	------------	---------------

Sect	ion A. All Supporting Organizations			
			Yes	No
1	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 by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		-
2	Did the organization have any supported organization that does not have an IRS determination of status 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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	_	_
b	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			
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	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.	4b		
С	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)(B) purposes.		*	
5a	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 EIN 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).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a 	<u> </u>	-
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	 	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		»	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	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 or 990-EZ)	8	f	
9a	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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9a 9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	- 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	102		

10a

10b

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)

Part	Supporting Organizations (continued)					
			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				
	my manufactured in (a) abovo;	11b				
C	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				
Secti	on B. Type I Supporting Organizations					
_			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to					
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the					
	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,					
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported					
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.					
•		1		<u> </u>		
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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.					
Secti	on C. Type II Supporting Organizations	2		L		
Jecti	on o. Type it Supporting Organizations					
1	Word a majority of the organization's discrete as the state of the sta		Yes	No		
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		İ			
	or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s).	1				
Secti	on D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	140		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax					
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the					
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		7,364,3	3 1		
	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		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			0		
	significant voice in the organization's investment policies and in directing the use of the organization's		\$			
	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.	****** -				
0 1:		_ 3				
Secti	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 i	nstru	ction	s).		
а	☐ The organization satisfied the Activities Test. Complete line 2 below.					
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.					
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın	struct	ions).		
2	Activities Test. Answer (a) and (b) below.					
a			Yes	140		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify					
	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					
	that these activities constituted substantially all of its activities.	2a				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-Ca				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the					
	reasons for the organization's position that its supported organization(s) would have engaged in these					
	activities but for the organization's involvement	2b		J		
3	Parent of Supported Organizations. Answer (a) and (b) below.					
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
	trustees of each of the supported organizations? Provide details in Part VI.	3a				
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.	3b				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 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	\$ A	
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 in	tegrated Type III support	ting organization (see

Schedule A (Form 990 or 990-EZ) 2017

Par		3) Supporting Organ	izations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		Guirent Tear
2	Amounts paid to perform activity that directly furthers ex	orted	 	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	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		ch the organization is rec	20000000	
	(provide details in Part VI). See instructions.	on the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		 	
		 	/::\	(1)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
_ g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			<u> </u>
i	Carryover from 2012 not applied (see instructions)	*		4
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from	*	* * * * * * * * * * * * * * * * * * * *	
	Section D, line 7:		*	
a	Applied to underdistributions of prior years	,	<u> </u>	* *
b	Applied to 2017 distributable amount	<u> </u>		
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if	<u> </u>		
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			;
6	Remaining underdistributions for 2017. Subtract lines 3h		-	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j	<u></u>		
	and 4c.			!
8	Breakdown of line 7			i
a	Excess from 2013			
<u>-</u>	Excess from 2014			
	Excess from 2015			and the same of th
d	Excess from 2016			
_ _	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
•							
	······································						
	······································						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	ociation of Legal Writing Director	36-4102592	
Par			
	Complete if the organization answered		·, · · · · · · · · · · · · · · · · · ·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year	L	
5	Did the organization inform all donors and dono		
_	funds are the organization's property, subject to ti		
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
Par		<u> </u>	· · · · · · L Yes L No
Far		"Voo" on Form 000 Bart IV line 7	
	Complete if the organization answered		·
1	Purpose(s) of conservation easements held by the		f a brokewaally respondent land avan
	☐ Preservation of land for public use (e.g., recrea ☐ Protection of natural habitat	· ·	of a nistorically important land area of a certified historic structure
	Preservation of open space	☐ Preservation c	a certined historic structure
2	Complete lines 2a through 2d if the organization h	aeld a qualified consequation contributi	on in the form of a conservation
_	easement on the last day of the tax year.	iola a qualmea conservation contribut	Held at the End of the Tax Year
а	Table of the same		2a
b	Total acreage restricted by conservation easemer		
c	Number of conservation easements on a certified		
ď	Number of conservation easements included in		
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or ter	minated by the organization during the
	tax year ▶	·	
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy re-		
	violations, and enforcement of the conservation e	asements it holds?	· · · · · · Yes . No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	-		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
•	> \$	849	4700 (4)(0)(0)
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements o	
_			· · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports		•
	balance sheet, and include, if applicable, the text organization's accounting for conservation easem		nancial statements that describes the
Part			r Other Similar Assets
	Complete if the organization answered		
1a	If the organization elected, as permitted under SI		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts rela	ting to these items:	
	(i) Revenue included on Form 990, Part VIII, line		. > \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of ar	t, historical treasures, or other simila	r assets for financial gain, provide the
	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these	items.
а			
b	Assets included in Form 990, Part X		▶ \$

∘Parl	III Organizations Maintaining							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	ds, chec	k any of the	e follow	ving that are a	significant use of it
а	☐ Public exhibition		d	☐ Loan	or exchange	e progr	rams	
b	Scholarly research		е	☐ Othe	r			
С	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	tion's collections a	and expla	ain how t	hey further t	the org	anızatıon's ex	empt purpose in Pa
5	During the year, did the organization							
	assets to be sold to raise funds rather		ained as p	oart of th	e organizatio	on's co	llection? .	· 🔲 Yes 🗌 No
Pari	IV Escrow and Custodial Arra		_					
	Complete if the organization 990, Part X, line 21.			ŕ	·			
1a								
	included on Form 990, Part X?							· U Yes U N
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing t	able.	_		Amount
	Beginning balance					10	 	Amount
d d	Additions during the year					1c	+	
e	Distributions during the year					1e		 _
f	Ending balance					1f		
2a	Did the organization include an amour							ity? 🗌 Yes 🗎 N
b	If "Yes," explain the arrangement in Pa							•
Par	t V Endowment Funds.							
	Complete if the organization							
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance	<u></u>	<u> </u>		ļ			
b	Contributions		ļ					
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs		ļ					
f	Administrative expenses	<u> </u>						
g 2	End of year balance Provide the estimated percentage of t	bo ourront voor or	d bolone	o (lino 1 s	(a)	\\ bold		
a	Board designated or quasi-endowmer	ne current year er	06	e (iiie iç	j, column (a)	neia a	a5.	
b	Permanent endowment ▶		/0					
c	Temporarily restricted endowment ▶	·′°						
	The percentages on lines 2a, 2b, and		00%.					
3a	Are there endowment funds not in the	e possession of th	ne organı	zation th	at are held a	and ad	ministered for	the _
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" on line 3a(ii), are the related of							. 3b
4 Por	Describe in Part XIII the intended uses		on's endo	owment r	unas.			
Far	Land, Buildings, and Equip Complete if the organization		" on For	m 000 l	Dort IV line	110	Saa Earm 00	O Port V line 10
	Description of property	(a) Cost or of		_	or other basis		Accumulated	(d) Book value
		(investm			other)		epreciation	(a) Book value
1a	Land							
b	Buildings							
C	Leasehold improvements	·						
d	Equipment	·		-				-
e Takal	Other	.	00.5	<u> </u>	(0) (:: 1			
ı otal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part I	x, columi	า (<i>B), line 10</i>	rc.) .	▶	i

Part VII	Investments—Other Securities.				
	Complete if the organization answere	ed "Yes" on Forn	n 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation of-year market value
(1) Financia					
	neld equity interests				
					
(A)					
(B)					
(C)					
(D)			 _	 	
(E) (F)					
(G)				 	
(H)				 	
	b) must equal Form 990, Part X, col. (B) line 12) ▶				
Part VIII	Investments—Program Related.			<u> </u>	
	Complete if the organization answere	ed "Yes" on Forn	n 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Meth	nod of valuation of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
_(7)				ļ	
_(8)				ļ	
(9)	(1) 15 000 D 114 101 401 N			ļ	
	(b) must equal Form 990, Part X, col (B) line 13) ►				À %, . !
Part IX	Other Assets. Complete if the organization answere	od "Voo" on Forn	n 000 Part IV lin	o 11d Soo Form	000 Part V line 15
		scription	11 990, Fart IV, III	e i id. See i oilii	(b) Book value
(1)	(4,55)				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (b	3) line 15)	<u> </u>	<u> </u>	
Part X	Other Liabilities. Complete if the organization answer line 25.	ed "Yes" on Forr	n 990, Part IV, Iır	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			·
(1) Federal ı	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	41 - 15 - 000 D 14 1 511				
	(b) must equal Form 990, Part X, col (B) line 25) ▶	L. 1 (1)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	_1	ata that you arts the
	r uncertain tax positions. In Part XIII, provide to Is liability for uncertain tax positions under FIN				

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection OMB No 1545-0047 2017

Name of the organization	ganization						ш	Employer identification number
Association		of Legal Writing Directors	ors Incorporated	ated	į		<u>۳</u>	36-4102592
Part	General Information on Grants and Assistance	on Grants and	Assistance					
J Doe	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	award the grants	stantiate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assis	tance, and
2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring t	he use of grant fu	nds in the United	States.	1]
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ansi 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do or any recipient	mestic Organiz	ations and Don	nestic Governm Part II can be du	ents. Complete if uplicated if additic	the organization a	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(3)								
(3)								
(4)								
(2)								
(9)								
(Z)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Ente 3 Ente	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	501(c)(3) and govrganizations listed	rernment organizar	tions listed in the l	ine 1 table			A A
For Paperwo	For Paperwork Reduction Act Notice, see the Instructions for Form BAA	see the Instruction	s for Form 990. REV 11/13/17 PRO	RO				Schedule I (Form 990) (2017)

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Schedule I (Form 990) (2017)

1 Scholarship Grants	2000	casi giali	noncash assistance	FMV, appraisal, other)	(I) Description of notices has stance
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

• Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
Association of Legal Writing Directors Incorporated	36-4102592
Pt V, Line 3b: No business related income	
Pt VI, Line 6: Dues paying members who elect the board	
Pt VI, Line 7a: Elected officials	
Pt VI, Line 7b: Elected board	
Pt VI, Line 11b: Email copy of 990	
Pt VI, Line 19: Governing and financial documents available to pu	blic
Pt VI, Line 12c: conference/reception	
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