efil	e Pu	blic Visu	al Render	ObjectId	: 2022229293	349301722 - Si	ubmissio	on: 202	22-10	-19	TI	N: 23-7024900		
	00	5	Re	turn of (Organizati	on Exempt	t From	n Ince	ome	Tax	(DMB No. 1545-0047		
Form	33	0	Under section	n 501(c), 527,	, or 4947(a)(1) o	of the Internal Rev umbers on this for	enue Cod	e (excej	ot priva	ate foundat	tions)	2021		
		the Treasury ue Service			,	or instructions		,	•			Open to Public Inspection		
A F	or th	e 2021 ca	alendar year,	or tax year b	eginning 01-01	-2021 , and end	ing 12-3	1-2021						
⊖ Ad		pplicable: change	C Name of organ WRITERS GUII	ization _D FOUNDATION								entification number		
	tial ret	-	Doing business as											
		n/terminated d return	Number and e	maat (an D.O. hav	, if mail is not delive	red to streat address)	Room/su	ite		E Telephon	e number			
		on pending	7000 WEST TH		t ir mail is not delive	red to street address)	Room/su	ite		(323) 7	82-4679			
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90048							G Gross re	ceints \$ 1	356 830					
		ſ	F Name and	address of prir	ncipal officer:			H(a)	Is this	a group re				
			7000 WEST T LOS ANGELES						suboro Are all	dinates? I subordinat		🗌 Yes 🗹 No		
I Ta:	x-exen	npt status:	✓ 501(c)(3)	included?						ist See i	Yes No			
J W	ebsit	te:▶ WW	W.WGFOUNDA	()() - (IIISEIT IIO.)			H(c)		exemption				
K Forr	n of or	rganization:	Corporation	Trust	Association 🗍 Ot	her 🕨		L Year o	of forma	tion: 1968	M State	of legal domicile: CA		
Pa	art I	Sum	mary											
Governance	٦	THE COMM	COMMUNITY. THROUGH ITS EDUCATIONAL EVENTS, OUTREACH PROGRAMS, LIBRARY AND ARCHIVE, THE FOL ATE AND INSPIRE WRITERS AS WELL AS PROMOTE AND PRESERVE EXCELLENCE IN WRITING FOR THE SCRE						FOUND	WRITERS TO SERVE ATION STRIVES TO				
Incel	-	2 Check this box												
									3	12				
Activities &			umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)							4	13			
MILIE			umber of individuals employed in calendar year 2021 (Part V, line 22)								5	8		
Voti			ber of voluntee				<i>.</i>				6	110		
4	7a	Total unre	lated business	revenue from	Part VIII, column	(C), line 12 .					7a	0		
	b	Net unrela	ated business taxable income from Form 990-T, Part I, line 11							7b				
									Pric	or Year		Current Year		
9	8	Contributi	ions and grants	s (Part VIII, line	e1h)		•			896,2	212	910,165		
Bevenue		5	service revenue	ι <i>γ</i>	37					115,5	585	234,964		
Rev	10	Investme	nt income (Par	t VIII, column (A), lines 3, 4, and	d7d)	•		74,977			211,701		
					nes 5, 6d, 8c, 9c,	,				1 000	774	0		
				-	•	VIII, column (A), li				1,086,7	//4	1,356,830		
						nes 1-3)					_	0		
				-		ne 4) X, column (A), line				EE4 (10	628.027		
Exp enses				, , ,	,	, ,,,	,	-		554,6	040	638,027		
B			sional fundraising fees (Part IX, column (A), line 11e)									0		
ă			tal fundraising expenses (Part IX, column (D), line 25) •44,182 ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					-		287,9	963	501,114		
		B Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)					-	-		842,6		1,139,141		
		19 Revenue less expenses. Subtract line 18 from line 1								244,1		217,689		
Net Assets or Fund Balances								Beg	inning (of Current Y		End of Year		
sset	20	Total asse	ets (Part X, line	16)						2,632,6	586	3,116,917		
ot A nd E	21	Total liabi	lities (Part X, li	ne 26)						32,1	151	366,621		
ŽĽ	22	Net asset	s or fund balan	ces. Subtract l	line 21 from line 2	20	•			2,600,5	535	2,750,296		

Part II 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.

		anature of officer					22-10-19	
Sign		inature of officer				Dat	.e	
Here	NA NA	TIE BUCKLAND Executiv be or print name and title						
	7 • 71	Print/Type preparer's		Preparer's signature		Date		PTIN
Paid	l	The preparers	lanc	Treparer 5 Signature		Ch	eck 🗌 if f-employed	P00472571
	barer	Firm's name 🕨 Boo	len Klein & Sneesby	A Professional Corp			n's EIN 🕨 6	8-0465737
	Only	Firm's address > 300	5 Douglas Blvd Ste 1	15		Ph	one no. (916	\$) 774-1040
	-		eville, CA 95661				5110 110. (510	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			,					. 🗹 Yes 🗌 No
		uss this return with t Reduction Act Noti		•	,	Cat. No.	•••	. Yes U No Form 990 (2021
	aper more					Cat. NO.	112021	FOITH 990 (2021
				Pac	je 2			
				-				
	990 (2021)							Page 2
Par		atement of Prog		-				
1		eck if Schedule O con cribe the organizatio		or note to any line i	n this Part III .			U
-		-			SERVE THE WRITH			WRITERS TO SERVE THE
COMM	UNITY. TH	ROUGH ITS EDUCATI	ONAL EVENTS, OU	JTREACH PROGRAM	S, LIBRARY AND A	ARCHIVE, THE F		N STRIVES TO EDUCATE AND
INSPI	RE WRITER	S AS WELL AS PROM	OTE AND PRESER	VE EXCELLENCE IN	WRITING FOR TH	E SCREEN.		
2	Did the or	ganization undertake	any significant pr	ogram services dur	ng the vear which	were not listed	on	
		orm 990 or 990-EZ?	, ,					🗆 Yes 🗹 No
	If "Yes," de	escribe these new se	rvices on Schedul	e O.				
3	Did the or	ganization cease cond	ducting, or make	significant changes	n how it conducts,	, any program		
	services?							. 🗌 Yes 🗹 No
	If "Yes," de	escribe these change	s on Schedule O.					
4	Section 50) organizations a	re required to repor				neasured by expenses. Iers, the total expenses,
4a	(Code:) (Exi	oenses \$	605,836 including	grants of \$) (F	evenue \$)
	FOUNDATIO NOMINATEC CONTRIBUT PERSONAL I TYPEWRITE 2014, THE L THE LIBRAR ASSESSMEN ATTENDENC REQUESTS. CALIFORNIA	N'S LARGEST AND MOS) SCRIPTS, THE LIBRARY ION TO THE ART OF FILI PAPERS OF PROMINENT RS, AWARDS, SCRAPBOO LIBRARY EXPANDED HOL IY IS SERVING MORE PA' ITS, THE LIBRARY IMPLE E. THE ARCHIVE CONTII RESEARCHERS INCLUDI	T VISIBLE PROGRAM 'SERVES AS A VALU M AND TELEVISION. WRITERS TO EARLY JOSS, AND STRIKE RE JRS TO INCLUDE EVE TRONS THAN EVER.T MENTED A NEW SYS VUES TO BE A RESOI ED SCHOLARS FROM (OF TEXAS AT AUST	, CONTAINING MORE T ABLE RESOURCE TO TH THE WRITERS GUILD F WGA PERIODICALS, PH EALIA. THE LIBRARY CA ERY SATURDAY AS WEL O AID COLLECTION DE ITEM IN GOOGLE FORM URCE TO SCHOLARS, R THE OXFORD ENGLISH	HAN 30,000 CATALOC IE COMMUNITY AND / OUNDATION ARCHIV OTOGRAPHS, VINTAC TALOGUED NEW SCR L AS AN EXTRA HOUF VELOPMENT AND MC S TO TRACK USAGE 3 ESEARCHERS, WGA N I DICTIONARY, EMER	GUED ITEMS. WITH ADVANCES THE RE (ARCHIVE) CON SE SCRIPTS, RARE IPTS, BOOKS AND INTOR METRICS F SUCH AS TITLES R MEMBERS AND THH SON COLLEGE, UN	I ITS FOCUS COGNITION FAINS UNIQU BOOKS, ANI AUDIOVISU ON TUESDA OR COLLECT EAD, MATER PUBLIC. TH IVERSITY OF	UE AND RARE ITEMS, FROM THE D OTHER EPHEMERA INCLUDING IAL MATERIALS. ON OCTOBER 1, YS, WEDNESDAYS, AND FRIDAYS. TION AND SERVICE
4b	(Code:	\ / F	anses ¢	203,036 including	grants of \$	\ /ר	avarua *	١
70	•	, , ,	penses \$ IC OUTREACHTHE FO			, ,	evenue \$ WRITERS PF) ROGRAM, AN ORAL HISTORY
	TO ESTABLI VISITING W TO ORAL HI	SH WRITING FOR FILM A RITERS PROGRAM, THE	AND TELEVISION AS FOUNDATION FACIL	LITERATURE IN ITS ON ITATES AND HOSED WO	VN RIGHT AND TO PR GAW MEMBERS TO SF	RESERVE THAT LIT	ERATURE FO NTS FROM A) FULFILL ANOTHER MAJOR GOAL: R POSTERITY. THROUGH THE ROUND THE WORLD.IN ADDITION /RITERS PROGRAM, AND OTHER
4-	(C	× /-	<i>t</i>	127.200 1 1 "		、 ·		
4c	EVENTS, TH EDUCATION PANELS. TH	AND EDUCATIONAL EVEN IE FOUNDATION OFFERS IAL EVENTS: WORKSHOP	THE COMMUNITY IN PS HELD AT THE WRI VRITING PROJECT IS	N'S EDUCATIONAL EVE ISIGHT AND EDUCATIO TERS GUILD THEATER; A VETERANS WORKS!	N ON THE CRAFT OF MULTI-NIGHT PANEL	SHOPS, SEMINARS WRITING FOR THE DISCUSSION SEF	SCREEN.TH) AKER SERIES. THROUGH THESE IE FOUNDATION HOSTS ITHER INDIVIDUAL SPEAKERS AND ITINUE THROUGHOUT THE YEAR,
4d	Other prov	gram services (Descr	ihe in Schedule O	.)				
	(Expenses			g grants of \$) (Revenue \$)
		gram service expe		946,262				

Pane 3

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A \mathfrak{B} .	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 59	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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 Rev. Proc. 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? <i>If "Yes," complete Schedule D</i> , Part I 3 .	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? <i>If "Yes," complete Schedule D, Part II</i>	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 😼	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 \mathfrak{B}	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 🔞	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? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i> 🗐	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	1
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			
b	Schedule D, Parts XI and XII 🗐	12a 12b	Yes	No
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional \mathfrak{B} Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

Form 990 (2021)

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Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III No Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," No 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and No 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year С 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? If "Yes," complete Schedule L, Part I 25a No Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and h 25b that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete No Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former 26 officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family 26 No Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 27 No 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," а 28a No A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV b 28b No A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete С No 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . No 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation No 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 No Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 No 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 No 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 34 No 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a No b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 No 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that 37 No is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. 38 All Form 990 filers are required to complete Schedule O. Yes 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V . ()Yes No **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 19 1a **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 С Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c No

https://projects.propublica.org/nonprofits/organizations/237024900/202222929349301722/full

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 5c		-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O \ldots .	14b		
15	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?	15		No

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If ites, see the instructions and hie Form 4720, Schedule N.

16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2021

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Form	990	(2021)

	990 (2021) tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	0" room	onco to	Page
Par	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-	• • •	
Se	ction A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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?	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	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		1
			Yes	No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	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 on Schedule O how this was done	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on 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?	16-		No
		16a		

٢A

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

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<u>un</u>	

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 18 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Another's website 🗹 Upon request 🗹 Other (explain in Schedule O) Own website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: 20

►KATIE BUCKLAND 7000 WEST THIRD STREET LOS ANGELES, CA 90048 (323) 782-4692

Form 990 (2021)

Page 7 Form 990 (2021) Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any. See the instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (F) (E) Name and title Position (do not check more Average Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from related from the compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual t or director q Former Officer Rey Highest compensat ampiov organizations MISC/1099-MISC/1099related Institutional below dotted NEC) NEC) organizations employee line) BB trustee Trustee ē 40.00 (1) KATIE BUCKLAND Х 135,417 0 0 Executive Dir. 0.00 0.00 (2) TOM SCHULMAN Х Х 0 VP-DEVELOPMENT 0.00 0.00 (3) MINYON MOORE Х 0 DIRECTOR 0.00 0.00 (4) ROBERT NELSON JACOBS Х Director 0.00 0.00 (5) LOUIS BLACK Х 0 DIRECTOR 0.00 0.00 (6) NAZRIN CHOUDHURY Х Director 0.00 (7) HOWARD LEITER 0.00 Х Х Secretary/TREAS 0.00 0.00 (8) LAURENCE ANDRIES Х Х 0 VP-PROGRAMMING 0.00 0.0 (9) ALFREDO BARRIOS JR 0 Х Director 0.00 0.00

https://projects.propublica.org/nonprofits/organizations/237024900/202222929349301722/full

(10) DANIEL PETRIE IR

11/23, 11:28 AM	WRITERS GL		JUNDAI	- Fuii	-	y-
		х	х			
President	0.00					
(11) TYGER WILLIAMS	0.00					
N		Х				
Director	0.00					
(12) YSHIREEN RAZACK	0.00					
		х				
Director	0.00					
(13) SALLY WILLCOX	0.00					
		Х				
DIRECTOR	0.00					

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Page 8

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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII

Name and title	(B) Average hours per week (list any hours		one b	ox, ι In of	t che unles ficer	ss pers and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) 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/1099-NEC)	2/1099- MISC/1099-NEC)	organization and related organizations
				-			-			
				-			-			
1b Sub-Total						<u></u>				
c Total from continuation sheets to P d Total (add lines 1b and 1c)			• •			- SH		135,417		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual . . .

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule 1 for such

https://projects.propublica.org/nonprofits/organizations/237024900/202222929349301722/full

Yes

3

No

No

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		4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors					
1 Complete this table for your five highest con	nensated indepen	dent contractors that	received more than	\$100.000 of com	nensation
from the organization. Report compensation					pensation
(A))	-		(B)	(C)
Name and busi	ness address		Desc	ription of services	Compensation
2 Total number of independent contractors (inclu	iding but not limite	d to those listed abo	ve) who received m	ore than \$100,000	of
compensation from the organization > 0	5		,	. ,	
					Form 990 (2021)
		Page 9			
Form 990 (2021)					Page 9
Part VIII Statement of Revenue					_
Check if Schedule O contains a resp	onse or note to an	y line in this Part VIII			🛛
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt	Unrelated business	Revenue excluded from
			function	revenue	tax under sections
			revenue		512 - 514
Federated campaigns 1a					
Contributions,					
Gifts, Grants, and Membership dues 1b					
DtherAmt					
Similar					
Arfiolitedraising events 1c					
d Related organizations 1d					
e Government grants (contributions) 1e					
f All other contributions, gifts, grants,					
and similar amounts not included 1f					
above					
910,165					
g Noncash contributions included in					
lines 1a - 1f:\$ 1g					
h Total. Add lines 1a-1f	• • 910,165				
	Business Code				
2a EVENTS INCOME		219,260	219,260		
I	711300				
OTHER INCOME		15,704	15,704		
eve	900099				
ă					
e -					
erv					
0 I					
ö ,					
<u>د</u>					
f All other program service revenue.					
g Total. Add lines 2a–2f	234,964	<u> </u>			
3 Investment income (including dividends, int					
similar amounts)		13,614			13,614
4 Income from investment of tax-exempt bon	d proceeds	0		L	1
		0			
	(ii) Demonst	U			
(i) Real	(ii) Personal				

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, <u> </u>								•
6	a Gross rents	6a	J					
b	Less: rental expenses	6b	,					
c	Rental income or (loss)	6c						
	d Net rental income	or (loss)		•	0		
	[(i) Securities		(ii) Other			
_	a Gross amount	I.	()		()	-		
	from sales of assets other than inventory	7a	198,0	087				
Ь	Less: cost or other basis and sales expenses	7b	1					
с	Gain or (loss)	7c	198,0	087				
	d Net gain or (loss)	•	· · · ·		· · •	198,087		198,087
r Revenue	a Gross income from fur (not including \$ contributions reported See Part IV, line 18 b Less: direct expense c Net income or (loss	l on l • ses	of line 1c). 81	b	•••			
	Gross income from g See Part IV, line 19	•	• • 98					
	b Less: direct expense							
	c Net income or (los	s) fr	om gaming activ	ities	►	0		
10	aGross sales of inve returns and allowa	ntor nces	ry, less	a				
	b Less: cost of goods	s sol	d 10	b				
	c Net income or (los	s) fr	om sales of inve	ntory	🕨	0		
	Miscellaneo				Business Code			
1	1a							
	b							
	c	_						
	d All other revenue	•		1				
	e Total. Add lines 11	la-1	.1d		. ►	0		
1	2 Total revenue. Se	ee in	structions					
						1,356,830	234,964	211,701 Form 990 (2021)

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Part IX	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizati	ons must complete co	lumn (A).
	Check if Schedule O contains a response or note to a	ny line in this Part IX			🗹
	clude amounts reported on lines 6b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	and other assistance to domestic organizations and stic governments. See Part IV, line 21	0			
	and other assistance to domestic individuals. See	0			
goverr	and other assistance to foreign organizations, foreign ments, and foreign individuals. See Part IV, lines 15	0			
4 Benefi	ts paid to or for members	0			

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WRITERS GOLD FO				
5 Compensation of current officers, directors, trustees, and key employees	135,417	60,937	67,709	6,771
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	343,138	315,302	10,679	17,157
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,628	36,659	7,638	2,331
9 Other employee benefits	70,314	55,280	11,518	3,516
10 Payroll taxes	42,530	33,437	6,966	2,127
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	19,000		19,000	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	204,612	204,612		
12 Advertising and promotion	33,629	31,920	803	906
13 Office expenses	4,602	3,820	460	322
14 Information technology	0			
15 Royalties	0			
16 Occupancy	111,730	92,736	11,173	7,821
17 Travel	123	102	12	9
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	42,629	42,629		
23 Insurance	12,451	4,681	7,472	298
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 0.)				
a OTHER EXPENSES	17,574	14,122	2,400	1,052
b BANK CHARGES	17,016	14,123	1,702	1,191
c REPAIRS & MAINTENANCE	10,377	10,377		
d EVENTS, SEMINARS & WORKSHOPS	9,336	9,144	192	
e All other expenses	18,035	16,381	973	681
25 Total functional expenses. Add lines 1 through 24e	1,139,141	946,262	148,697	44,182
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).				

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Page 11 -

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part IX . (A) Beginning of year **(B)** End of year 455,628 513,814 1 **1** Cash-non-interest-bearing 2 2 Savings and temporary cash investments 75,906 3 34,744 3 Pledges and grants receivable, net 4 4 Accounts receivable, net . . • • • • • • .• ~ ~~.

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	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	0
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section				6	0
s	7	Notes and loans receivable, net				7	0
ssets	8	Inventories for sale or use				8	0
Ass	9	Prepaid expenses and deferred charges		–	13,030	9	7,212
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,868,958			
	b	Less: accumulated depreciation	10b	957,957	944,157	10c	911,001
	11	Investments—publicly traded securities .			1,143,965	11	1,650,146
	12	Investments-other securities. See Part IV, line	11 .			12	0
	13	Investments-program-related. See Part IV, line	e 11 .			13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11	•			15	0
	16	Total assets. Add lines 1 through 15 (must equ	ual line	33)	2,632,686	16	3,116,917
	17	Accounts payable and accrued expenses			32,151	17	16,621
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability. Complete F	Part IV c	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	butor, c	or 35% controlled entity		22	
	23	Secured mortgages and notes payable to unrela	ited thi	rd narties		23	
	24	Unsecured notes and loans payable to unrelated				23	
	25	Other liabilities (including federal income tax, pa				25	350.000
	25	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .			32,151	26	366,621
Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck he	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions	•		2,580,535	27	2,750,296
B	28	Net assets with donor restrictions • • •	• •		20,000	28	
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds		heck here ▶ □ and 		29	
	30	Paid-in or capital surplus, or land, building or eq	Juipmer	nt fund		30	
Assets	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31	
	32	Total net assets or fund balances			2,600,535	32	2,750,296
Net	33	Total liabilities and net assets/fund balances .			2,632,686	33	3,116,917

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Page 12 ------

	XI Reconcilliation of Net Assets
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI
1 1,356,83	Total revenue (must equal Part VIII, column (A), line 12)
2 1,139,14	Total expenses (must equal Part IX, column (A), line 25)
3 217,68	Revenue less expenses. Subtract line 2 from line 1
4 2,600,53	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .
5 -67,92	Net unrealized gains (losses) on investments
6	Donated services and use of facilities
7	Investment expenses
8	Prior period adjustments
9	Other changes in net assets or fund balances (explain in Schedule O)
10 2,750,29	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))

Part XII Financial Statements and Reporting

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		_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both:	;,		
	Separate basis Consolidated basis Doth consolidated and separate basis			
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

 Form 990 (2021)
 Return to Form

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 Software Version:
 2021v4.0

Form 990, Special Condition Description:

Special Condition Description

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		he Treasury le Service	•	Go to <u>www.ir</u> s	Attach to Form s.gov/Form990 for i	990 or F
		he organiza ILD FOUNDATI				
	rt I organiz	Reason ation is not a	for Public a private four	Charity Stat	us (All organization e it is: (For lines 1 thro	is must o ough 12, o
1		A church, c	onvention of	churches, or a	ssociation of churches	described
2		A school de	escribed in se	ection 170(b)	(1)(A)(ii). (Attach Sc	hedule E
3		A hospital of	or a cooperat	ive hospital ser	vice organization desc	ribed in s
4		A medical r name, city,		inization operat	ed in conjunction with	a hospita
5				d for the benef mplete Part II.	it of a college or unive)	rsity own
6	\Box			-	r governmental unit de	
7				rmally receives (vi). (Complete	a substantial part of it e Part II.)	s support
8					n 170(b)(1)(A)(vi).	(Complet
9					escribed in 170(b)(1) See instructions. Enter	
10	~	from activit investment	ties related to income and	o its exempt fur unrelated busir	: (1) more than 331/3% nctions—subject to cer ness taxable income (lo pmplete Part III.)	tain exce
11		An organiza	ation organiz	ed and operate	d exclusively to test fo	r public s
12		more public	cly supported	l organizations	d exclusively for the b described in section 5 s the type of supportir	509(a)(1
а		organizatio	n(s) the pow		rated, supervised, or c appoint or elect a maj •	
Ь		manageme	nt of the sup	5	pervised or controlled i ation vested in the sau and C.	
С					supporting organizatio ions). You must com	
d		Type III n functionally	on-function	ally integrate The organization	d. A supporting organ on generally must satis rt IV, Sections A and	ization op fy a distr
e		Check this	box if the org	, ganization recei	ved a written determin integrated supporting	, nation fro
f				d organizations		
g		de the follow Name of supp		ion about the s (ii) EIN	upported organization((iii) Type of	(s). (iv) Is
	(1)	organization		(1) LIN	(III) type of organization (described on lines 1- 10 above (see instructions))	in your
						Yes
				-		
Tota					l	
iuld			-	tice, see the I		Cat. No

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Schedule A (Form 990) 2021

Part II Support Schedule 1 (Complete only if you If the organization fa	u checked the bo	x on line 5, 7, c	or 8 of F
Section A. Public Support			
Calendar year	(a) 2017	(b) 2018	(c)

ູດ 1	Gifts, grants, contributions, and membership fees received. (Do not			\top
2	include any "unusual grant.") Tax revenues levied for the organization's benefit and either paid			
_	to or expended on its behalf			<u> </u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge			
4	Total. Add lines 1 through 3			
5	The portion of total contributions by			
	each person (other than a			
	governmental unit or publicly supported organization) included on			
	line 1 that exceeds 2% of the amount			
	shown on line 11, column (f)			
6	Public support. Subtract line 5 from line 4.			
	ection B. Total Support	1	-	
	lendar year r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c)
7	Amounts from line 4.			
8	Gross income from interest,			
	dividends, payments received on			
	securities loans, rents, royalties and income from similar sources.			
9	Net income from unrelated business			<u> </u>
-	activities, whether or not the			
	business is regularly carried on.			<u> </u>
10	Other income. Do not include gain or loss from the sale of capital assets			
	(Explain in Part VI.).			
11	Total support. Add lines 7 through 10			
12	Gross receipts from related activities, e	etc. (see instruction	ons)	
13	First 5 years. If the Form 990 is for the	ne organization's	first, second, thi	rd, fou
	this box and stop here			
-	Section C. Computation of Public		-	<u> </u>
14	Public support percentage for 2021 (lin	, ()	,	., colur
15	Public support percentage for 2020 Sch			
16 a	33 1/3% support test-2021. If the c	-		
b	and stop here. The organization qualif 33 1/3% support test—2020. If the			
17a	box and stop here. The organization 10%-facts-and-circumstances test - and if the organization meets the "facts	-2021. If the or	ganization did n	ot chec
	meets the "facts-and-circumstances" te	est. The organizat	tion qualifies as	a publi
b		t—2020. If the o	rganization did I	not che
18	meets the "facts-and-circumstances" t Private foundation. If the organizatio			
	instructions			

Page 3 —

Schedule A (Form 990) 2021

Support Schedule for Organizations Described in Se Part III (Complete only if you checked the box on line 10 of Part the organization fails to qualify under the tests listed belo Section A. Public Support Calendar year (a) 2017 (b) 2018 (c) (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 780,433 404,412 Gross receipts from admissions, 2 merchandise sold or services 163,402 81,432

performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
Gross receipts from activities that are not an unrelated trade or

business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.

The value of services or facilities 5 furnished by a governmental unit to

	the organization without charge			
6	Total. Add lines 1 through 5	943,835	485,844	
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.)			
	ction B. Total Support			
	ndar year fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c)
9	Amounts from line 6.	943,835	485,844	
10a	Gross income from interest,		,	
104	dividends, payments received on	107.050	26.424	
	securities loans, rents, royalties and	107,350	26,424	
	income from similar sources.			
b	Unrelated business taxable income			
	(less section 511 taxes) from			
	businesses acquired after June 30,			
	1975.			
С	Add lines 10a and 10b.	107,350	26,424	
11	Net income from unrelated business			
	activities not included on line 10b,			
	whether or not the business is			
12	regularly carried on. Other income. Do not include gain			
12	or loss from the sale of capital			
	assets (Explain in Part VI.)			
13	Total support. (Add lines 9, 10c,	1 051 105	512.260	
	11, and 12.).	1,051,185		
14	First 5 years. If the Form 990 is for t	the organization's	first, second, thir	d, fc
	this box and stop here			
Se	ction C. Computation of Public	Support Perce	entage	
15	Public support percentage for 2021 (li			colı
16	Public support percentage from 2020	Schedule A, Part I	II, line 15 . . .	
Se	ction D. Computation of Invest	tment Income	Percentage	

Investment income percentage for 2021 (line 10c, column (f) divided by line 17

- Investment income percentage from 2020 Schedule A, Part III, line 17 . . . 18 19a 33 1/3% support tests-2021. If the organization did not check the box on |
- more than 33 1/3%, check this box and stop here. The organization qualifies 33 1/3% support tests-2020. If the organization did not check a box on li b
- not more than 33 1/3%, check this box and stop here. The organization qual

20 Private foundation. If the organization did not check a box on line 14, 19a,

Page 4 —

Schedule A (Form 990) 2021

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization If "No," describe in Part VI how the supported organizations are designated. describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determine described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(3c below.
- Did the organization confirm that each supported organization qualified unde b the public support tests under section 509(a)(2)? If "Yes," describe in Part V determination.
- с Did the organization ensure that all support to such organizations was used ϵ If "Yes," explain in Part VI what controls the organization put in place to ens
- Was any supported organization not organized in the United States ("foreign 4a

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checked box 12a or 12b in Part I, answer lines 4b and 4c below.

- **b** Did the organization have ultimate control and discretion in deciding whether organization? If "Yes," describe in **Part VI** how the organization had such consupervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does no 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the to the foreign supported organization was used exclusively for section 170(c)
- 5a Did the organization add, substitute, or remove any supported organizations and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the organizations added, substituted, or removed; (ii) the reasons for each such organization's organizing document authorizing such action; and (iv) how the amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organizatio organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the
- **6** Did the organization provide support (whether in the form of grants or the pr than (i) its supported organizations, (ii) individuals that are part of the charit supported organizations, or (iii) other supporting organizations that also supp organization's supported organizations? *If* "*Yes*," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar pa section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35 contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tadefined in section 4946 (other than foundation managers and organizations c provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in which the supporting organization also had an interest? If "Yes," provide d
- **10a** Was the organization subject to the excess business holdings rules of section certain Type II supporting organizations, and all Type III non-functionally inte answer line 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use the organization had excess business holdings).

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Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following
- a A person who directly or indirectly controls, either alone or together with pergoverning body of a supported organization?
- **b** A family member of a person described on 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If ")

Section B. Type I Supporting Organizations

- Did the officers, directors, trustees, or membership of one or more supported appoint or elect at least a majority of the organization's directors or trustees describe in **Part VI** how the supported organization(s) effectively operated, s activities. If the organization had more than one supported organization, des remove directors or trustees were allocated among the supported organizatic applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization otl operated, supervised, or controlled the supporting organization? If "Yes," exp. carried out the purposes of the supported organization(s) that operated, supported, supported organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax yea each of the organization's supported organization(s)? If "No," describe in **Par** supporting organization was vested in the same persons that controlled or m.

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the latax year, (i) a written notice describing the type and amount of support provi Form 990 that was most recently filed as of the date of notification, and (iii) documents in effect on the date of notification, to the extent not previously p
- 2 Were any of the organization's officers, directors, or trustees either (i) appoir organization(s) or (ii) serving on the governing body of a supported organiza organization maintained a close and continuous working relationship with the
- **3** By reason of the relationship described in line 2 above, did the organization's voice in the organization's investment policies and in directing the use of the during the tax year? *If "Yes," describe in Part VI the role the organization's* :

Section E. Type III Functionally-Integrated Supporting Organiza

- 1 Check the box next to the method that the organization used to satisfy the Ir
 - **a** The organization satisfied the Activities Test. Complete **line 2** below.
 - **b** \square The organization is the parent of each of its supported organizations.
 - c 🗌 The organization supported a governmental entity. Describe in Part V
- 2 Activities Test. Answer lines 2a and 2b below.
 - a Did substantially all of the organization's activities during the tax year directly supported organization(s) to which the organization was responsive? If "Yes, organizations and explain how these activities directly furthered their exert responsive to those supported organizations, and how the organization determines substantially all of its activities.
 - **b** Did the activities described on line 2a, above constitute activities that, but fo of the organization's supported organization(s) would have been engaged in? *the organization's position that its supported organization(s) would have engorganization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - **a** Did the organization have the power to regularly appoint or elect a majority (the supported organizations?*If "Yes" or "No", provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policie supported organizations? *If "Yes," describe in Part VI. the role played by the*

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18/29

Schedule A (Form 990) 2021

h

1	Check here if the organization satisfied the Integral Part Test as a qual instructions. All other Type III non-functionally integrated supporting
	Section A - Adjusted Net Income
1	Net short-term capital gain
2	Recoveries of prior-year distributions
3	Other gross income (see instructions)
4	Add lines 1 through 3
5	Depreciation and depletion
6	Portion of operating expenses paid or incurred for production or collection of income or for management, conservation, or maintenance of property held for production of income (see instructions)
7	Other expenses (see instructions)
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)
	Section B - Minimum Asset Amount
1	Aggregate fair market value of all non-exempt-use assets (see instructions for tax year or assets held for part of year):
	Average monthly value of securities
а	Average monthly value of securities
	Average monthly cash balances
b	
b c	Average monthly cash balances
b c d	Average monthly cash balances Fair market value of other non-exempt-use assets
b c d	Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors

4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount instructions).

5 Net value of non-exempt-use asse	ets (subtract line 4 from line 3)
------------------------------------	-----------------------------------

6 Multiply line 5 by 0.035

7 Recoveries of prior-year distributions

8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

- Adjusted net income for prior year (from Section A, line 8, Column A)
 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emerg temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-funct instructions)

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Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Suppo Section D - Distributions

1 Amounts paid to supported organizations to accomplish exempt purposes

- 2 Amounts paid to perform activity that directly furthers exempt purposes of sup excess of income from activity
- 3 Administrative expenses paid to accomplish exempt purposes of supported org
- 4 Amounts paid to acquire exempt-use assets
- 5 Qualified set-aside amounts (prior IRS approval required provide details in P
- 6 Other distributions (describe in Part VI). See instructions
- 7 Total annual distributions. Add lines 1 through 6.
- 8 Distributions to attentive supported organizations to which the organization is details in **Part VI**). See instructions
- **9** Distributable amount for 2021 from Section C, line 6

10 Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributio
1 Distributable amount for 2021 from Section C, line 6	
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.	
3 Excess distributions carryover, if any, to 2021:	
a From 2016	
b From 2017	
c From 2018	
d From 2019	
e From 2020	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2021 distributable amount	
 Carryover from 2016 not applied (see instructions) 	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4 Distributions for 2021 from Section D, line 7:	
\$	
a Applied to underdistributions of prior years	
b Applied to 2021 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to	

2021, if any. Subtract lines 3g and 4a from line 2.

If the amount is greater than zero, explain in **Part VI**.

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		See instructions.				т. r.	
(5	Remaining underdistri lines 3h and 4b from than zero, <i>explain in</i>	lir	ne 1	. If	f the amount is greater	
		Excess distributions 3j and 4c.	5 Ci	arr	yo	ver to 2022. Add lines	
-	3	Breakdown of line 7:					
	а	Excess from 2017.	•	•	•		
_	b	Excess from 2018.	•	•	•		
_	С	Excess from 2019.	•				
_	d	Excess from 2020.		•	•		
_	е	Excess from 2021.				•	

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Schedule A (Form 990) 2021

Supplemental Information. Provide the explanations required by Pr Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. A Part VI instructions)

	Facts And Circumstanc
Return Reference	

Additional Data

Software ID: 21

Software Version: 20

efile Public Visual Rer	der ObjectId: 202222929349301722 - Submission
Schedule B	Schedule of Con
(Form 990) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990- Go to <u>www.irs.gov/Form990</u> for t
Name of the organization WRITERS GUILD FOUND	
Organization type (che	eck one):
Filers of:	Section:
Form 990 or 990-EZ	□ 501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not
	□ 527 political organization
Form 990-PF	\Box 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust trea
	\Box 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule Note:**Only a section 501(c)(7), (8), or (10) organization can check boxes for t

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received money or other property) from any one contributor. Complete Parts I contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule received from any one contributor, during the year, total contributions 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I an
- For an organization described in section 501(c)(7), (8), or (10) filing F during the year, total contributions of more than \$1,000 exclusively for purposes, or for the prevention of cruelty to children or animals. Comp
- □ For an organization described in section 501(c)(7), (8), or (10) filing F during the year, contributions *exclusively* for religious, charitable, etc., If this box is checked, enter here the total contributions that were rece purpose. Don't complete any of the parts unless the **General Rule** ap religious, charitable, etc., contributions totaling \$5,000 or more during

Caution: An organization that isn't covered by the General Rule and/or the S 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 99 or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing req 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Page 2 -

Schedule B (Form 990) (2021)

Name of organization WRITERS GUILD FOUNDATION

Part I ontributors	Contributors (see instructions). Use duplicate copies of Part I if a
(a) No.	(b) Name, address, and ZIP + 4
RESTRICTED	
(a)	(b) Name, address, and ZIP + 4
No	Name, address, and ZIP + 4
(a)	(b)
	Name, address, and ZIP + 4
-	
(a) No.	(b) Name, address, and ZIP + 4
-	
(a) No.	(b) Name, address, and ZIP + 4
-	
(a) No.	(b) Name, address, and ZIP + 4
· -	

– Page 3 –

Schedule B (Form 990) (2021)

Name of organization WRITERS GUILD FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is r
(a) No. from Part I	(b) Description of noncash property given

-	
(a) No. from Part I	(b) Description of noncash property given
(a) No. from Part I	(b) Description of noncash property given
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given
(a) No. from Part I	(b) Description of noncash property given

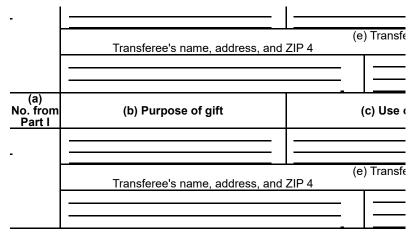
Page 4 -

Schedule B (Form 990) (2021) Name of organization WRITERS GUILD FOUNDATION

Exclusively religious, charitable, etc., contributions to organization than \$1,000 for the year from any one contributor. Complete colu organizations completing Part III, enter the total of *exclusively* relyear. (Enter this information once. See instructions.) Part III Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use (
-		(e) Transfe
	Transferee's name, address, and	
(a) No. from Part I	(b) Purpose of gift	(c) Use (
	Transferee's name, address, and	(e) Transfe ZIP 4
(a) No. from Part I	(b) Purpose of gift	(c) Use (

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Additional Data

Software ID: 2

Software Version: 2

efile F	Public Visua	l Render	ObjectId: 2022229	29349301722 - Su
SCHE (Form 9	DULE D			tal Financial
	t of the Treasury venue Service		Part IV, line 6, 7, 8, 9, 1	Attach to Form 990.
	of the organ		o to <u>www.irs.gov/Forn</u>	1990 for instructions a
	S GUILD FOUND			
Part	I Organi	zations Mai	ntaining Donor Advi	sed Funds or Othe
	Comple	te if the orga	nization answered "Ye	
1 Tot	al number at i	end of year		(a) Donor adv
		•	s to (during year)	
-		of grants from	,	
4 Ag	gregate value	at end of year		
			donors and donor adviso t to the organization's ex	
ch	naritable purpo	ses and not fo	grantees, donors, and do r the benefit of the donor	or donor advisor, or for
Part I		vation Ease	ments. nization answered "Ye	s" on Form 990 Part
1 Pu			sements held by the organized	
C	- · · · ·		ublic use (e.g., recreation	
C	Protection	of natural habi	tat	
C		on of open space		
	omplete lines 2		if the organization held a	qualified conservation c
a To	tal number of	conservation e	asements	
b To	tal acreage res	stricted by con	servation easements	
c Νι	imber of conse	ervation easem	ents on a certified histori	c structure included in (
		ervation easem n the National	ents included in (c) acqui Register	ired after 7/25/06, and
3 N			nents modified, transferre	d, released, extinguishe
4 N	umber of state	s where prope	rty subject to conservation	n easement is located
5 D	oes the organi	zation have a v	written policy regarding the vation easements it holds	ne periodic monitoring, i
6 St	aff and volunt	eer hours devo	oted to monitoring, inspec	cting, handling of violati
/	mount of expe \$	nses incurred i	n monitoring, inspecting,	handling of violations, a
			ent reported on line 2(d)	, , ,
ba	alance sheet, a	and include, if a	organization reports cons applicable, the text of the for conservation easemen	footnote to the organiz
Part I	II Organi	zations Mai	ntaining Collections	of Art, Historical T
d If			nization answered "Ye permitted under FASB AS	
hi	storical treasu	res, or other si	milar assets held for pub bte to its financial statem	lic exhibition, education
hi	storical treasu		permitted under FASB AS milar assets held for pub hese items:	
(i) F	Revenue includ	ed on Form 99	0, Part VIII, line 1	
(ii) A	ssets included	in Form 990, F	Part X	
			held works of art, histori be reported under FASB	
a Re	evenue include	d on Form 990), Part VIII, line 1	
b As	ssets included	in Form 990, P	art X · · · · · · · · ·	

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Schedule D (Form	990) 2021
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3	t III	Organizations M	aintaining Col	lections of A	rt, Histor	ical T
		the organization's acq (check all that apply):		i, and other rec	ords, check	any of
а		Public exhibition			d	\Box
b		Scholarly research			e	
с		Preservation for future	e generations			
4		de a description of the	-	ections and exp	olain how th	ey furt
5		XIII. Ig the year, did the orga is to be sold to raise fur				
Pai	rt IV	Escrow and Cust				le el g
r ai	IC IV	Complete if the or line 21.			n Form 990), Part
1a		e organization an agent ded on Form 990, Part 3			rmediary fo	r contri · · ·
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete t	he following	table:
с		ning balance		-	-	
d		ions during the year .				
е		butions during the year				
f		ng balance				
2a		he organization include			•	
b		es," explain the arrange		Check here if t	he explanat	ion ha
Ра	rt V	Endowment Fund Complete if the or		ored "Ves" or	Form 990) Part
			gamzation answ	(a) Current ye		Prior ye
La	Beginn	ing of year balance				
b	Contrib	outions				
с	Net inv	vestment earnings, gair	ns, and losses			
		or scholarships				
			es			
		expenditures for facilition				
	and pr	ograms				
f	and pr Admini	ograms				
f g	and pro Admini End of	ograms istrative expenses year balance	 	nt year and hal	lance (line 1	a colu
f g 2	and pro Admini End of Provid	ograms	ntage of the curre	nt year end bal	lance (line 1	g, colu
f g 2 a	and pro Admini End of Provid Board	ograms	ntage of the current	nt year end bal	lance (line 1	g, colu
f g 2 a b	and pro Admini End of Provid Board Perm	ograms	ntage of the current not the c	nt year end bal	lance (line 1	g, colu
f g 2 a	and pro Admini End of Provid Board Perma Term	ograms	ntage of the curre andowment ►		lance (line 1	g, colu
f g 2 a b	and pro Admini End of Provid Board Perm Term The p Are ti	ograms	antage of the current andowment ► andowment ► , 2b, and 2c shou	d equal 100%.		
f g 2 a b c	and pro Admini End of Provid Boarce Perma Term The p Are th organ	ograms	ntage of the current andowment ► , 2b, and 2c shou not in the posses	d equal 100%.		
f g a b c 3a	and pro- Admini End of Provid Board Perma Term The p Are ti organ (i) Ui (ii) R	ograms	ntage of the current andowment , 2b, and 2c shou not in the posses	ld equal 100%. sion of the orga	inization tha	it are f
f g a b c 3a	and pro- Admini End of Provid Boarc Perm Term The p Are ti orgar (i) Ui (ii) R If "Ye	ograms	ntage of the current ndowment > , 2b, and 2c shou not in the posses	ld equal 100%. sion of the orga s listed as requ	inization that	at are f
f g a b c 3a b	and pro- Admini End of Provid Board Perma Term The p Are ti organ (i) Ui (ii) R If "Ye Descr	ograms	ntage of the current ndowment , 2b, and 2c shou not in the posses lated organization ended uses of the	ld equal 100%. sion of the orga s listed as requ organization's e	inization that	at are f
f g b c 3a b	and pro- Admini End of Provid Boarc Perm Term The p Are ti orgar (i) Ui (ii) R If "Ye	ograms	ntage of the current ndowment , 2b, and 2c shou not in the posses lated organization ended uses of the and Equipmen	ld equal 100%. sion of the orga s listed as requ organization's o it.	inization that ired on Sche endowment	at are f
f g a b c 3a b	and provide Admini End of Provide Boarce Perma Term The p Are th organ (i) Ui (ii) R If "Ye Descr Tt VI	ograms	ntage of the current ndowment , 2b, and 2c shou not in the posses lated organization ended uses of the and Equipment ganization answ	ld equal 100%. sion of the orga s listed as requ organization's o nt. rered "Yes" or	inization that ired on Scho endowment n Form 9900	at are f edule F funds.), Part
f g 2 b c 3a b 4	and provide Admini End of Provide Boarce Perma Term The p Are th organ (i) Ui (ii) R If "Ye Descr Tt VI	ograms	ntage of the current ndowment , 2b, and 2c shou not in the posses lated organization ended uses of the and Equipmen	Id equal 100%. sion of the orga s listed as requ organization's or tt. rered "Yes" or er basis (b)	inization that ired on Sche endowment	at are f edule F funds.), Part
f g a b c 3a b 4 Par	and provide Admini End of Provide Boarce Perma Term The p Are th organ (i) Ui (ii) R If "Ye Descr Tt VI	ograms	antage of the current andowment ► , 2b, and 2c shou not in the posses lated organization ended uses of the and Equipmer ganization answ (a) Cost or oth	Id equal 100%. sion of the orga s listed as requ organization's or tt. rered "Yes" or er basis (b)	inization that ired on Scho endowment n Form 9900	at are f edule F funds.), Part
f g 2 a b c 3a 4 Par	and pro- Admini End of Provie Boarc Perm. Term The p Are ti orgar (i) Ui (ii) R If "Ye Descri Tt VI	ograms	antage of the current andowment ► , 2b, and 2c shou not in the posses lated organization ended uses of the and Equipmer ganization answ (a) Cost or oth	Id equal 100%. sion of the orga s listed as requ organization's or tt. rered "Yes" or er basis (b)	inization that ired on Scho endowment n Form 9900	at are f edule F funds.), Part
f g 2 b c 3a b 4 Par 1a b	and provide Admini End of Provide Boarce Permo Term The p Are th organ (i) Ui (ii) R If "Ye Descri t VI Descri Land Buildin	ograms	antage of the current andowment ► , 2b, and 2c shou not in the posses lated organization ended uses of the and Equipmer ganization answ (a) Cost or oth	Id equal 100%. sion of the orga s listed as requ organization's or tt. rered "Yes" or er basis (b)	inization that ired on Scho endowment n Form 9900	at are h edule R funds.), Part r basis (
f g a b c 3a b 4 Par 1a c	and provide Adminia End of Provide Board Perma Term The p Are th organ (i) Uh (ii) R If "Ye Descrit VI Descrit Land Buildin Leaseh	ograms	antage of the current andowment ► , 2b, and 2c shou not in the posses lated organization ended uses of the and Equipmer ganization answ (a) Cost or oth	Id equal 100%. sion of the orga s listed as requ organization's or tt. rered "Yes" or er basis (b)	inization that ired on Scho endowment n Form 9900	edule R funds.

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Schedule D (Form 990) 2021

1/23, 11:28 Part VII	AM Investments - Othe	WRITERS GUILD FOUNDAT	101
	Complete if the organ	ization answered "Yes" on Form 990, Pa	art
	(a) Description ((including r	of security or category name of security)	E
(1) Financia	l derivatives		
	held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
T otal. (Colum	n (b) must equal Form 990, Pa	art X, col. (B) line 12.)	
Part VIII	Investments - Prog	gram Related. nization answered 'Yes' on Form 990, Pa	art
		cription of investment	
(1)			
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Colum	n (b) must equal Form 990, Pa	art X, col.(B) line 13.)	
Part IX	Other Assets.		
	Complete if the organ	ization answered 'Yes' on Form 990, Pa (a) Description	rt
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form S	990, Part X, col.(B) line 15.)	
Part X	Other Liabilities.		
	Complete if the organ	ization answered 'Yes' on Form 990, Pa	rt
1. (1) Federal		(a) Description of liability	
	income taxes O FOR OTHERS		
PPP LOAN			

PPP LOAN

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to				

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here

------ Page 4 ------

Schedule D (Form 990) 2021

Sche						
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, Part					
1	Total revenue, gains, and other support per audited financial statements					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b .					
b	Other (Describe in Part XIII.)					
с	Add lines 4a and 4b					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
Part XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part						
1	Total expenses and losses per audited financial statements					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
с	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b .					
b	Other (Describe in Part XIII.)					
с	Add lines 4a and 4b					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.					
Pa	t XIII Supplemental Information					
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an						
	Return Reference					
Part 3	X : FIN48 Footnote ACCOUNTING STANDARDS PROVIDE FOR A LIABILITY I THAN NOT" TO BE UPHELD EVALUATED ITS TAX POSITI NOT NECESSARY AT YEAR E					

Additional Data

 Software ID:
 210

 Software Version:
 202

efile Public Visual Render ObjectId: 202222929349301722 - Submission: 2022-10-19 TIN: 23-7024900							
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047			
Name of the organization WRITERS GUILD FOUNDATIO			Employer identification number 23-7024900				
Return Reference		Explanation					
Form 990, Part VI, Line 11b: Form 990 Review Process	FORM 990 IS PROVIDED TO ALL BOARD MEMBERS IN DRAFT FORM PRIOR TO BEING FINALIZED AND FILED.						
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	BOARD MEMBERS ARE ANNUALLY ADVISED OF THE ORGANIZATION'S POLICY AND DIRECTED TO DISCLOSE ANY CONFLICTS OF INTEREST.						
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	THE FINANCE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION TAKING INTO CONSIDERATION COST OF LIVING INCREASES AS WELL AS COMPENSATION SURVEYS BY NATIONAL NON-PROFIT ORGANIZATIONS.						
Form 990, Part VI, Line 18: Explanation of Other Means Forms Available For Public Inspection	DOCU	MENTS ARE AVAILABLE ON WRITTEN REQUEST TO THE ORGANIZAITON AND	DAT WWW.GUIDI	ESTAR.ORG.			
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No doo	cuments available to the public.					
For Paperwork Reduc		lotice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K		Schedule O (Form 990) 2021 Return to Form			

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