DLN: 93493220017120 OMB No 1545-0047 Return of Organization Exempt From Income Tax 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 D Employer identification number B Check if applicable NATIONAL WRITING PROJECT □ Address change 94-3130846 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2120 UNIVERSITY AVE ☐ Amended return ☐ Application pending (510) 679-2424 City or town, state or province, country, and ZIP or foreign postal code BERKELEY, CA 947041026 G Gross receipts \$ 10,656,513 Name and address of principal officer H(a) Is this a group return for ELYSE EIDMAN-AADAHL ☐Yes **☑**No subordinates? 2120 UNIVERSITY AVE H(b) Are all subordinates BERKELEY, CA 947041026 ☐ Yes ☐No ıncluded? **✓** 501(c)(3) 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW NWP ORG L Year of formation 1990 M State of legal domicile CA Summary 1 Briefly describe the organization's mission or most significant activities FOCUSING THE KNOWLEDGE OF OUR NATION'S EDUCATORS TO IMPROVE WRITING AND LEARNING Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 11 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 8,976,808 8,505,047 Ravenua 285,354 9 Program service revenue (Part VIII, line 2g) . 596,641 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 29,363 52,542 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,291,525 9,154,230 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,616,822 3,045,720 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 3,423,370 2,290,509 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶27,693 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,619,602 3,664,211 9,659,794 9,000,440 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -368,269 153,790 Net Assets or Fund Balances Beginning of Current Year End of Year 4,450,765 4,256,176 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 815,163 470,542 Net assets or fund balances Subtract line 21 from line 20 . 3,635,602 3,785,634 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-08-06 Signature of officer Sign Here PATRICK SWEENEY DIR OF FINANCE/CFO Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-08-06 P00853132 Paid self-employed Firm's name ARMANINO LLP Firm's EIN ▶ 94-6214841 Preparer Use Only Firm's address ▶ 12657 ALCOSTA BLVD STE 500 Phone no (925) 790-2600 SAN RAMON, CA 945834600 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2	2018)				Page <b>2</b>
Pa	rt III	Statement of Program Se	ervice Accomplis	hments		
		Check if Schedule O contains a	response or note to a	any line in this Part III .		🗹
1	Briefly	describe the organization's miss		•		
		IAL WRITING PROJECT FOCUSES ) IMPROVE WRITING AND LEARN			SHIP OF OUR NATION'S EDUCATO	RS ON SUSTAINED
2	Dıd th	ne organization undertake any sig	nıfıcant program ser	vices during the year wh	nich were not listed on	
	the pr	or Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Ye:	s," describe these new services o	n Schedule O			
3	Did th	ie organization cease conducting,	or make significant	changes in how it condu	cts, any program	
		es?				☐ Yes ☑ No
4	Descr Section	be the organization's program se	ervice accomplishmer lizations are required	to report the amount o	largest program services, as measu f grants and allocations to others, t	
4a	(Code	) (Expenses \$	8.224.725	including grants of \$	3,045,720 ) (Revenue \$	596,641 )
	•	dditional Data	-,,,			
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d		program services (Describe in Senses \$	chedule O ) ıncludıng grants of	\$	) (Revenue \$	)
4e	Total	program service expenses ▶	8,224,7	25		

Form	990 (2018)			Page <b>3</b>
Pa	tiV 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No 
	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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8		No
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		No
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		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		No No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No No
	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		No
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		No
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		No
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		No
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	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_ <del>_</del>
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	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22		No.

column (A), line 27 If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

Part V, line 1 .

37

Part V

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

				, age
Pai	tiv Checklist of Required Schedules (continued)			
			Yes	No
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	Yes	
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		No
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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		No
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
24	Was the organization related to any tax-event or taxable entity? If "Vec." complete Schedule P. Port II. III. or TV. and			

Dage 4

34

35a

35b

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37

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129

0

1a

1b

Yes

Yes

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Nο

Nο

Nο

Nο

No

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . Section 501(c)(7) organizations. Enter

a 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 11 Section 501(c)(12) organizations. Enter

**b** Gross income from other sources (Do not net amounts due or paid to other sources

a Gross income from members or shareholders . 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O 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 . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

13b 13c

10a

10b

11a

11b

12b

14a

13a

14b

15

12a

8

9a

9h

No

No

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	(2010)								rage
art	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedic Check if Schedule O contains a response or note to any line in this Part VI	lule O	See ins	truction	s		•		lines ✓
Sec	tion A. Governing Body and Management								
								Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year	1a				12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
		ı	l						1

					163	140
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other process.			3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organ	nızatıo	n's assets?	5		No

	and the organization have local enapters, branches, or anniates.	٠. '		100	-	<del>  '''</del>
10a	Did the organization have local chapters, branches, or affiliates?			10a	<del>                                     </del>	No
			,		Yes	No
Se	ction B. Policies (This Section B requests information about policies not requi	ired b	v the Internal Reve	enue Cod	 e.)	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		No
b	Each committee with authority to act on behalf of the governing body?			. 8b	Yes	
а	The governing body?			8a	Yes	
8	$\operatorname{Did}$ the organization contemporaneously document the meetings held or written actions the following	undert	aken during the year	by		
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?			7b		No
7a	Did the organization have members, stockholders, or other persons who had the power tempers of the governing body?			ore <b>7a</b>		No
6	Did the organization have members or stockholders?			6		No
5	Did the organization become aware during the year of a significant diversion of the organization	nizatio	n's assets? .	5		No
4	$\operatorname{Did}$ the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed?	. 4		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other parts.			3		No
2	Did any officer, director, trustee, or key employee have a family relationship or a business officer, director, trustee, or key employee?		tionship with any other	er <b>2</b>		No
b	Enter the number of voting members included in line 1a, above, who are independent	1b		11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12		

	officer, director, trustee, or key employeer			INO
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Ves " did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

/ a	members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
L7	List the States with which a copy of this Form 990 is required to be filed▶			
	CA			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

# 19 State the name, address, and telephone number of the person who possesses the organization's books and records PATRICK SWEENEY DIRECTOR OF FINANCE 2120 UNIVERSITY AVE BERKELEY, CA 947041026 (510) 679-2424 20 Form **990** (2018)

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
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- organization and any related organizations
- of reportable compensation from the organization and any related organizations

• List all of the organization's <b>former director</b> organization, more than \$10,000 of reportable co List persons in the following order individual trus compensated employees, and former such person	ompensation fro stees or directoi	om the c	organ	nızatı	tion a	and an	ny re	elated organizations	s	
Check this box if neither the organization no  (A)  Name and Title	(B) Average hours per week (list any hours	Positio tha perso	on (do an one son is	(C) o not ne bo both	t che ox, u ch an		ore	(D)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee					(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) BRIAN M WONG BOARD CHAIR	2 00	×						0	0	0
(2) DAVID HOVERMAN BOARD MEMBER	2 00	x						0	0	0
(3) DIANE WAFF BOARD MEMBER (THRU 12/18)	2 00	x						200	0	0
(4) MICHAEL KANE BOARD MEMBER	2 00	x						0	0	0
(5) GEORGE HALEY BOARD MEMBER	2 00	x						0	0	0
(6) JABARI MAHIRI BOARD MEMBER	2 00	×						0	0	0
(7) ELLEN SHELTON BOARD MEMBER	2 00	х						0	0	0
(8) VIRGINIA EDWARDS BOARD MEMBER (THRU 6/19)	2 00	x						0	0	0
(9) DAVID HAHN BOARD MEMBER	2 00	×						0	0	0
(10) JULIE KIDD BOARD MEMBER	2 00	х						0	0	0
(11) LAWRENCE STRICKLING BOARD MEMBER	2 00	х						0	0	0
(12) SARAH WOODARD	2 00						Г	6,000	1	

# of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • 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 • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

0 BOARD MEMBER (13) LAURA ROOP BOARD MEMBER (START 12/18) 40 00 (14) ELYSE EIDMAN-AADAHL Х 175.966 0 58.081 Х EXECUTIVE DIRECTOR/CEO 40 00 (15) JUDY BUCHANAN Χ 129,508 0 45,073 DEPUTY DIR/CORP SEC (THRU 10/18) 40 00 (16) PATRICK SWEENEY Χ 134,728 46,899 DIR OF FINANCE/CFO 40 00 (17) TANYA BAKER Х 122.913 0 43.122 DIR NAT'L PRG/CORP SEC(START 10/18) Form 990 (2018)

(C)

(A) Name and Title	Average hours per week (list any hours	(	ne bo	ox, ι n of	t che inles ficer rust	s pers and a ee)	son	Reportable compensation from the organization (W-	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(18) LINDA FRIEDRICH	40 00					Х		132,959	0	45,847
DIR RESEARCH & EVAL (THRU 3/19)		••••						132,333		15,517
1b Sub-Total					•	•				
c Total from continuation sheets to Part V					•	•				
d Total (add lines 1b and 1c)					•	•		702,274	0	239,022

C	otal Irom col	itiliuation Sil	eets	נט ר	an v	п, эе	CLIOI	IA	•	•	•	•				
d 1	Total (add line	es 1b and 1c)											f	•	702,274	
2		of individuals compensation	•		•				thos	se l	ıste	d ab	oove) ı	who	o received more than	\$100

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

line 1a? If "Yes," complete Schedule J for such individual . . .

**Section B. Independent Contractors** 

compensation from the organization ▶ 1

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

(R)

**( \( \)** 

3

4

5

SRI INTERNATIONAL INC

MENLO PARK, CA 940252767

PO BOX 2767

1b Sub-Total					<b>&gt;</b>	•						
c Total from continuation sheets to Part VI	c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)				1	<b>&gt;</b>	·		702,274	0	239,022		
Total number of individuals (including but of reportable compensation from the organisms)		hose lis	sted a	abov	e) w	ho red	ceive	ed more than \$100	),000			

Yes

Yes

3

4

5

(B)

Description of services

CONSULTING & RESEARCH

No

Nο

Nο

1,167,058

(C)

Compensation

Form 990 (2018)

Part		Statement of	Revenue									rage <b>3</b>
		Check if Schedul	e O contains	a respo	onse or note to an	y line in this	Part VIII					🗆
						(A) Total rev	enue	Rela ex fur	( <b>B)</b> ated or empt action	(C) Unrelate busines revenu	ss	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a				rev	/enue			512 - 514
tributions, Gifts, Grants Other Similar Amounts		<b>b</b> Membership dues		1b								
Gra nou		<b>c</b> Fundraising events		1c								
ts, I		<b>d</b> Related organizatio	ns	1d								
Gif ila		e Government grants (co		1e	7,908,451							
ns, Sim		f All other contributions,	, gıfts, grants,									
er (		and similar amounts no above	ot included	1f	596,596							
년 된		g Noncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a - 1f \$ h Total. Add lines 1a-	16		_							
C		II Iotal. Add lines 1a	-11	•	P		505,047			<u> </u>		T
H.	2-	PROGRAM REVENUE			Busines		5	503,275	50	3,275		+
-Ver		CONTRACT REVENUE				611710		86,850	8	6,850		
າ Ç	_	PUBLICATIONS REV				611710		6,516		6,516		1
rvic						611710						
% - -	d											
Program Service Revenue	e f	All other program se										
₽		<b>Total.</b> Add lines 2a-2			•	596,641						
		Investment income (ii			nterest, and other	r ]						
	9	sımılar amounts) .				<u> </u>	47,11	2				47,112
		Income from investme Royalties		-	·	<b>▶</b>   ▶						
	3	Royaldes	(ı) Rea	· I	(II) Personal	<u> </u>						
	6a	Gross rents			,	_						
	ı	Less rental expenses				_						
	•	, Loos Forman emporiose										
	(	Rental income or (loss)										
	ď	Net rental income o	r (loss) .     .		· · · •	$\dashv$						
			(ı) Securi	ties	(แ) Other							
	7 <i>a</i>	Gross amount from sales of	1,5	507,713								
		assets other than inventory										
	Ł	Less cost or other basis and	1.5	.02.202								
		sales expenses	1,3	502,283		_						
		Gain or (loss)  Net gain or (loss)		5,430		_	5,43	0				5,430
		Gross income from fi			<u> </u>	$\dashv$	-,					
ne		(not including \$contributions reporte		of								
Other Revenue		See Part IV, line 18			}							
Re		Less direct expense		b								
her		Net income or (loss) Gross income from g			ents 🕨	_					$\longrightarrow$	
ŏ	,,,	See Part IV, line 19		163	]							
		•     -	_	a								
		Less direct expense: Net income or (loss)		<b>b</b> activit	les •							
		aGross sales of invent	ory, less									
		returns and allowand	es	a								
	Ł	Less cost of goods s	sold	b								
	(	Net income or (loss)		invent		_ 						
	11	Miscellaneous	Revenue		Business Code	_						
	Ł	,			<u> </u>			+		+		
	c	=						1				
	_	All other revenue .				1						
		e <b>Total.</b> Add lines 11a			•							
	12	<b>2 Total revenue.</b> See	Instructions	<u>.</u> .			9,154,23	0	596,64	1	0	52,542
												Form <b>990</b> (2018)

Forr	m 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all columns to the statement of Functional Expenses	lumns All other orga	ınızatıons must comp	lete column (A)	
l	Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,045,720	3,045,720		
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, line 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	644,443	511,073	127,018	6,352
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	Other salaries and wages	1,163,701	919,324	232,740	11,637
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	154,384	121,963	30,877	1,544
	Other employee benefits	230,878	182,393	46,176	2,309
	Payroll taxes	97,103	76,711	19,421	971
	Fees for services (non-employees)				
а	a Management				
Ь	o Legal				
C	C Accounting	61,153		61,153	
	i Lobbying	18,000		18,000	
	e Professional fundraising services See Part IV, line 17				
	Investment management fees				
_	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,184,670	2,163,825	20,845	
	Advertising and promotion			40.677	
	Office expenses	82,273	41,432	40,677	164
	Information technology				
	Royalties		47.740	25.004	
	Occupancy	135,023	47,749	85,924	1,350
	Travel	971,475	943,089	28,280	106
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates	- 11 705	0.070	2.500	
	Depreciation, depletion, and amortization	11,705	9,079	2,509	117
	Insurance	17,365		17,365	
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 )				
	a PUBLICATIONS	95,465	95,465		
	b MISCELLANEOUS	86,997	66,902	16,952	3,143
	c EQUIPMENT RENTAL & SERV	85		85	

9,000,440

8,224,725

748,022

27,693

Form **990** (2018)

d

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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)

Form 990 (2018)

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to a	ny line in this Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			386,216	1	211,566
	2	Savings and temporary cash investments .		[	2,128,497	2	2,781,274
	3	Pledges and grants receivable, net			1,700,257	3	1,016,308
	4	Accounts receivable, net		[	150,363	4	143,305
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali	ited er	nployees Complete		5	
ets	7	section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L.  Notes and loans receivable, net		6			
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			42,267	9	64,533
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	95,859			
	b	Less accumulated depreciation	10b	90,073	17,492	<b>10</b> c	5,786
	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		[	25,673	15	33,404
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	4,450,765	16	4,256,176
	17	Accounts payable and accrued expenses			547,352	17	308,331
	18	Grants payable				18	

	19	Deferred revenue	267,811	19	162,211
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ap E		persons Complete Part II of Schedule L		22	
	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,		25	

815,163

2,366,912

1,268,690

3,635,602

4,450,765

26

27

28

29

30

31

32

33

34

470.542

2.899.213

886,421

3,785,634

4,256,176

Form **990** (2018)

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

26

27 28

29

30

31

32

33

34

Net Assets or Fund Balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

3b

Yes (2018)

### Additional Data

Software ID:

**Software Version:** 

EIN: 94-3130846

Name: NATIONAL WRITING PROJECT

Form 990 (2018)

#### Form 990, Part III, Line 4a:

NWP IS A NETWORK OF 172 UNIVERSITY-BASED SITES SERVING ALL 50 STATES. THE DISTRICT OF COLUMBIA. PUERTO RICO. AND THE U.S. VIRGIN ISLANDS. CO-DIRECTED BY FACULTY FROM THE UNIVERSITY AND K-12 SCHOOLS, EACH NWP SITE DEVELOPS A LEADERSHIP CADRE OF LOCAL EDUCATORS THROUGH INTENSIVE INVITATIONAL AND ADVANCED INSTITUTES TOGETHER WITH LOCAL PARTNERS, SITES DESIGN AND DELIVER CUSTOMIZED PROFESSIONAL DEVELOPMENT PROGRAMS IN THE TEACHING OF WRITING IN SCHOOLS, DISTRICTS, HIGHER EDUCATION INSTITUTIONS, LIBRARIES, MUSEUMS, AND AFTER-SCHOOL PROGRAMS THE NATIONAL WRITING PROJECT WORKS TO SUPPORT AND EXPAND THE WORK OF LOCAL SITES IN 2018, WITH FUNDING AND PROGRAM SUPPORT PROVIDED BY THE NATIONAL WRITING PROJECT, SITES RECRUITED 2,200 NEW TEACHER LEADERS THROUGH LEADERSHIP INSTITUTES AND OTHER INTENSIVE PROFESSIONAL DEVELOPMENT, WORKED WITH 2,000 SCHOOL DISTRICTS ACROSS THE NETWORK, INCLUDING PROVIDING INTENSIVE PROFESSIONAL DEVELOPMENT OF 50+ HOURS TO 1,700 SCHOOLS. AND DIRECTLY SERVED 35,000 YOUTH IN OUT-OF-SCHOOL PROGRAMS SITES OFFERED A TOTAL OF 80,000 HOURS OF FORMAL PROGRAMMING AND REACHED 6 MILLION STUDENTS IN THE CLASSROOM THROUGH WRITING PROJECT TEACHERS ACROSS THE NETWORK OVER THE MORE THAN 45 YEARS OF ITS DEVELOPMENT. THE NWP HAS CREATED A SIGNATURE MODEL OF INOUIRY-DRIVEN PROFESSIONAL DEVELOPMENT THAT INCLUDES EXAMINING BEST PRACTICES. ENGAGING IN THE DISCIPLINE UNDER STUDY, DEVELOPING STRATEGIES TO MEET THE LITERACY NEEDS OF INDIVIDUAL STUDENTS, AND LEARNING FROM RESEARCH IN THE FIELD. THE STRONG NATIONAL NETWORK OF LOCAL WRITING PROJECT SITES SERVES AS A CONSTANT SUPPORT THAT EDUCATORS CAN DRAW UPON TO ENHANCE THEIR ABILITY TO INNOVATE AND LEAD IMPROVEMENT EFFORTS BENEFITING SCHOOLS AND OTHER INSTITUTIONS AND THE YOUTH THEY SERVE NWP PROGRAMS CONTRIBUTE TO GROWTH IN STUDENT WRITING ACHIEVEMENT AS MEASURED BY INDEPENDENT EVALUATIONS SRI'S 2-YEAR RANDOM ASSIGNMENT EVALUATION FOUND CONSISTENT PROGRAM IMPLEMENTATION AND POSITIVE IMPACTS OF THE NATIONAL WRITING PROJECT'S COLLEGE-READY WRITERS PROGRAM (NOW CALLED THE COLLEGE, CAREER, AND COMMUNITY WRITERS PROGRAM) DESPITE THE CHALLENGE OF IMPLEMENTING A PROGRAM IN 22 DISTRICTS ACROSS 10 STATES DELIVERED BY 12 WRITING PROJECT SITES, CRWP WAS IMPLEMENTED WITH A HIGH DEGREE OF FIDELITY TO KEY PROGRAM COMPONENTS. TEACHERS IN CRWP DISTRICTS TOOK UP THE MATERIALS AND APPROACHES PRESENTED BY THE PROGRAM, AND AS A RESULT THE WRITING INSTRUCTION THAT STUDENTS EXPERIENCED IN TREATMENT DISTRICTS WAS SIGNIFICANTLY DIFFERENT FROM THAT IN CONTROL DISTRICTS ULTIMATELY, CRWP HAD A POSITIVE, STATISTICALLY SIGNIFICANT EFFECT ON THE FOUR ATTRIBUTES OF STUDENT ARGUMENT WRITING CONTENT, STRUCTURE, STANCE, AND CONVENTIONS, MEASURED BY THE NATIONAL WRITING PROJECT'S ANALYTIC WRITING CONTINUUM FOR SOURCE-BASED ARGUMENT. IN PARTICULAR, CRWP STUDENTS DEMONSTRATED GREATER PROFICIENCY IN THE OUALITY OF REASONING AND USE OF EVIDENCE IN THEIR WRITING

				Charity Staturganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) empt charitable	organization or trust.		2018
Department of the			► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
Name of the NATIONAL WRI	organizat	ion T					Employer identifi	cation number
D 7	D	a. D. blia	Shariba Chab				94-3130846	
Part I he organiza				<b>us</b> (All organization e it is (For lines 1 thro			see instructions.	
_		•		ssociation of churches			(A)(i).	
2 🗆	A school de	scribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ) )		
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4 🗆		esearch orga	•	ed in conjunction with			•	Enter the hospital's
		tion operated <b>iv).</b> (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in <b>section 170</b>
6 🗌	A federal, s	ate, or local	government o	governmental unit de	scribed in <b>secti</b>	on 170(b)(1)(A	۱)(v).	
· ·	section 17	0(b)(1)(A)(	vi). (Complete			-	ınıt or from the genei	al public described in
8 🗆	A communi	y trust descr	ıbed ın <b>sectio</b> ı	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
				escribed in <b>170(b)(1)</b> See instructions Enter				lege or university or a
	from activit investment	es related to income and i	its exempt fur inrelated busir	(1) more than 331/39 nctions—subject to cer ness taxable income (le omplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).	
	more public	ly supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(	
a 🗌	<b>Type I.</b> A s organizatioi	upporting org	janization opei	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
	managemei	nt of the supp		pervised or controlled in ation vested in the sar and C.				
				supporting organizatio				ated with, its
d 🗌	Type III n functionally	on-function integrated	ally integrate he organizatio	ions) You must com  d. A supporting organi  n generally must satis  rt IV, Sections A and	ization operated fy a distribution	in connection wi	th its supported orga	
e 🗌	Check this I	oox if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type I	II functionally
			on-functionally organizations	integrated supporting	organization		_	
				upported organization(				1
	ime of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Total								
	ouls Doduci	ion Act Not	ico coo the T	 nstructions for	Cat No 1128!	<u> </u>	 Schedule A (Form 9	 

JCII	edule A (101111 990 01 990-LZ) 2010						Page Z
Ρ	Support Schedule for (b)(1)(A)(ix)	_					
	(Complete only if you ch III. If the organization fo						y under Part
S	ection A. Public Support	ans to quanty an	der the tests hat	ed below, pieds	e complete ruit	111.)	
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
L	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do not	15,081,033	9,748,929	10,160,370	8,976,808	8,505,047	52,472,187
2	include any "unusual grant ")  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						
4	Total. Add lines 1 through 3	15,081,033	9,748,929	10,160,370	8,976,808	8,505,047	52,472,187
5	The portion of total contributions by each person (other than a governmental unit or publicly	13,001,033	3,740,323	10,100,370	0,570,000	0,303,047	32,472,107
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
5	<b>Public support.</b> Subtract line 5 from line 4						52,472,187
S	ection B. Total Support	·					
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	15,081,033	9,748,929	10,160,370	8,976,808	8,505,047	52,472,187
8	Gross income from interest,	13,001,033	3,740,323	10,100,370	0,570,000	0,303,047	32,472,107
	dividends, payments received on securities loans, rents, royalties and income from similar sources	4,502	7,587	16,861	31,641	47,112	107,703
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital						
11	assets (Explain in Part VI ) <b>Total support.</b> Add lines 7 through 10						52,579,890
12	Gross receipts from related activities,	etc (see instruction	ons)			12	2,082,139
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization,
	check this box and <b>stop here</b>					▶ □	
	ection C. Computation of Publi						
	Public support percentage for 2018 (In			olumn (f))		14	99 800 %
	Public support percentage for 2017 Sc					15	99 890 %
16a	33 1/3% support test—2018. If the	=			e 14 is 33 1/3% or	more, check this b	
Ь	and <b>stop here.</b> The organization qual  33 1/3% support test—2017. If th				nd line 15 is 33 1/	3% or more, check	
17a	box and <b>stop here.</b> The organization 10%-facts-and-circumstances test is 10% or more, and if the organization neets in Part VI how the organization meets	t—2018. If the order meets the "facts	ganization did not -and-circumstance	check a box on lines s" test, check this	box and stop he	<b>re.</b> Explain	▶⊔
b	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization	zation meets the "1	facts-and-circumst	ances" test, check	this box and stop	here.	▶⊔
L8	supported organization  Private foundation. If the organizati	on did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box	and see	▶□
	instructions						ightharpoons

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 3b 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 3с 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 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 4b 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)(B) purposes 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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. 6

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 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 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 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV 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		
b	A family member of a person described in (a) above?	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	<b>11</b> c		
S	ection 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 <b>Part VI</b> 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		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection 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 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?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	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 <b>Part VI identify those supported organizations and explain</b> 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 of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a 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? <i>Provide details in Part VI.</i>	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard	3h		

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E							
	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)	1						
a	Average monthly value of securities	1a						
b	Average monthly cash balances	<b>1</b> b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	<b>Discount</b> 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						
				1				

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

# **Additional Data**

## Software ID: Software Version:

**EIN:** 94-3130846

Name: NATIONAL WRITING PROJECT

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI 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)

Facts And Circumstances Test

**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

DLN: 93493220017120

• 5	Section 527 organizations Complet	te Part I-A only						
		n Form 990, Part IV, Line 4, or Form 9						_
		t have filed Form 5768 (election under s						
		t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax						
	xy Tax) (see separate instruction		() (see separate i	iisti uctioi	15) 01 1 01111 3	50-LZ, F	art V, IIII	1 <del>6</del> 330
	Section 501(c)(4), (5), or (6) organiz							
	me of the organization	·			Employer id	entificat	tion nun	nber
NAT	TONAL WRITING PROJECT							
	Commission (Cities and		- 504(-):-		94-3130846			
GI.	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a sectio	n 527 orga	nizatioi	n	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities ir	n Part IV (s	see instruction	s for defi	nition of	
2	Political campaign activity expend	litures (see instructions)			<b>&gt;</b>	\$		
3	Volunteer hours for political camp	paign activities (see instructions)						
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).					
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955		<b>&gt;</b>	\$		
2	Enter the amount of any excise ta	ax incurred by organization managers ui	nder section 4955		<b>&gt;</b>	\$		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	hıs year?				Yes	□ No
4a	Was a correction made?						Yes	□ No
b	If "Yes," describe in Part IV							
		nization is exempt under sectio	n 501(c), exc	ept secti	on 501(c)(	3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	tion activiti	es 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities							
3		es Add lines 1 and 2 Enter here and or	n Form 1120-POL.	line 17b	<b>,</b>	* —		
4	Did the filing organization file <b>For</b>		,			³ <u>—</u>	Yes	No
5			-II	احدطاء		_		
5	organization made payments For	employer identification number (EIN) of reach organization listed, enter the amo that were promptly and directly deliver	ount paid from the	filing orga	anızatıon's fun	ds Also e	enter the	
		ee (PAC) If additional space is needed,				ii as a se	parate se	egregated
	(a) Name	(b) Address	(c) EIN		ount paid from			of political
				filing of	organization's If none, enter			s received
				Tunas	-0-		nd promp ctly deliv	vered to a
					· ·		eparate p	
						orga		If none,
							enter ·	-0-
1								
2								
3								
1								
-								
5								
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 500849	S Schedule	C (Form 9	90 or 99	0-EZ) 2018

3	Total lobbying expenditures (add lines 1a and 1b)		18,000	
ı	Other exempt purpose expenditures		8,982,440	
•	Total exempt purpose expenditures (add lines 1c and	d 1d)	9,000,440	
F	Lobbying nontaxable amount Enter the amount from columns	600,022		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

**g** Grassroots nontaxable amount (enter 25% of line 1f) 150,006 h Subtract line 1g from line 1a If zero or less, enter -0-0 Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

> columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

> > (a) 2015

741,848

24,000

185,462

**(b)** 2016

735,809

24,000

183,952

(c) 2017

632,990

21,000

158,248

(d) 2018

600,022

18,000

150,006

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

2,710,669

4,066,004

87,000

677,668

1,016,502

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

#### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

5

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE D Supplemental Fina

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

(Form 990)

Department of the Treasury

Internal Revenue Service

# **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.

► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for the latest information. **DLN: 93493220017120**OMB No 1545-0047

2018

Open to Public
Inspection

	me of the organization			Employer identification number		
NA	FIONAL WRITING PROJECT			94-3130846		
Pa	ort I Organizations Maintaining Donor Advi	sed Funds or Other Sin	nilar Funds o	r Accounts.		
	Complete if the organization answered "Ye	s" on Form 990, Part IV,  (a) Donor advised		(b)Funds and other accounts		
1	Total number at end of year	(a) Donor advised	Turius	(b) unds and other accounts		
2	Aggregate value of contributions to (during year)					
- 3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		neld in donor adv	vised funds are the		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	nor advisors in writing that g		be used only for		
Pa	rt II Conservation Easements. Complete if th	ie organization answered	"Yes" on Form			
1	Purpose(s) of conservation easements held by the organ					
	Preservation of land for public use (e.g., recreation	n or education)	eservation of an	historically important land area		
	Protection of natural habitat	. □ Pre	eservation of a c	ertified historic structure		
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contrib	bution in the fori	m of a conservation  Held at the End of the Year		
а	Total number of conservation easements		1	2a		
ь	Total acreage restricted by conservation easements		-	2b		
c	Number of conservation easements on a certified historic	c structure included in (a)	ŀ	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not o	n a historic	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
4	Number of states where property subject to conservatio	n easement is located >				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, inspe	ction, handling o	of violations,		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, a	and enforcing co			
7	Amount of expenses incurred in monitoring, inspecting,  \$ \begin{align*}	handling of violations, and e	nforcing conserv	vation easements during the year		
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requirement	nts of section 17			
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the organization				
Par	the organization's accounting for conservation easement III Organizations Maintaining Collections	of Art, Historical Treas		er Similar Assets.		
<b>1</b> a	Complete if the organization answered "Ye  If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for	6 (ASC 958), not to report in public exhibition, education,	n its revenue sta or research in fi			
b	provide, in Part XIII, the text of the footnote to its finan If the organization elected, as permitted under SFAS 11	6 (ASC 958), to report in its	revenue statem			
	historical treasures, or other similar assets held for publifollowing amounts relating to these items	ic exhibition, education, or re	esearch in furthe			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
(	ii)Assets included in Form 990, Part X			<b>▶</b> \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS			ncial gain, provide the		
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
b	Assets included in Form 990, Part X			<b>▶</b> \$		

Cat No 52283D

Schedule D (Form 990) 2018

Par	3111	Organizations M	aintaining Col	lections o	f Art, I	<u> Histori</u>	cal Ti	easu	ires, or	Other	Similar A	.ssets (	contın	ued)	
3		the organization's acq (check all that apply)	juisition, accessioi	n, and other	records	, check a	any of	the fo	llowing th	at are a	sıgnıfıcant	use of it	s colle	ction	
а		Public exhibition				d		Loan	or excha	nge prog	grams				
b		Scholarly research				е		Other	r						
c		Preservation for future	e generations												
4	Provide Part	de a description of the		lections and	explain	how the	ey furth	ner the	e organiza	ation's e:	xempt purp	ose in			
5		ng the year, did the org is to be sold to raise fur									nılar	□ Ye	es	□ N-	D
Par	t IV	Escrow and Cust Complete if the or X, line 21.			" on Fo	m 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on I	Form	990,	Part
1a		e organization an agent ded on Form 990, Part		an or other	intermed	liary for	contril	oution	s or othe	assets	not	☐ Y€	es	□ N	o
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	te the fo	llowing	table		Γ			Amount			-
c		nning balance								1c					_
d	-	ions during the year								<b>1</b> d					_
е	Dıstrı	butions during the year	r							1e					_
f	Endın	ng balance								1f					_
2a	Did th	he organization include	an amount on Fc	rm 990. Par	t X. line	21. for	escrow	or cu	stodial ac	count lia	ability?		••		- n
		es," explain the arrange										_			
	rt V	Endowment Fun													
			<u> </u>	(a)Curren			rıor yea		(c)Two ye		(d)Three ye		<b>(e)</b> Fo	ur year	s back
<b>1</b> a	Beginn	ing of year balance .													
b	Contrib	outions													
c	Net inv	vestment earnings, gair	ns, and losses												
d	Grants	or scholarships	•												
		expenditures for faciliting	es												
f	Admını	strative expenses .													
g	End of	year balance													
2 a		de the estimated perce d designated or quasi-e	-	ent year end	balance	(line 1g	g, colu	mn (a)	)) held as						
b	Perm	anent endowment 🕨													
С	Temp	orarily restricted endo	wment <b>&gt;</b>												
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%										
3а		here endowment funds	not in the posses	sion of the	organiza	tion that	are h	eld an	d adminis	tered fo	r the		Г	1	
	-	nization by nrelated organizations										[3	a(i)	Yes	No
	. ,	elated organizations			• •		•		•				a(i) a(ii)		
b		es" on 3a(II), are the re		ns listed as r	equired	on Sche	dule R	· .	• •				3b		
4	Descr	ribe in Part XIII the inte	ended uses of the	organizatio	n's endo	wment f	unds						<u> </u>		
Par	t VI	Land, Buildings, Complete if the or			" on Fo	m 000	Dart	T\/ lu	no 11a	Soo Fo	rm 000 Pr	art V Ju	20.10		
	Descri	iption of property	(a) Cost or oth			or other		_			depreciation	<del> </del>	( <b>d)</b> Boo		<u> </u>
			(investme				`						-		
1a	Land		<u> </u>												
	Buildin														
		nold improvements													
		nent					9	5,859			90,073				5,786
											•				

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

Part VII	<b>Investments—Other Securities.</b> Complete if the See Form 990, Part X, line 12.				
	(a) Description of security or category (including name of security)		<b>(b)</b> Book value		Method of valuation end-of-year market value
	al derivatives				
	Tied equity interests	<u> </u>			
(A)					
[B)					
(C)					
(D)					
(E)					
F)					
(G)					
(H)					
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	<b>&gt;</b>			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	orm 990. Pa	art IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment		ok value	(c)	Method of valuation end-of-year market value
(1)				Cost of	end-or-year market value
(2)					
(3)					
(4)					
5)					
6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 13 )	•			
Γ <b>otal.</b> (Colum	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Fotal. (Colum			n 990, Part	IV, line 11d See	Form 990, Part X, line 15  (b) Book value
Part IX	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Part IX  1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Part IX  1) 2)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Total. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Total. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15  Other Liabilities. Complete if the organization a				(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability			n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) Fotal. (Column 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column  7) 8.  1) Federal (1) 2)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X  1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X  1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X  1) Fotal. (Columnary) Part X  1) Federal (1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X  1) Fotal. (Columnary) Part X  1) Federal (1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X  1) Fotal. (Columnary) Part X  1) Federal (1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Columpart X	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
Total. (Column Part IX	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

c d 2d 2e 37,790 e

2b

2c

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIII ) . . . . . . . . . . 4b b

4c

Add lines **4a** and **4b** . . . . . . . . c 5

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

Schedule D (Form 990) 2018

Part XI

b

2

c

Other (Describe in Part XIII ) . . . . . d Add lines 2a through 2d . . . . . 

3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Donated services and use of facilities . . .

Investment expenses not included on Form 990, Part VIII, line 7b . .

b

5

Return Reference

See Additional Data Table

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . . Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . Part XIII Supplemental Information

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Explanation

4a

4b

2a

2b

2c

2d

41.548

41,548

2e

3

4c

5

Page 4

9,192,020

9,154,230

9,154,230

9,041,988

41,548

9,000,440

9.000.440

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

# **Additional Data**

Software ID: Software Version:

**EIN:** 94-3130846

Name: NATIONAL WRITING PROJECT

# **Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	NWP IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CO DE AND IS A CALIFORNIA TAX-EXEMPT ORGANIZATION ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS NWP HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2019 AND 2018, IT DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A LIABILITY WOULD BE NECESSARY AS OF SE PTEMBER 30, 2019, TAX YEARS THAT HAVE BEEN FILED, BUT REMAIN SUBJECT TO EXAMINATION INCLUD E 2015, 2016, 2017, AND 2018

DLN: 93493220017120 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number NATIONAL WRITING PROJECT 94-3130846 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

EFFECTIVENESS, DISSEMINATE SUCCESSFUL PRACTICES, AND NEGOTIATE REMEDIATION, IF NEEDED

# **Additional Data**

WRITING PROJECT

1170

BUILDING

1720 2ND AVE SOUTH AB

BIRMINGHAM, AL 352940111

UNIVERSITY OF ARKANSAS AT

ARKANSAS WRITING PROJECT

FAYETTEVILLE-NORTHWEST

210 ADMINISTRATION

FAYETTEVILLE, AR 72701

Software ID: Software Version:

EIN: 94-3130846

Name: NATIONAL WRITING PROJECT

13,478

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. of non-

501(C)(3)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of cash assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM-RED MOUNTAIN	63-6005396	501(C)(3)	83,933	

71-6003252

(f) Method of valuation

(g) Description of

non-cash assistance

(h) Purpose of grant

GRANTS TO WRITING PROJECTS TO SUPPORT

LOCAL AND NATIONAL

GRANTS TO WRITING

PROJECTS TO SUPPORT

LOCAL AND NATIONAL

or assistance

PROGRAMS

PROGRAMS

(book, FMV, appraisal, other) e

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE CSUICHTOD RESEARCH 68-0386518 501(0)(3) 133 133 GRANTS TO WRITING

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

FOUNDATION-NORTHERN CALIFORNIA WRITING PROJECT 25 MAIN STREET SUITE 103 CHICO, CA 959285388	66-6366316	301(0)(3)	133,133			PROJECTS TO SUPPORT LOCAL AND NATIONAL PROGRAMS
SAN JOSE STATE UNIVERSITY	94-6017638	501(C)(3)	15,000		1	GRANTS TO WRITING

JOSE AREA WRITING PROJECT LOCAL AND NATIONAL 210 N FOURTH STREET 4TH PROGRAMS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

SAN JOSE, CA 951125569

FLOOR

**(b)** EIN

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance COLORADO STATE 501(C)(3) 18,789 84-6000545 GRANTS TO WRITING LINITY EDCITY COLODADO DROJECTO TO CURRORT

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

PROJECTS TO SUPPORT

LOCAL AND NATIONAL

PROGRAMS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

AUGUSTA UNIVERSITY

1120 15TH STREET AA-2007

AUGUSTA, GA 309124810

WRITING PROJECT

(b) EIN

FORT COLLINS, CO 805232002 AUGUSTA UNIVERSITY-	58-6002053	501(C)(3)	15,000		GRANTS TO WRITING
STATE UNIVERSITY WRITING PROJECT 2002 CAMPUS DELIVERY					LOCAL AND NATIONAL PROGRAMS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 82-0290701 115(1) 67,491 IGRANTS TO WRITING BOISE STATE UNIVERSITY-

GRANTS TO WRITING

IPROJECTS TO SUPPORT

LOCAL AND NATIONAL

PROGRAMS

BOISE STATE UNIVERSITY				PROJECTS TO SUPPORT
WRITING PROJECT				LOCAL AND NATIONAL
1910 UNIVERSITY DRIVE - MS				PROGRAMS
1135				
BOISE, ID 837251135				

15,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

INDIANA UNIVERSITY-

HOOSIER WRITING PROJECT

980 INDIANA AVE ROOM 2232

INDIANAPOLIS, IN 462022915

35-6001673

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 61-1029626 501(C)(3) 446,000 UNIVERSITY OF LOUISVILLE GRANTS TO WRITING

(f) Method of valuation

(g) Description of

(h) Purpose of grant

LOUISVILLE WRITING PROJE 300 EAST MARKET STREET SUITE 300 LOUISVILLE, KY 402021959					LOCAL AND NATIONAL PROGRAMS
MOREHEAD STATE	61-1014029	115(1)	13,741		GRANTS TO WRITING

PROJECTS TO SUPPORT UNIVERSITY-MOREHEAD LOCAL AND NATIONAL WRITING PROJECT 901 GINGER HALL PROGRAMS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

MOREHEAD, KY 403511689

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

UNIVERSITY OF MASSACHUSETTS BOSTON- BOSTON WRITING PROJECT 100 MORRISSEY BLVD BOSTON, MA 021253393	04-3167352	115(1)	15,000		GRANTS TO WRITING PROJECTS TO SUPPORT LOCAL AND NATIONAL PROGRAMS

PROGRAMS

52-6002033 170(C)(1) 28,081 IGRANTS TO WRITING TOWSON UNIVERSITY-MARYLAND WRITING PROJECT PROJECTS TO SUPPORT 8000 YORK ROAD LOCAL AND NATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TOWSON, MD 212520001

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance UNIVERSITY OF MARYLAND-52-6002033 170(C)(1) 15.000 GRANTS TO WRITING UNIVERSITY OF MARYLAND PROJECTS TO SUPPORT WRITING PROJECT LOCAL AND NATIONAL

(f) Method of valuation

(a) Description of

(h) Purpose of grant

GRANTS TO WRITING

PROJECTS TO SUPPORT

LOCAL AND NATIONAL

PROGRAMS

PROGRAMS

DRIVE
COLLEGE PARK, MD
207425141

EASTERN MICHIGAN
UNIVERSITY-EASTERN
MICHIGAN WRITING PROJECT

115(1)
102,737

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

3112 LEE BUILDING 7809

REGENTS

200 BOONE HALL

YPSILANTI, MI 48197

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 38-6007327 170(C)(1) 14.488 WESTERN MICHIGAN GRANTS TO WRITING UNIVERSITY-THIRD COAST PROJECTS TO SUPPORT

(f) Method of valuation

(a) Description of

(h) Purpose of grant

PROGRAMS

WRITING PROJECT LOCAL AND NATIONAL 1903 W MICHIGAN AVE MS PROGRAMS 5425 KALAMAZOO, MI 490085425 NORTH CENTRAL MICHIGAN 38-1586760 STATE COMMUNITY 20,000

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

1515 HOWARD STREET

PETOSKEY, MI 49770

**(b)** EIN

GRANTS TO WRITING COLLEGE-TOP-OF-THE-MITT COLL IPROJECTS TO SUPPORT WRITING PROJECT LOCAL AND NATIONAL

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance UNIVERSITY OF MISSOURI-43-6003859 115(1) 123,095 GRANTS TO WRITING COLUMBIA-MISSOURI PROJECTS TO SUPPORT WRITING PROJECT LOCAL AND NATIONAL

(f) Method of valuation

(g) Description of

(h) Purpose of grant

PROGRAMS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

115 BUSINESS LOOP 70W

MISSISSIPPI STATE, MS

39762

MIZZOU NORTH ROOM 501 COLUMBIA, MO 652110001					
MISSISSIPPI STATE UNIVERSITY-MSU WRITINGTHINKING PROJECT PO BOX 6156 133 ETHEREDGE HALL 449 HARDY RD	64-6000819	501(C)(3)	105,000		GRANTS TO WRITING PROJECTS TO SUPPORT LOCAL AND NATIONAL PROGRAMS

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 64-6000818 501(C)(3) 104,094 GRANTS TO WRITING UNIVERSITY OF SOUTHERN

(f) Method of valuation

(g) Description of

(h) Purpose of grant

PROJECTS TO SUPPORT LOCAL AND NATIONAL

PROGRAMS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

MISSISSIPPI-SOUTH MISSISSIPPI WRITING PROJECT 118 COLLEGE DRIVE 5157 HATTIESBURG, MS 394060001					PROJECTS TO SUPPORT LOCAL AND NATIONAL PROGRAMS
UNIVERSITY OF MISSISSIPPI-	64-6001159	501(C)(3)	43,308		GRANTS TO WRITING

UNIVERSITY OF MISSISSIPPI WRITING PROJECT

UNIVERSITY, MS 386771848

113 FALKNER

(a) Name and address of

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 115(1) 23,970 GRANTS TO WRITING MONTANA STATE UNIVERSITY-81-6010045 YELLOWSTONE WRITING PROJECTS TO SUPPORT PRO1FCT LOCAL AND NATIONAL

(f) Method of valuation

(g) Description of

(h) Purpose of grant

309 MONTANA HALL PO BOX
172470
BOZEMAN, MT 597172470

ALAMANCE COMMUNITY
COLLEGE FOUNDATIONPIEDMONT VOICES WRITING
PROJECT
PROGRAMS

PROGRAMS

GRANTS TO WRITING
PROJECTS TO SUPPORT
LOCAL AND NATIONAL
PROGRAMS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

PO BOX 8000 GRAHAM, NC 27253

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance NORTH DAKOTA STATE 45-6002439 170(C)(1) 88,515 GRANTS TO WRITING UNIVERSITY-RED RIVER PROJECTS TO SUPPORT VALLEY WRITING PROJECT LOCAL AND NATIONAL NDSU DEPT 4000 PO BOX PROGRAMS 6050

FARGO, ND 581086050 79,446 UNIVERSITY OF NEBRASKA-47-0049123 501(C)(3) NEBRASKA WRITING PROJECT 151 PREM S PAUL RESEARCH CENTER 2200 VINE STREET PO BOX

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GRANTS TO WRITING PROJECTS TO SUPPORT LOCAL AND NATIONAL PROGRAMS 830861 LINCOLN, NE 685830861

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance UNIVERSITY OF ROCHESTER-16-0743209 501(C)(3) 19,162 GRANTS TO WRITING GENESEE VALLEY WRITING PROJECTS TO SUPPORT

(f) Method of valuation

(g) Description of

(h) Purpose of grant

PRO1FCT LOCAL AND NATIONAL 518 HYLAN BUILDING PO BOX PROGRAMS 270140 ROCHESTER, NY 146270140 STATE UNIVERSITY OF NEW 14-1368361 501(C)(3) 35,000 GRANTS TO WRITING

YORK COLLEGE AT ONEONTA-PROJECTS TO SUPPORT LEATHERSTOCKING WRITING LOCAL AND NATIONAL PRO PROGRAMS 35 STATE STREET

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

ALBANY, NY 12207

(book, FMV, appraisal, non-cash assistance organization ıf applıcable grant cash or assistance or government other) assistance 13-1988190 501(C)(3) 20,000 IGRANTS TO WRITING RESEARCH FOUNDATION OF

(f) Method of valuation

(g) Description of

(h) Purpose of grant

LOCAL AND NATIONAL

PROGRAMS

(d) Amount of cash

CUNYLEHMAN COLLEGE-NEW YORK CITY WRITING PROJECT 230 WEST 41ST STREET 7TH FLOOR NEW YORK, NY 100367207					PROJECTS TO SUPPORT LOCAL AND NATIONAL PROGRAMS
MIAMI UNIVERSITY-OHIO WRITING PROJECT	31-0896402	501(C)(3)	86,000		GRANTS TO WRITING PROJECTS TO SUPPORT

WRITING PROJECT 102 ROUDEBUSH HALL 501 E

(c) IRC section

**(b)** EIN

(a) Name and address of

HIGH ST

OXFORD, OH 45056

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 73-1383996 115(1) 89.869 OKLAHOMA STATE GRANTS TO WRITING UNIVERSITY-OKLAHOMA PROJECTS TO SUPPORT

(f) Method of valuation

(a) Description of

(h) Purpose of grant

STATE UNIVERSITY WRITING
PROJECT
203 WHITEHURST HALL
STILLWATER, OK 740781020

LEWIS & CLARK COLLEGE- 93-0386858 501(C)(3) 20,000

GRANTS TO WRITING

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

PORTLAND, OR 97219

**(b)** EIN

STILLWATER, OK 740781020

LEWIS & CLARK COLLEGEOREGON WRITING PROJECT
AT LEWIS & CLARK COLLEGE
0615 SW PALATINE HILL ROAD

OREGON WRITING PROJECT
OREGON WRITI

organization or government if applicable grant cash assistance (book, FMV, appraisal, other) or assistance or assistance university of 23-1352685 501(C)(3) 90,243 GRANTS TO WRITING

(f) Method of valuation

(g) Description of

(h) Purpose of grant

LOCAL AND NATIONAL

PROGRAMS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

203 KAPPA STREET SUITE 200

CLEMSON, SC 29634

PENNSYLVANIA-PHILADELPHIA WRITING PROJECT 5TH FLOOR FRANKLIN BLDG 3451 WALNUT STREET PHILADELPHIA, PA 191046205					PROJECTS TO SUPPORT LOCAL AND NATIONAL PROGRAMS
CLEMSON UNIVERSITY- UPSTATE WRITING PROJECT	57-6000254	115(1)	276,622		GRANTS TO WRITING PROJECTS TO SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance 62-6005794 170(C)(1) 133.091 GRANTS TO WRITING MIDDLE TENNESSEE STATE UNIVERSITY-MIDDLE PROJECTS TO SUPPORT TENNESSEE WRITING PROJECT LOCAL AND NATIONAL RESEARCH SERVICES BOX 124 PROGRAMS MURFREESBORO, TN 37132

MURFREESBORO, TN 37132

TENNESSEE TECHNOLOGICAL 62-0646806 501(C)(3) 15,000

GRANTS TO WRITING PROJECTS TO SUPPORT LOCAL AND NATIONAL PROJECT
BOX 5164 ONE WILLIAM L JONES DR DERRYBERRY HALL 155

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COOKEVILLE, TN 38505

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 74-1760663 115(1) 74,384 GRANTS TO WRITING TEXAS A&M UNIVERSITY -

(f) Method of valuation

(g) Description of

(h) Purpose of grant

WEST TEXAS A&M	75-6031405	170(C)(1)	15,000			GRANTS TO WRITING
CORPUS CHRISTI-COASTAL BEND WRITING PROJECT 6300 OCEAN DRIVE UNIT 5844 CORPUS CHRISTI, TX 784125844					1	PROJECTS TO SUPPORT LOCAL AND NATIONAL PROGRAMS

PROJECTS TO SUPPORT UNIVERSITY-ROUTE 66 LOCAL AND NATIONAL WRITING PROJECT 2403 RUSSELL LONG BLVD PROGRAMS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

CANYON, TX 79016

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 54-6001796 501(C)(3) 138,731 UNIVERSITY OF VIRGINIA-GRANTS TO WRITING APPAI ACHTAN WRITING DROJECTS TO SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

400 EAST UNIVERSITY WAY ELLENSBURG, WA 989267510

PROJECT 1001 NORTH EMMET ST CHARLOTTESVILLE, VA 22904					LOCAL AND NATIONAL PROGRAMS
CENTRAL WASHINGTON UNIVERSITY-CENTRAL WASHINGTON WRITING PROJECT	91-6000618	115(1)	86,000		GRANTS TO WRITING PROJECTS TO SUPPORT LOCAL AND NATIONAL PROGRAMS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 39-6006492 107(C)(1) 132.000 UNIVERSITY OF WISCONSIN-GRANTS TO WRITING MADISON-GREATER MADISON IPROJECTS TO SUPPORT LOCAL AND NATIONAL WRITING PROJECT

IORGANIZATIONS TO

SUPPORT LOCAL AND

NATIONAL PROGRAMS

21 N PARK STREET SUITE PROGRAMS 6401 MADISON, WI 537151218

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DISTRI

DISTRICT

220 MAIN STREET

EUTAW, AL 35462

GREENE COUNTY SCHOOL 63-6000909 PUBLIC SCHOOL 5.000 GRANTS TO OTHER

(a) Name and address of **(b)** EIN (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance

(f) Method of valuation

IGRANTS TO OTHER

ORGANIZATIONS TO

SUPPORT LOCAL AND NATIONAL PROGRAMS

BIG VALLEY JOINT UNIFIED	94-6002674	PUBLIC SCHOOL	5,000		GRANTS TO OTHER
SCHOOL DISTRICT		DISTRI			ORGANIZATIONS TO
PO BOX 157 400 BRIDGE ST					SUPPORT LOCAL AND
BIEBER, CA 96009					NATIONAL PROGRAMS

5.000

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

PUBLIC SCHOOL

DISTRI

94-6002674

WESTWOOD UNIFIED SCHOOL

WESTWOOD, CA 96137

DISTRICT

PO BOX 1225

(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 5.000 IGRANTS TO OTHER

(f) Method of valuation

SUPPORT LOCAL AND

INATIONAL PROGRAMS

HANSEN SCHOOL DISTRICT 82-6001325 PUBLIC SCHOOL DISTRI 550 SOUTH MAIN STREET ORGANIZATIONS TO SUPPORT LOCAL AND HANSEN, ID 83334 INATIONAL PROGRAMS

61-6001292 5.000 IGRANTS TO OTHER OHIO COUNTY SCHOOL PUBLIC SCHOOL

DISTRICT DISTRI ORGANIZATIONS TO

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

315 F UNION ST PO BOX 70

HARTFORD, KY 42347

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

ORGANIZATIONS TO

SUPPORT LOCAL AND

NATIONAL PROGRAMS

WASHINGTON COUNTY	61-6001364	PUBLIC SCHOOL	5,000		GRANTS TO OTHER
SCHOOL DISTRICT		DISTRI			ORGANIZATIONS TO
120 MACKVILLE HILL					SUPPORT LOCAL AND
SPRINGFIELD, KY 40069					NATIONAL PROGRAMS

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PUBLIC SCHOOL

DISTRI

61-6001255

MCLEAN COUNTY PUBLIC

CALHOUN, KY 42327

SCHOOLS

PO BOX 245

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

ORGANIZATIONS TO

SUPPORT LOCAL AND

NATIONAL PROGRAMS

MCCREARY COUNTY SCHOOL	61-6001376	PUBLIC SCHOOL	5,000		GRANTS TO OTHER
DISTRICT		DISTRI			ORGANIZATIONS TO
120 RAIDER WAY					SUPPORT LOCAL AND
STEARNS KY 42647					NATIONAL PROGRAMS

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PUBLIC SCHOOL

DISTRI

38-6001461

READING COMMUNITY

301 CHESTNUT STREET

READING, MI 49271

SCHOOLS

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

ORGANIZATIONS TO

SUPPORT LOCAL AND

NATIONAL PROGRAMS

	HANNIBAL SCHOOL DISTRICT #60 4650 MCMASTERS AVE HANNIBAL MO 63401	43-6001555	PUBLIC SCHOOL DISTRI					GRANTS TO OTHER ORGANIZATIONS T SUPPORT LOCAL A NATIONAL PROGRA
--	--	------------	-------------------------	--	--	--	--	--

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PUBLIC SCHOOL

DISTRI

LEAKE COUNTY SCHOOL

CARTHAGE, MS 39051

DISTRICT

111 W MAIN ST

64-6000593

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 64-6000298 PUBLIC SCHOOL 5.000 IGRANTS TO OTHER COVINGTON COUNTY DISTRI SCHOOLS ORGANIZATIONS TO PO BOX 1269 1211 SOUTH SUPPORT LOCAL AND DOGWOOD NATIONAL PROGRAMS AVENUE COLLINS, MS 39428 MADISON PUBLIC SCHOOLS 47-6004161 PUBLIC SCHOOL 5.000 GRANTS TO OTHER DISTRI PO BOX 450 lorganizations to

SUPPORT LOCAL AND NATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MADISON, NE 687480450

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 5.000 GEORGETOWN EXEMPTED 31-6000803 PUBLIC SCHOOL IGRANTS TO OTHER DISTRI VILLAGE ORGANIZATIONS TO 1043 MT ORAB PIKE SUPPORT LOCAL AND

5.000

INATIONAL PROGRAMS

IGRANTS TO OTHER

ORGANIZATIONS TO

SUPPORT LOCAL AND NATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PUBLIC SCHOOL

DISTRI

1043 MT ORAB PIKE GEORGETOWN, OH 45168 CARNEY PUBLIC SCHOOLS

CARNEY, OK 74832

PO BOX 240

73-0758135

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

ORGANIZATIONS TO

SUPPORT LOCAL AND

NATIONAL PROGRAMS

	MORRISON PUBLIC SCHOOLS PO BOX 176 MORRISON, OK 73061	73-1087840 PUBLIC SC	OOL 5,00				GRANTS TO OTHER ORGANIZATIONS TO SUPPORT LOCAL ANI NATIONAL PROGRAM
--	---	----------------------	----------	--	--	--	--

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PUBLIC SCHOOL

DISTRI

CLARENDON 02 SCHOOL

MANNING. SC 29102

DISTRICT

PO BOX 1252

57-6000708

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 5.000 COLLETON 01 SCHOOL 57-6000338 PUBLIC SCHOOL IGRANTS TO OTHER DISTRI DISTRICT ORGANIZATIONS TO

SUPPORT LOCAL AND NATIONAL PROGRAMS

213 N JEFFERTES BLVD SUPPORT LOCAL AND WALTERBORO, SC 29488

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CENTERVILLE, TN 37033

INATIONAL PROGRAMS 62-6000673 5.000 HICKMAN COUNTY SCHOOLS PUBLIC SCHOOL IGRANTS TO OTHER 115 MURPHREE AVENUE DISTRI ORGANIZATIONS TO

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(f) Method of valuation

(a) Description of

(h) Purpose of grant

SUPPORT LOCAL AND

NATIONAL PROGRAMS

BROOKS COUNTY	74-6000838	PUBLIC SCHOOL	5,000		GRANTS TO OTHER
INDEPENDENT SCHOOL		DISTRI			ORGANIZATIONS TO
DISTRICT					SUPPORT LOCAL AND
200 E ALLEN					NATIONAL PROGRAMS
FALFURRIAS, TX 78335					

DICKENSON COUNTY PUBLIC 54-6001251 PUBLIC SCHOOL 5,000

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

309 VOLUNTEER AVENUE

CLINTWOOD, VA 24228

(b) EIN

GRANTS TO OTHER SCHOOLS DISTRI ORGANIZATIONS TO

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 5.000 MABTON SCHOOL DISTRICT 91-6001604 PUBLIC SCHOOL IGRANTS TO OTHER DISTRI #120 ORGANIZATIONS TO

NATIONAL PROGRAMS

306 N MAIN ST PO BOX 37 SUPPORT LOCAL AND MABTON, WA 98935

INATIONAL PROGRAMS 39-6003688 5.000 PUBLIC SCHOOL IGRANTS TO OTHER

NIAGARA SCHOOL DISTRICT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

700 JEFFERSON AVE DISTRI ORGANIZATIONS TO NIAGARA, WI 54151 SUPPORT LOCAL AND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or aovernment assistance other) SURING PUBLIC SCHOOLS 39-6004739 PUBLIC SCHOOL 5.000 GRANTS TO OTHER IORGANIZATIONS TO

ORGANIZATIONS TO

SUPPORT LOCAL AND NATIONAL PROGRAMS

DISTRI PO BOX 158 SURING, WI 54174

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1067 EMIGRANT CREEK RD

ASHLAND, OR 97520

SUPPORT LOCAL AND INATIONAL PROGRAMS VISION OUILT 81-3482436 501(C)(3) 20.000 GRANTS TO OTHER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 20.000 BUILD CHICAGO 23-7022085 IGRANTS TO OTHER ORGANIZATIONS TO

ORGANIZATIONS TO

SUPPORT LOCAL AND

INATIONAL PROGRAMS

5100 W HARRISON STREET CHICAGO, IL 60644

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UNIVERSITY

2121 FUCLID AVE PH218

CLEVELAND, OH 44119

SUPPORT LOCAL AND INATIONAL PROGRAMS 34-0966056 501(C)(3) 20.000 IGRANTS TO OTHER CLEVELAND STATE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 91-0867691 20.000 LAKE STEVENS SCHOOL PUBLIC SCHOOL IGRANTS TO OTHER DISTRI ORGANIZATIONS TO

SUPPORT LOCAL AND NATIONAL PROGRAMS

DISTRICT 12309 22ND STREET NE LAKE STEVENS, WA 98258

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

URBANA.IL 61801

SUPPORT LOCAL AND INATIONAL PROGRAMS NCTE 37-0715886 501(C)(3) 25.000 IGRANTS TO OTHER

111 W KENYON RD ORGANIZATIONS TO

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

WASHINGTON STATE UNIVERSITY LIGHT 280 PO BOX 641060 PULLMAN, WA 991641060	91-6001108	170(C)(1)	25,092		GRANTS TO OTHER ORGANIZATIONS TO SUPPORT LOCAL AND NATIONAL PROGRAMS
UNIVERSITY OF COLORADO-	84-6000555	170(C)(1)	42,500		GRANTS TO OTHER

DENVER IORGANIZATIONS TO 1800 GRANT STREET SUITE SUPPORT LOCAL AND INATIONAL PROGRAMS 600

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DENVER, CO 80203

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

04-2103594 501(C)(3) 42.500 MASSACHUSETTS INSTITUTE IGRANTS TO OTHER OF TECHNOLOGY ORGANIZATIONS TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

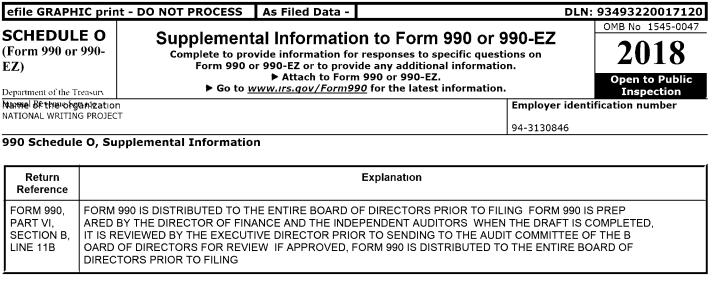
77 MASSACHUSETTS AVE SUPPORT LOCAL AND CAMBRIDGE, MA 02139 INATIONAL PROGRAMS

efil	e GRAPHIC pr	rint - DO NOT PROCESS   As Filed Data -	DLN: 9	349322	20017	120		
Sch	edule J	Compensation Information	n	OMB No	1545-	0047		
(For	n 990)	For certain Officers, Directors, Trustees, Key Employee						
		Compensated Employees ► Complete if the organization answered "Yes" on Form 99	90. Part IV. line 23.	2018				
► Attach to Form 990.								
•	ment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the la	atest information.	Open Inst	co Pui ectio			
Nar	ne of the organiza		Employer identifi					
NAI	IONAL WRITING PRO	OJECT	94-3130846					
Pa	rt I Questi	ons Regarding Compensation	<u>'</u>					
	•				Yes	No		
1a		opiate box(es) if the organization provided any of the following to or for a ection A, line 1a Complete Part III to provide any relevant information re						
			sidence for personal use					
		·	use of personal residence					
		nification and gross-up payments $\square$ Health or social club due						
	□ Discretion	nary spending account $\square$ Personal services (e.g.,	maid, chauffeur, chef)					
b		xes in line 1a are checked, did the organization follow a written policy regall of the expenses described above? If "No," complete Part III to explain	arding payment or reimburseme	nt <b>1b</b>				
2	Did the organiza	ation require substantiation prior to reimbursing or allowing expenses incu es, officers, including the CEO/Executive Director, regarding the items ch	irred by all	2	Yes			
	directors, truste	es, officers, including the CEO/Executive Director, regarding the items chi	ecked in line la?					
3		If any, of the following the filing organization used to establish the compe						
	_	EO/Executive Director Check all that apply Do not check any boxes for need organization to establish compensation of the CEO/Executive Director, it						
		ation committee   Written employment co						
		ation committee  Written employment coil ent compensation consultant  Compensation survey or						
			or compensation committee					
_			·					
4	During the year, related organiza	, did any person listed on Form 990, Part VII, Section A, line 1a, with resp ation	pect to the filing organization or	a				
а	_	ance payment or change-of-control payment?		4a	Yes			
ь		r receive payment from, a supplemental nonqualified retirement plan?		4b	103	No		
c	•	r receive payment from, an equity-based compensation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each	item in Part III					
			_					
5		), 501(c)(4), and 501(c)(29) organizations must complete lines 5- ed on Form 990, Part VII, Section A, line 1a, did the organization pay or a						
,		ontingent on the revenues of $A$ , the $A$ , and the organization pay of $A$	cerde any					
а	The organization	n <sup>7</sup>		5a		No		
b	Any related orga	anization?		5b		No		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or a ontingent on the net earnings of	ccrue any					
а	The organization	n?		6a		No		
b	Any related orga			<b>6</b> b		No		
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide escribed in lines 5 and 6? If "Yes," describe in Part III	any nonfixed	7		No		
8		nts reported on Form 990, Part VII, paid or accured pursuant to a contractivation of the contract exception described in Regulations section 53 4958-4(a)(3)						
9	If "Yes" on line 8	8, did the organization also follow the rebuttable presumption procedure o	described in Regulations section	8		No		
F F	53 4958-6(c)?	uction Act Notice, see the Instructions for Form 990.	Cat No 50053T Schedule	9	- 000)	2018		

			y Employees, and Hi					
instructions, on row (ii)	Do no	ot list any individuals that	ted on Schedule J, report t are not listed on Form 9 dividual must equal the to	90, Part VII				at individual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & incentive (iii) Other compensation reportable compensation			(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 ELYSE EIDMAN-AADAHL EXECUTIVE DIRECTOR/CEO	(i)	175,966	0	0	23,119	34,962	234,047	0
zwzestrz zwzestycze	(ii)	0	0	0	0	0	0	0
2 JUDY BUCHANAN DEPUTY DIR/CORP SEC	(i)	107,670	0	21,838	17,004	28,069	174,581	0
(THRU 10/18)	(ii)	0	0	0	0	0	0	0
3 PATRICK SWEENEY DIR OF FINANCE/CFO	(i)	134,728	0	0	18,163	28,736	181,627	0
DIR OF FINANCE/CFO	(ii)	0	0	0	0	0	0	0
4 TANYA BAKER DIR NAT'L PRG/CORP SEC	(i)	122,913	0	0	16,510	26,612	166,035	0
(START 10/18)	(ii)	0	0	0	0	0	0	0
5 LINDA FRIEDRICH	(i)	132,959	0	0	17,378	28,469	178,806	0
DIR RESEARCH & EVAL (THRU 3/19)	(ii)	0	0	0	0	0	0	0
	1							
	+							

Page <b>3</b>							
Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation						
PART I, LINE 4A	JUDY BUCHANAN RECEIVED A TOTAL SEVERANCE PAYMENT OF \$21,838, INCLUDING VACATION PAYOUT OF \$11,802 AND 1 MONTH SEVERANCE SALARY OF						

\$10,036 IN 2018 CALENDAR YEAR THE AMOUNT WAS INCLUDED ON 2018 FORM W-2 AND SCH J, PART II, COLUMN B(III)



Return Explanation
Reference

NUMBER CONFLICTO OF INTERECT BOLLOV ARRUSES TO BOARD OF DIRECTOR MEMBERS AND OFFICERS. THE

990 Schedule O, Supplemental Information

EODM OOG

FORM 990,	NWP 5 CONFLICTS OF INTEREST POLICY APPLIES TO BOARD OF DIRECTOR MEMBERS AND OFFICERS. THE
PART VI,	CONFLICTS OF INTEREST COMMITTEE IS A STANDING COMMITTEE OF THE BOARD OF DIRECTORS AND REVI
SECTION B,	EWS ANY POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS APPROPRIATE CORRECTIVE ACTION
LINE 12C	WILL BE TAKEN BY THE BOARD TO ENSURE THAT A CONFLICT OR POTENTIAL CONFLICT DOES NOT OCCUR
	ALL BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSU
	RE FORM EACH YEAR

Return Explanation
Reference

FORM 990,	TO BEGIN THE ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR, THE CHAIR OF THE BOARD DISTRIBUT
PART VI,	ES THE EXECUTIVE DIRECTOR'S SELF-REVIEW TO ALL BOARD MEMBERS THE BOARD OF DIRECTORS MEETS
SECTION B,	ANNUALLY AT THE JUNE BOARD MEETING TO COMPLETE ITS FORMAL REVIEW AND DETERMINE THE COMPEN
LINE 15	SATION OF THE EXECUTIVE DIRECTOR THE BOARD ALSO REVIEWS COMPENSATION FOR KEY EMPLOYEES, I
	NCLUDING THE TOP FINANCIAL OFFICIAL AND OTHER OFFICERS THE BOARD USES COMPARABILITY DATA
	AND CONTEMPORANEOUSLY SUBSTANTIATES THE DELIBERATION AND DECISION

Return Explanation
Reference

LINE 18

FORM 990, PART VI, SECTION C.

Return Explanation

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FORM 990,
PART VI,
SECTION C,
LINE 19

NWP'S FINANCIAL STATEMENTS ARE PUBLISHED ANNUALLY THROUGH THE DUNN & BRADSTREET WEBSITE AN DON GUIDESTAR ORG NWP ALSO PUBLISHES AN ANNUAL REPORT OF PROGRAM ACCOMPLISHMENTS AND FIN ANCIAL STATEMENTS AS A HARD COPY IF REQUESTED, AND IN SUMMARY FORM ON NWP'S WEBSITE THE GOVERNING DOCUMENTS AND POLICIES INCLUDING THE CONFLICT OF INTEREST POLICY ARE NOT SHARED WITH THE PUBLIC

Return Explanation

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FORM 990,	CONSULTING FEES PROGRAM SERVICE EXPENSES 2,163,825 MANAGEMENT AND GENERAL EXPENSES 20,84
PART IX,	5 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,184,670
LINE 11G	

Doturn

Reference	Explanation
FORM 990, PART IX, LINE 1 & SCHEDULE I, PART II	GRANT EXPENSE REPORTED ON FORM 990, PART IX, LINE 1 IS SHOWN NET OF RETURNED GRANT FUNDS F ROM PRIOR YEARS GRANTS LISTED ON SCHEDULE I, PART II ARE REPORTED GROSS FOR THE CURRENT T AX YEAR

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Return Explanation
Reference

FORM 990, PART XII, LINE 2C