efile Public Visual Render ObjectId: 202303039349302675 - Submission: 2023-10-30 TIN: 23-7024900 OMB No. 1545-0047

Form **990** 

## **Return of Organization Exempt From Income Tax**

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

	nent of the Treasury Revenue Service	Go to <u>www.irs.gov/Form990</u> for instructions and the	latest inform	ation.		Inspection
A F	or the 2022 c	alendar year, or tax year beginning 01-01-2022 , and ending 12-3	1-2022			
O Add	ck if applicable: dress change me change	C Name of organization WRITERS GUILD FOUNDATION		<b>D Employer</b> 23-70249		ication number
O Ini	tial return al return/terminated	Doing business as				
	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephone r	number	
O Ap	olication pending	7000 WEST THIRD STREET		(323) 782	-4679	
		City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90048		<b>G</b> Gross recei	pts \$ 1	,226,768
		F Name and address of principal officer:	<b>H(a)</b> Is this	a group retu	rn for	
		7000 WEST THIRD STREET LOS ANGELES, CA 90048	H(b) Are al	dinates? I subordinates	;	☐ Yes ☑ No ☐ Yes ☐No
I Tax	e-exempt status:	<b>✓</b> 501(c)(3)	includ If "No	eur ," attach a list	. See	
J W	ebsite: ► WW	W.WGFOUNDATION.ORG	H(c) Group	exemption n	umber	•
<b>K</b> Forn	n of organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 1968 <b>M</b>	State	of legal domicile: CA
Pa	ırt I <b>Sum</b> ı	marv	<u> </u>			
Activities & Governance	2 Charlethi	- h				
Ğ	2 Check thi 3 Number of	s box ► U of voting members of the governing body (Part VI, line 1a)			<b> </b> 3	13
SS		of independent voting members of the governing body (Part VI, line 1a)		_	4	12
Ě		nber of individuals employed in calendar year 2022 (Part V, line 2a)		-	5	11
(ct		nber of volunteers (estimate if necessary)			6	110
	<b>7a</b> Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0
	<b>b</b> Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	
			Pric	r Year		Current Year
9	8 Contribut	ions and grants (Part VIII, line 1h)		910,165	5	1,178,007
Revenue	_	service revenue (Part VIII, line 2g)		234,964	_	22,201
æ		nt income (Part VIII, column (A), lines 3, 4, and 7d)		211,701	L	26,560
		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,356,830		1,226,768
		nd similar amounts paid (Part IX, column (A), lines 1–3)		2,000,000		0
		paid to or for members (Part IX, column (A), line 4)			1	0
S.		other compensation, employee benefits (Part IX, column (A), lines 5–10)		638,027	7	808,267
nse	<b>16a</b> Professio	nal fundraising fees (Part IX, column (A), line 11e)				0
Expenses	<b>b</b> Total fundr	aising expenses (Part IX, column (D), line 25) ▶59,302				
Ω	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		501,114	1	393,363
	18 Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,139,141	L	1,201,630
	<b>19</b> Revenue	less expenses. Subtract line 18 from line 12		217,689	+	25,138
Net Assets or Fund Balances			Beginning of	of Current Yea	r	End of Year
Set	20 Total asse	ets (Part X, line 16)		3,116,917	7	2,715,280
t As		ilities (Part X, line 26)		366,621	+	200,033
žĒ	22 Net asset	s or fund balances. Subtract line 21 from line 20		2,750,296	5	2,515,247

Signature Block

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.

	Ik.					2023-10-30	
Sign	Sign	nature of officer				Date	
Here		IE BUCKLAND Executive Dir.					
	Туре	e or print name and title					
		Print/Type preparer's name	Preparer's signature	С	ate	Check if	PTIN P00472571
Paid	-					self-employed	
	parer	Firm's name  Boden Klein & Sn		Firm's EIN 🕨 6	8-0465737		
Use	Only	Firm's address > 3005 Douglas Blv	d Ste 115			Phone no. (916	) 774-1040
		Roseville, CA 956	561				
Mav t	he IRS discu	iss this return with the preparer	shown above? See Instruc	ctions			. 🗸 Yes 🗌 No
		Reduction Act Notice, see the				lo. 11282Y	Form <b>990</b> (2022)
							,
			Page	e 2 <del></del>			
F	000 (2022)						
	990 (2022)	tement of Program Service	aa Aaaamuliahmanta				Page <b>2</b>
Pai		_	•	Aleie Dest III			
1		ck if Schedule O contains a respective the organization's mission:	onse or note to any line in	this Part III	<del></del>	· · ·	
_	•	6, THE WRITERS GUILD FOUND	ATION'S MISSION IS TO S	ERVE THE WRITING	COMMUN	ITY AND FOR	WRITERS TO SERVE THE
COMN	MUNITY. THR	OUGH ITS EDUCATIONAL EVENT S AS WELL AS PROMOTE AND PR	rs, outreach programs	, LIBRARY AND AR	CHIVE, TH		
INSFI	IKL WRITERS	S AS WELL AS PROMOTE AND PR	KLIEKVE EXCELLENCE IN Y	WRITING FOR THE .	SCRLLIN.		
2	Did the org	anization undertake any significa	ant program services durir	ng the year which w	ere not lis	ted on	
	the prior Fo	orm 990 or 990-EZ?					🗆 Yes 🔽 No
	If "Yes," de	scribe these new services on Sci	hedule O.				
3	•	anization cease conducting, or n	nake significant changes ir	how it conducts, a	ny progra	m	
	services?						
4		scribe these changes on Schedu		h -6:4-4bl			
4		e organization's program service L(c)(3) and 501(c)(4) organizati					
	and revenu	e, if any, for each program servi	ice reported.				
4a	(Code:	) (Expenses \$	632,737 including	grants of \$		) (Revenue \$	)
	THE WRITER	S GUILD FOUNDATION SHAVELSON-V	VEBB LIBRARY & ARCHIVETHE	WRITERS GUILD FOU		AVELSON-WEBB	
		N'S LARGEST AND MOST VISIBLE PRO SCRIPTS, THE LIBRARY SERVES AS A					
	CONTRIBUTI	ON TO THE ART OF FILM AND TELEVI	SION. THE WRITERS GUILD FO	OUNDATION ARCHIVE	(ARCHIVE)	CONTAINS UNIQU	JE AND RARE ITEMS, FROM THE
	TYPEWRITER	APERS OF PROMINENT WRITERS TO E S, AWARDS, SCRAPBOOKS, AND STR	IKE REALIA. THE LIBRARY CAT	ALOGUED NEW SCRIP	TS, BOOKS	AND AUDIOVISU	AL MATERIALS. ON OCTOBER 1,
	THE LIBRARY	BRARY EXPANDED HOURS TO INCLUI IS SERVING MORE PATRONS THAN I	EVER.TO AID COLLECTION DEV	ELOPMENT AND MONI	TOR METRIC	CS FOR COLLECT	TON AND SERVICE
		ΓS, THE LIBRARY IMPLEMENTED A NE Ε. THE ARCHIVE CONTINUES TO BE A					
	REQUESTS. F	RESEARCHERS INCLUDED SCHOLARS BERKELEY, UNIVERSITY OF TEXAS AT	FROM THE OXFORD ENGLISH	DICTIONARY, EMERSO	N COLLEGE,	, UNIVERSITY OF	SANTA CRUZ, UNIVERSITY OF
		BITS SPOTLIGHTED UNIQUE MATERIA	<i>,</i>	THATERIALS WERE TE	ATORED IN	THE WOA'S MAO	AZINE. IN HOUSE EIDRART AND
4b	(Code:	) (Expenses \$	· · · · · · · · · · · · · · · · · · ·	grants of \$	- THE VICIT	) (Revenue \$	)
	PROGRAM, A	OGRAMS AND ACEDEMIC OUTREACH ND A WRITING PROGRAM FOR MILITA	ARY VETERANS. THROUGH THE	SE PROGRAMS THE FO	OUNDATION	ALSO SEEKS TO	FULFILL ANOTHER MAJOR GOAL:
		SH WRITING FOR FILM AND TELEVISION TELEVISION IN THE FOUNDATION					
		TORIES, THE LIBRARY TEAM CONTIN /ERE ALSO INVITED.	UES TO DEVELOP PARTNERSH	IPS WITH OTHER INST	TTUTIONS.	COALITION TV W	RITERS PROGRAM, AND OTHER
	-	TERE NESO INVITES.					
4c	(Code:	) (Expenses \$	148,432 including	grants of \$		) (Revenue \$	)
		ND EDUCATIONAL EVENTSTHE FOUNI					
	EDUCATIONA	FOUNDATION OFFERS THE COMMUNAL EVENTS: WORKSHOPS HELD AT TH	IE WRITERS GUILD THEATER; I	MULTI-NIGHT PANEL D	ISCUSSION	SERIES', AND O	THER INDIVIDUAL SPEAKERS AND
	PANELS. THE	MILITARY VETERANS WRITING PROJ RANS WORK IN SMALL GROUPS WIT	ECT IS A VETERANS WORKSHO				
	75 THE VEIL	TO WORK IN STALL GROUPS WITH	TI TILLIK FILITIONS.				
4d	Other prog	ram services (Describe in Sched	ule O.)				
	(Expenses	•	luding grants of \$	) (	Revenue \$	\$	)
4e	Total prog	ram service expenses 🕨	989,671				

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Par	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 <i>Schedule B, Schedule of Contributors</i> ? 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
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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	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? <i>If "Yes,"</i> 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	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VIII	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? 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	Yes	
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? <i>If</i> "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? <i>If "Yes," complete Schedule G, Part I.</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		
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
				• (2022)

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule L, Part 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		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 within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			i .

1c No

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orm	990 (2022)			Page 5
Pa	rt V 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?	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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?	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			
е	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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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			
11	Section 501(c)(12) organizations. Enter:			
a	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.			
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?	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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

	4, 12:35 PM Writers Guild Foundation - Full Filing- Nonprofit Explorer - ProPublica			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule U	14b		<del> </del>
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
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	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person 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		
	Tres, complete roun ooos.	F	orm <b>99</b>	<b>0</b> (2022
	Page 6			
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	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I 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	· ·	· ·	
			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			
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	$\label{lem:policy} Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: \\$			
а	The governing body?	8a	Yes	
	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
<u>Se</u>	<b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal Revenu	e Code		T
10-	Did the average have level about a house have been as a fillinted.	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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	12	V-	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	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	<u> </u>
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?			Į.
	The organization's CEO, Executive Director, or top management official	15a	Yes	N.
b	Other officers or key employees of the organization	15b		No
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  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			140

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status with respect to such arrangements:	•	•	•	•	٠	•	•	•	٠	•	٠		•	16b	

Se	ection C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed▶
	CA
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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)
19	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.
20	State the name, address, and telephone number of the person who possesses the organization's books and records:

Form **990** (2022)

Form 990 (2022) Page 7

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, box 6 of 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

<b>(A)</b> Name and title	(B) Average hours per week (list	one	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi	n is	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) KATIE BUCKLAND	40.00									_
Executive Dir.	0.00			Х				152,750	0	0
(2) TOM SCHULMAN	0.00	.,		.,						
VP-DEVELOPMENT	0.00	Х		Х				0	0	0
(3) MINYON MOORE	0.00	Х						0	0	0
DIRECTOR	0.00	^						U	U	0
(4) ROBERT NELSON JACOBS	0.00	Х						0	0	0
Director	0.00	^						U	O	0
(5) LOUIS BLACK	0.00	х						0	0	0
DIRECTOR	0.00	^						U	O	0
(6) NAZRIN CHOUDHURY	0.00	х						0	0	0
Director	0.00	^						U	U	0
(7) HOWARD LEITER	0.00			V				0	0	0
Secretary/TREAS	0.00	Х		Х					0	0
(8) LAURENCE ANDRIES	0.00			\ \ \				•	•	
VP-PROGRAMMING	0.00	Х		Х				0	0	0

Form **990** (2022)

Page 8

Form 990 (2022) Page **8** 

Part VII Section A. Office	rs, Directors, Tr	ustees	, Key Employ	ee:	s, a	nd Hi	ghe	st Compensated	l Employees (con	tinued)
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	(C) on (do not cheo unless person i and a directo  Institutional Trustee;	k m s bo r/tru	oth a	an offic e)	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
					-					
b Sub-Total						•	·			
c Total from continuation sh d Total (add lines 1b and 1c)						,	$\vdash$	152,750		

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

		Yes	No
2	Did the exemplation list any forman officer director or twicter I/o/ employee, or highest compensated employee on		

Interior II	l/10/24, 12:35 PM	Writers Guild	Foundation - Full Fil	ling- Nonprofit Exploi	er - ProPublica		
organization and related organizations greater than \$150,0000 if "Yes," complete Schedule J for such individual for surprise index on the Lancevier or accrue compensation from any unrelated organization or individual for services rendered to the organization if "Yes," complete Schedule J rose on person.  Section B. Independent Contractors  Complete in the interior in the ingress compensation for the calendar year ending with or within the organization. Seport compensation for the calendar year ending with or within the organization is tax year.  (A)  Name and bismos address  (A)  Name and bismos address  (A)  Name and bismos address  (A)  Page 9  Form 990 (2022)  Fage 9  Form 990 (2022)  Form 99			key employee, or n	ignest compensated		3	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? "For," complete Schedule? For such person.  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation. The compensation from the organization is personally as the compensation of the organization is personally as the compensation of the organization. The compensation from the organization ▶ 0  Page 9  Torm 990 (2022)  Page 9	organization and related organizations gre					1 Yes	
Section B. Independent Contractors  1 Complete this table for your five highest companiated independent contractors that received more than \$100,000 of compensation from the original patients. Report Complementation for the calendar year ending with or writtin the original patients and research and the original patients. Report Complementation for the calendar year ending with or writtin the original patients in the original patients and research and and resea		·	•	-	ividual for		No
1 Complete this table for your five highest compensate independent contractors that received more than \$100,000 of compensation from the organizations tax year.  (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Costian D. Indonesidant Contractors						
Name and business address   Description of services   Compensation	1 Complete this table for your five highest co					nsation	
Name and business autifines    Description of services   Compensation			ar ending with or wi	ithin the organization		T (6	~
Page 9  Form 990 (2022)  Page 9  Form 990 (2022)  Page 9  Form 990 (2022)  Page 9  Federated campaigns . 1a  Onthrobusions, 1b  Federated campaigns . 1b  Otherwise in this part VIII . (A)  Federated campaigns . 1b  Otherwise in this part VIII . (C)  Federated campaigns . 1c  A Related or proper in the control of the co				Desc			
Page 9  Form 990 (2022)  Page 9  Form 990 (2022)  Page 9  Form 990 (2022)  Page 9  Federated campaigns . 1a  Onthrobusions, 1b  Federated campaigns . 1b  Otherwise in this part VIII . (A)  Federated campaigns . 1b  Otherwise in this part VIII . (C)  Federated campaigns . 1c  A Related or proper in the control of the co						+	
Page 9  Form 990 (2022)  Page 9  Form 990 (2022)  Page 9  Form 990 (2022)  Page 9  Federated campaigns . 1a  Onthrobusions, 1b  Federated campaigns . 1b  Otherwise in this part VIII . (A)  Federated campaigns . 1b  Otherwise in this part VIII . (C)  Federated campaigns . 1c  A Related or proper in the control of the co							
Page 9  Form 990 (2022)  Page 9  Form 990 (2022)  Page 9  Form 990 (2022)  Page 9  Federated campaigns . 1a  Onthrobusions, 1b  Federated campaigns . 1b  Otherwise in this part VIII . (A)  Federated campaigns . 1b  Otherwise in this part VIII . (C)  Federated campaigns . 1c  A Related or proper in the control of the co						+	
Page 9  Form 990 (2022)  Form 990 (		cluding but not limited	d to those listed abo	ve) who received me	ore than \$100,000 o	f	
Page 90 (2022)  Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII	compensation from the organization = 0					Form <b>99</b>	0 (2022)
Page 90 (2022)  Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII							
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII			Page 9 ———				
Check if Schedule O contains a response or note to any line in this Part VIII	Form 990 (2022)						Page <b>9</b>
Total revenue   Related or exempt function revenue   Related or exempt function revenue   Revenue excluded from function frequence   Revenue							
Total revenue   Related or Unrelated business revenue   Related or Unrelated business revenue   Related from tax under sections	Check if Schedule O contains a re	esponse or note to any			· · · · ·	· · ·	<u> </u>
f All other contributions included in lines 1a - 1f				Related or	Unrelated	Rever	nue
Federated campaigns . 1a ontributions, The Combet Ship dues . 1b The Combet Ship dues . 1c  d Related organizations  1d  e Government grants (contributions) 100,000  f All other contributions, gifts, grants, and similar amounts not included above  1,078,007  g Noncash contributions included in lines 1a - 1f: 1,178,007   2a EVENTS INCOME  7,1300  14,762  7,439				function		tax under	sections
Ontributions,  MemberShip dues	Federated campaigns 1a			revenue		512 -	514
Membership dues   1b   1c   1c   1c   1c   1d   1d   1d   1d	Contributions,						
The Ambient Programs of the Contributions included above of the Contributions included in lines 1a - 1f.    The Total Add lines 1a-1f    Tot	Sifts Grants and Membership dues 1b						
d Related organizations  1d  e Government grants (contributions) 100,000  f All other contributions, gifts, grants, and similar amounts not included above  1,078,007  g Noncash contributions included in lines 1a - 1f:\$  1g  b Total. Add lines 1a-1f	OtherAmt						
e Government grants (contributions)  100,000  f All other contributions, gifts, grants, and similar amounts not included above  1,078,007  g Noncash contributions included in lines 1a - 1f:\$  1g  h Total. Add lines 1a-1f							
100,000  f All other contributions, gifts, grants, and similar amounts not included above  1,078,007  g Noncash contributions included in lines 1a - 1f: \$  1g  h Total. Add lines 1a-1f 1,178,007  Business Code  711300  14,762  711300  7,439	d Related organizations 1d						
f All other contributions, gifts, grants, and similar amounts not included above  1,078,007  g Noncash contributions included in lines 1a - 1f.\$  1g  N Total. Add lines 1a-1f	e Government grants (contributions) 1e						
and similar amounts not included above  1,078,007  9 Noncash contributions included in lines 1a - 1f: \$  1g  h Total. Add lines 1a-1f							
M Total. Add lines 1a-1f: \$  Business Code  711300  14,762  7149	and similar amounts not included						
Incest 1a - 1f:\$  Incomplete Inco	1,078,007						
Business Code 711300 714762 711300 77,439 77	lines 1 = 16.6						
Business Code 711300 714762 711300 77,439 77							
Total. Add lines 2a-2f	h Total. Add lines 1a-1f	1,178,007					
Total. Add lines 2a-2f		Business Code					
f All other program service revenue.  9 Total. Add lines 2a–2f	2a EVENTS INCOME	711300	14,762	14,762			
f All other program service revenue.  9 Total. Add lines 2a–2f	, OTHER INCOME	900099	7,439	7,439			
f All other program service revenue.  9 Total. Add lines 2a–2f	č	-					
f All other program service revenue.  9 Total. Add lines 2a–2f		-					
f All other program service revenue.  9 Total. Add lines 2a–2f	8 1						
f All other program service revenue.  9 Total. Add lines 2a–2f	Tram -	-					
f All other program service revenue.  9 Total. Add lines 2a–2f	,	_					
3 Investment income (including dividends, interest, and other							
	<b>9 Total.</b> Add lines 2a–2f	22,201					
		interest, and other	13.087				13,087

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4 Income from invest	- tment	of tax-exempt b	ond proceeds	<b>•</b>	0		
<b>5</b> Royalties				•	0		
		(i) Real	(ii) Personal				
	'I						
<b>6a</b> Gross rents	6a						
<b>b</b> Less: rental expenses	6b						
c Rental income or (loss)	6с						
<b>d</b> Net rental income	e or (I	oss)	· · · · •		0		
	<u> </u>	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	13,41	73				
Less: cost or other basis and sales expenses  Gain or (loss)  d Net gain or (loss)	7b						
sales expenses	$\vdash$						
Gain or (loss)	7c	13,4	73				
<b>d</b> Net gain or (loss)		<u>.</u> .	•	13,47	3		13,47
a Gross income from for (not including \$ contributions reporte See Part IV, line 18	d on lir	of ne 1c). 8a	_				
<b>c</b> Net income or (los	ss) fro	m fundraising ev	vents		o		
9a Gross income from See Part IV, line 19 b Less: direct exper c Net income or (los 10aGross sales of inv	ses ss) fro	9a 9b m gaming activity, less			p)		
b Less: cost of good  c Net income or (los	ls sold	108			ס		
11a			Dusiness Code	= -			
b							
Other Revenue Misc Amt							
<b>d</b> All other revenue							
e Total. Add lines 1	1a-1	1d	<b>•</b>				
12 Total revenue. S	ee ins	structions	· · · •	1,226,768		)1	26,56
				, , ,	,	•	Form <b>990</b> (2022
Form 990 (2022)				— Page 10 ———			D 44
Part IX Statemen	t of F	Functional Ex	penses	complete all columns.	All other organizati	one must complete c	Page 10
						ons mast complete t	(A).
Check if Sch Do not include amount 'b, 8b, 9b, and 10b of F	s rep	orted on lines 6		ny line in this Part IX  (A)  Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other ass domestic government				0	2p.0000	322. a. expenses	2/1000
2 Grants and other ass Part IV, line 22	istanc	e to domestic inc	dividuals. See	0			

<b>3</b> Grants and other assistance to foreign organizations, foreign	0			
governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	152,750	68,738	76,374	7,638
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	464,647	430,871	10,544	23,232
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,159	58,449	10,102	3,608
9 Other employee benefits	70,621	57,091	9,999	3,531
<b>10</b> Payroll taxes	48,090	38,915	6,770	2,405
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	0			
<b>b</b> Legal	0			
c Accounting	10,956		10,956	
<b>d</b> Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	82,954	82,954		
12 Advertising and promotion	20,467	20,251		216
13 Office expenses	22,573	18,749	2,258	1,566
<b>14</b> Information technology	0			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	113,210	93,965	11,321	7,924
<b>17</b> Travel	3,202	2,658	320	224
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
<b>20</b> Interest	0			
21 Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	43,548	43,548		
23 Insurance	9,908	2,325	7,439	144
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 OTHER EXPENSES	18,080	15,087	2,272	721
<b>b</b> Printing and Publications	16,569	13,752	1,657	1,160
c BANK CHARGES	13,446	11,160	1,345	941
d Library	11,155	11,155		
e All other expenses	27,295	20,003	1,300	5,992
25 Total functional expenses. Add lines 1 through 24e	1,201,630	989,671	152,657	59,302
<b>Joint costs.</b> 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).			Fo	rm <b>990</b> (2022)
	- Page 11			
	rage II			·
orm 990 (2022)				Page <b>11</b>
Part X Balance Sheet				

(A) (B)
Beginning of year End of

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

+/ 10/.	∠4, 12	2.33 FW VV	illers G	ulid Foundation - Full Filling- Nonprolit Explor	<u> </u>	JI UDIIC	
	1	Cash-non-interest-bearing		. 5	13,814	1	326,271
	2	Savings and temporary cash investments .				2	0
	3	Pledges and grants receivable, net			34,744	3	81,856
	4	Accounts receivable, net				4	28,001
	5	Loans and other receivables from any current o 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 s				6	0
S	7	Notes and loans receivable, net				7	0
ssets	8	Inventories for sale or use				8	0
1SS	9	Prepaid expenses and deferred charges			7,212	9	238
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,870,570			
	ь	Less: accumulated depreciation	10b	1,001,506	11,001	10c	869,064
	11	Investments—publicly traded securities .		1,6	50,146	11	1,409,850
	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 eq	ual line	33)	16,917	16	2,715,280
	17	Accounts payable and accrued expenses			16,621	17	19,671
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	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 forr employee, creator or founder, substantial contri or family member of any of these persons	butor, c	or 35% controlled entity		22	
Ë	23	Secured mortgages and notes payable to unrela	ated this	rd parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2- Complete Part X of Schedule D	ayables		50,000		180,362
	26	<b>Total liabilities.</b> Add lines 17 through 25 .		3	66,621	26	200,033
lances	27	Organizations that follow FASB ASC 958, complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	heck he	<u> </u>	50,296	27	2,515,247
Ba	28	Net assets with donor restrictions				28	
or Fund Baland		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, c	heck here ▶ □ and			
or	29	Capital stock or trust principal, or current funds				29	
ts	30	Paid-in or capital surplus, or land, building or ed	quipmer	nt fund		30	
Assets	31	Retained earnings, endowment, accumulated in				31	
L A	32	Total net assets or fund balances			50,296	32	2,515,247
Net	33	Total liabilities and net assets/fund balances .		3,1	16,917	33	2,715,280
59595	l	•				<u> </u>	Form <b>990</b> (2022

— Page 12 —

Form 990 (2022) Page **12 Reconcilliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI . 1 1 1,226,768 Total expenses (must equal Part IX, column (A), line 25) . . . . . . . . . 2 1,201,630 2 3 25,138 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . 4 2,750,296 4 -260,187 5 

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7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		2	,515,247
Pa	TIXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	and the obligation of containing a respense of mote to any line in all of the containing a respense			Yes	No
	Accounting method used to prepare the Form 990:   Cash Accrual Other				
1	Accounting method used to prepare the Form 990:				
	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 of separate basis, consolidated basis, or both:	n a			
	☐ 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 consolidated basis, or both:	basis,			
	✓ 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 Sche	dule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F?	iform	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red			
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>
orm	990 (2022)			01111 99	<b>0</b> (2022)
	Iditional Data		Retur	ı to Fo	rm
	<b>Software ID:</b> 22015553				
	Software Version: 2022v5.0				
Forn	n 990, Special Condition Description:				
					-
	Special Condition Description				

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ObjectId: 202303039349302675 - Submission: 2023-10-30

TIN: 23-7024900

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

		he organization					Employer identific	ation number
WRIT	ERS GU	ILD FOUNDATION					23-7024900	
	rt I organiz	Reason for Public zation is not a private four					See instructions.	
1		A church, convention of		•	-		(A)(i).	
2		A school described in se	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form	1 990).)	. , . ,	
3		A hospital or a cooperat	ive hospital ser	vice organization descr	ibed in <b>sectio</b>	n 170(b)(1)(A)(	iii).	
4		A medical research organame, city, and state:	nization operat	ed in conjunction with	a hospital des	cribed in <b>section</b> 1	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			sity owned or	operated by a gov	ernmental unit descril	bed in <b>section</b>
6		A federal, state, or local	•		scribed in <b>sec</b>	tion 170(b)(1)(A	a)(v).	
7		An organization that no section 170(b)(1)(A)			s support from	a governmental u	nit or from the genera	al public described in
8		A community trust desc	ribed in <b>sectio</b> i	170(b)(1)(A)(vi).	(Complete Par	t II.)		
9		An agricultural research non-land grant college of	of agriculture. S	ee instructions. Enter	the name, city	, and state of the o	college or university:	
10	<b>~</b>	An organization that not from activities related to investment income and 30, 1975. See <b>section</b>	o its exempt fur unrelated busir	nctions—subject to cert less taxable income (le	ain exceptions	s, and (2) no more	than 33 1/3% of its su	upport from gross
11		An organization organiz			public safety.	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	l organizations	described in section 5	<b>09(a)(1)</b> or s	section 509(a)(2)	). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper	rated, supervised, or coappoint or elect a majo	ontrolled by its	s supported organiz	zation(s), typically by	
b		Type II. A supporting of management of the sup must complete Part I	organization sup porting organiz	ervised or controlled in ation vested in the san				
С		Type III functionally						ted with, its
d		supported organization( Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	<b>d.</b> A supporting organing organing organically must satisfied	zation operate y a distributio	ed in connection with n requirement and	th its supported orgar	
e		Check this box if the orgintegrated, or Type III r	ganization recei	ved a written determin	ation from the		pe I, Type II, Type III	functionally
f	Ente	r the number of supported			-		<u> </u>	
g		ide the following informat						
	1 (i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			ı					
Tota	<u> </u>							
		work Reduction Act No	tice, see the I	nstructions for	Cat. No. 112	85F	Schedule	A (Form 990) 2022
Forn	1 990	or 990-EZ.						
				Pag	ge 2 ———			
Sche	dule A	(Form 990) 2022						Page <b>2</b>
Pa	rt II			rations Described ne box on line 5, 7,				
				ify under the tests I				, ander ruit III.

Section A. Public Support

Calendar vear

	)/24, 12:35 PM	Write	ers Guild Foundati	on - Full Filing- No	nprofit Explorer - F	ProPublica	
	r fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
_	include any "unusual grant.") Tax revenues levied for the						
2	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> 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						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
_	line 4. Section B. Total Support						
Ca	lendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
(o 7	r fiscal year beginning in)  Amounts from line 4	(4) 2010	(3) 2013	(5) 2020	(4) 2021	(6) 2022	(1) Total
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business			<u> </u>			
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12		•	,			12	
13	First 5 years. If the Form 990 is for the	-			•		ization, check
_	this box and stop here				<u> </u>	▶∪	
	Public support percentage for 2022 (lin		_	column (f))		14	
15	Public support percentage for 2021 Sch	nedule A, Part II, l	ine 14			15	
16	a 33 1/3% support test—2022. If the o						
	and <b>stop here.</b> The organization qualif 33 1/3% <b>support test—2021.</b> If the	ies as a publicly s organization did i	supported organiza not check a box of	ation ....... n line 13 or 16a, a			.. <b>▶</b> □ ‹ this
-	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			•
17	a 10%-facts-and-circumstances test and if the organization meets the "facts						
	meets the "facts-and-circumstances" to		•	•	•	_	_
ŀ	10%-facts-and-circumstances tes more, and if the organization meets the	t-2021. If the or	ganization did not	t check a box on li	ne 13, 16a, 16b, o	or 17a, and line 15	is 10% or
	meets the "facts-and-circumstances" t						_
18	<b>— • • • • • • • • • • • • • • • • • • •</b>						
_	instructions		<u> </u>				▶ □ Form 990) 2022
						Concade A (I	JJU, 2022
			Page 3				
	edule A (Form 990) 2022						Page <b>3</b>
	Part III Support Schedule for (Complete only if you					d to qualify und	or Dart II If
	the organization fails t						er rare II. II
	Section A. Public Support	1	1	Т	1	1	
(o	r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f) Total
1	membership fees received. (Do not	404,412	645,200	896,212	910,165	1,178,007	4,033,996
2	include any "unusual grants.") .						
2	merchandise sold or services	01.422	221 604	445 505	210.200	14.700	(62, 722
	performed, or facilities furnished in any activity that is related to the	81,432	231,694	115,585	219,260	14,762	662,733
3	organization's tax-exempt purpose Gross receipts from activities that						
_	are not an unrelated trade or business under section 513	1					c
		Ī.					

Tax revenues levied for the

4/10/2	4, 12.33 FW	VVIILE	is Guila Foullaali	)   - Fu   F    g-  10	nipioni ⊏xpiorei - i	Torublica		
	paid to or expended on its behalf							0
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							C
6	<b>Total.</b> Add lines 1 through 5	485,844	876,894	1,011,797	1,129,425	1,192,76	9	4,696,729
	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
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							C
	13 for the year.							
с 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c							4,696,729
	from line 6.)  ction B. Total Support							4,090,723
	ndar year	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	( <b>d</b> ) 2021	(e) 2022	(f) Tota	ıl.
(or 1	iscal year beginning in)  Amounts from line 6	485,844	876,894	1,011,797	<u> </u>	1,192,76	` '	4,696,729
10a	Gross income from interest,	.03/0	070,051	1,011,131	1/123/123	1/132/13		1,050,725
	dividends, payments received on securities loans, rents, royalties and	26,424	41,758	74,977	13,614	13,08	7	169,860
b	income from similar sources Unrelated business taxable income						+	
	(less section 511 taxes) from businesses acquired after June 30,							0
	1975.	25.424	44.750	74.077	10.61	40.00		150.050
c 11	Add lines 10a and 10b.  Net income from unrelated business	26,424	41,758	74,977	13,614	13,08	/	169,860
	activities not included on line 10b, whether or not the business is							0
12	regularly carried on. Other income. Do not include gain						1	
12	or loss from the sale of capital		45,429		15,704	7,43	e	68,572
13	assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,	512,268	964,081	1,086,774	1,158,743	1,213,29	5	4,935,161
14	11, and 12.) <b>First 5 years.</b> If the Form 990 is for t	· ·	•					
	this box and <b>stop here</b>							- 0
Se	ction C. Computation of Public Public support percentage for 2022 (li	Support Perce	entage	column (f))		15		OF 170 0/
16	Public support percentage for 2022 (iii					16		95.170 % 93.190 %
Se	ction D. Computation of Invest	ment Income	Percentage					
17	Investment income percentage for <b>20</b> Investment income percentage from <b>2</b>	•	. ,	, ,	. , ,	17		3.440 %
18 19a	33 1/3% support tests-2022. If the		•			<b>18</b> n 33 1/3%, and lir	e 17 is no	5.530 % ot
	more than 33 1/3%, check this box and	stop here. The	organization qual	ifies as a publicly	supported organiz	zation	🕨 🔽	1
b	33 1/3% support tests—2021. If th	-			•			
20	not more than 33 1/3%, check this box <b>Private foundation.</b> If the organizati	•	-		,			
	Trivate roundation in the organization	on did not check	a box on line 14,	19a, or 19b, check	K tills box and see	Schedule A (		
			Page 4					
Scher	dule A (Form 990) 2022							Daga 4
	t IV Supporting Organization	ıs						Page <b>4</b>
	(Complete only if you checked	a box on line 12 o						
	box 12b, of Part I, complete Se 12d, of Part I, complete Sectio			12C, 01 Part 1, CO	implete Sections A	, D, and E. II you	спескей	DOX
_Se	ction A. All Supporting Organiz	ations					1	T
1	Are all of the organization's supported	organizations list	ted by name in th	e organization's g	overning documer	nte?	Ye	s No
•	If "No," describe in Part VI how the s	upported organiza	ations are designa					
	describe the designation. If historic ar	-				_ [	1	
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I							
	described in section 509(a)(1) or (2).				-	-	2	$\pm$
3a	Did the organization have a supported	organization des	cribed in section	501(c)(4), (5), or	(6)? If "Yes," ans	wer lines 3b and		
	3c below.				(-)(4) (5) (6)		3a	$\perp$
b	Did the organization confirm that each the public support tests under section							
	determination.							

to use organization ensure time, an support to section organizations was based exclusively for profile in Part VI Ambit controls the organization part of pile consister such consister such consister such consister such consisters with the consistence of the co	4/10/2	24, 12:35 PM Writers Guild Foundation - Full Filing- Nonprofit Explorer - ProPublica			
Was any apported organization not organized in the United States ("Foreign supported organization")? If "Yes" and if you have been also and it is a supported organization and the control of the control	C				L
the bid the organization have utilized control and screen in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization had such control and discretion despite being controlled or supervised by 10 feet in 19 feet VI what controls the organization used to searce that all support or the program of the supervised organization and substituted. Or remove any supervised organization part of the supervised organization, provide detail in Part VI, including 10 feet and organization organization organization and substituted, or remove any supervised organization part of a class already designated in the organization organization are substituted supported organization part of a class already designated in the organization organization organization are substituted supported organization part of a class already designated in the organization organization was regarding documents).  The program of the organization part of the theorem of grants or the provision of sections of the organization organization are substituted supported organization part of the charitable class benefited by one or more of the filling organization or supported organizations. (I) individuals that are part of the charitable class benefited by one or more of the filling organization provide again, long companization or the filling organization provide again, long companization and the filling organization provide again, long companization provide again, long companization and the supporting organization and the supporting organization and the supporting organization and the supporting organization has a substantial contributor, if the supporting organization has a substantial contributor or a 35% controlled on the vary of the organization provide de		.,	3с		
b Dit the empirication have ultimate control and discretion in deciding whether to make genetic to the foreign supported organizations of "Viess" described in Part VI have the application that does not have an IRS determination under sections 501(c)(3) and 501(c)(3) or (20)? If "Vies," explain in Part VI and source organization are controlled or supported organization and supported organizations and the controls the organization are controlled or to the foreign supported organization was used exclavely for section IVC(c)(2)(8) page page 1. "Supported in Part VI and controls the organization and supported organization and the page organization and supported organization and the page organization and, substitute, or removed, (if the recessor for costs such action, (if the author) of the organization and page organizations added, substituted, or removed, (if the recessor for cost such action, (if the author) of the organization organization and (if the page organization and the page organization and (if the page organization and the page organization and page organization and (if the page organization and page organization and page organizations organizations organizations organizations organizations, (if (iii) organizations) (iii) organizations organizations, (iii) organizations (iii) organizations apported organizations, (iii) organizations (iii) organizations apported organizations, (iii) organizations and (iii) organizations apported organizations) (iii) organizations and (iii) organizations and (iii) organizations and (iii) organizations and (iii) organizations (iiii) organizations (iiii) organizations (iiii) organizations (iiii) organi	4a				
organization? If "Yes," describe in Part VI how the organization had such control and discretion despite planty or in connection with its supported organization that does not have an IRS determination under sections 50.1(3) and 90/s(1) in C(1)? If "Yes," explain in Part VI what controls the organization used to consure that all supports 50.1(3) and 90/s(1) in C(1)? If "Yes," explain in Part VI what controls the organization used to consure that all supports 50.1(3) and 50/s(1) in C(1)? If "Yes," explain in Part VI what controls the organization used to consure that all supports of the part vision of the part vision in Part VI what controls the organization used to consure that all supports of organizations added, substituted, or remove any supported organizations during the tax year? If "Yes," answer fines 50 and 5 below (if applicable). Also, provide teating the Part VI, including (i) the areas and this numbers of the supported organizations added, substituted, or removed; (ii) the responsibility of the man and this numbers of the supported organizations of the supported organization or provide support (enhanter in the form of grants of the constraints).  5a			4a		
Soli (C(3) and 509(a)(1) or (2)? If "Fee," explain in Part VII what controls the organization used to ensure that all support to the foreign supported organizations and excisively for section 27(c(2)(8) grouppease.  5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c before (if age)cately, Asia, provide detail in Part VII, including (i) the anxies and Elf in unbers of the supported organizations during the tax year? If "Yes," answer lines 5b and 5c before to the organization document.  5b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization organization organization organization organization organization organization organizations organization organizations organizations organizations and the provision of services or facilities) to anyone other than (i) its supported organizations, (i) individuals that are part of the charitatel class benefited by one or more of its organizations are provide as grant, lean, compensation, or other eminists provides that method organizations (i) individuals that are part of the charitatel class benefited by one or more of its organization supported organizations (i) individuals that are part of the charitatel class benefited by one or more of its organization supported organizations (i) individuals that are part of the charitatel class benefited by one or more of its organization supported organizations (ii) individuals that are part of the charitatel class benefited by one or more of its organization supported organizations (iii) individuals that are part of the charitatel class benefited by one or more of its organizations and individuals that are part of the charitate class benefited by one or more displained organizations, and individuals that are part of the charitate organization organizati	D	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b		
5a Did the organization add. substitute, or remove any supported organizations during the tax year? If "Yes," anways files of the supported organizations added, substituted, or removed, (ii) the reasons for each sub- action; (iii) the authority under the organizations added, substituted, or removed; (ii) the reasons for each sub- action; (iii) the authority under the organizations added, substituted, or removed; (ii) the reasons for each sub- action; (iii) the authority under the organization is organizing document, authoriting such action, and (iv) how the action was accomplished (such as by a completed organization part of a class already designated in the St.  5 Type I or Type II only. Was the substitution the result of an event beyond the organization (such executives or facilities) to anyone other supported organizations and in the supported organization (iv) of the supporting organizations are supported organizations; or (iii) other supporting organizations are organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other other organizations. The supported organizations or (iii) other supporting organizations are organizations; or (iii) other supporting organizations are also as a supported organizations organizations. The supporting organizations are supported organizations; iii) organizations are supported organizations; iii) organizations are substantial contributor, or a 35% controlled entity with regard to a substantial contributor. If "res," complete Part I of Schedule I. (Form 990).  7 Did the organization make alloun to a disqualified person (as defined in section 4958) not described on line 7: If "ves," complete Part I of Schedule I. (Form 990).  8 Did the organization controlled directly or indirectly at my time during the tax year by one or more disqualified persons, as defined on line 9. In the supporting organization and the supporting organization and substantial contribution managers and organizations described in section 599.6(1) or	c	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support	40		
organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organizations supported organizations. (iii) other supporting organizations that also support or benefit one or more of the filling organizations supported organizations. (iii) other supporting organizations that also support or benefit one or more of the filling organizations supported organizations. (iii) other supporting organizations that also support or benefit one or more of the filling organizations that also support or benefit one or more of the filling organizations that also support or benefit one or more of the filling organizations that also support or benefit one or more of the filling organizations. (iii) other supporting organizations is under the substantial contributor (defined in section 4986) solid organization organization and organization organization organization organization organization organization ontrolled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4968 (organization support or provide detail in Part VI.  Did the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined on 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 did disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization and an interest? If "Yes," provide detail in Part VI.  Did the organization had an interest? If "Yes," provide detail in Part VI.  Page 5  Schedule A (Form 990) 2022  Page 5  Schedule A	5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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			
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to enyone other than (i) its supported organizations, (ii) other supporting organizations and the characteristic class benefited by one or more of the filing organizations supported organizations. (iii) other supporting organizations that also support or benefit one or more of the filing organizations supported organizations. (iii) other supporting organizations that also support or benefit one or more of the filing organizations provide a grant. Ican, compensation, or other similar payment to a substantial contributor (defined in section 9898) (398 (c)) a Finity invented or 6 substantial contributor? If "Yes," complete Part I of Schedule I. (Form 990).  8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 77 If "Yes," complete Part I of Schedule I. (Form 990).  9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (or the thin foundation managers and organizations described in section 599(a)(1) or (2))? If "Yes," substantial contributor? If "Yes," provide detail in Part VI.  b Did one or more disqualified persons (as defined on line 93) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.  10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organization also had an interest? If "Yes," provide detail in Part VI.  10b Jid the organization accepted a gift or contribution from any of the following persons?  10c A family member of a person described on line 13) repell in on-functionally integrated supporting organizations? If "Yes," answer line 10b below.  11 Has the organization accepted a gift or contribution from any of the following persons?  22 A person who directly	b		5b		
than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations or (iii) other supporting organizations that also support or benefit one or more of the filing organizations or (iii) other support provide detail in Part VI.  Did the organization provide a grant, loan, compensation, or or other similar payment to a substantial contributor (defined in section 4958)c(3)(CI), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part 1 of Schedule I. (Form 990).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," and defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.  Did one or more disqualified persons (as defined on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.  Was the organization style to the excess business holdings in the fact year? (Use Schedule C, Form 4720, to determine whether the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization have any excess business holdings).  Page 5  Schedule A (Form 990) 2022  Part IV Supporting Organizations (continued)  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? or indirectly controls, either alone or trustees at all times during the tax year? If "No," exponent or eight and provide detail in Part VI.  Scholla B. Type I Supporting Org	c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor, if ""es," complete Part I of Schedule L (Form 990).  8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).  9 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 599(a)(1) or (2))? If "Yes," provide detail in Part VI.  10 Did one or more disqualified persons (as defined on line 9a) had a controlling interest in any entity in which the supporting organization and an interest? If "Yes," provide detail in Part VI.  10 Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.  10 Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations? If "Yes," answer line 10b below.  10 Did the organization had excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).  10 Page 5  10 Schedule A (Form 990) 2022  Part IV Supporting Organizations (continued)  11 Has the organization accepted a gift or contribution from any of the following persons?  12 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization of a supported organization or runs or general provided detail in Part VI.  11 Section B. Type I Supporting Organizations  12 Did the officers, directors, trustees, or membership of one or more	6	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing	6		
was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.  Did one or more disqualified person (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.  10 A disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization slo had an interest? If "Yes," provide detail in Part VI.  10 Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations? If "Yes," answer line II supporting organizations, and all Type III non-functionally integrated supporting organizations? If "Yes," answer line II supporting organizations, and all Type III non-functionally integrated supporting organizations? If "Yes," answer line II supporting organizations, and all Type III non-functionally integrated supporting organizations? If "Yes," answer line II supporting Organizations and excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).  Page 5  Schedule A (Form 990) 2022  Page 6  Page 7  Page 7  Page 8  On 10 Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body	7	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial			
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Section C. Type II Supporting Organizations	2	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		
	Se	ection C. Type II Supporting Organizations		I	

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<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also an each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how supporting organization was vested in the same persons that controlled or managed to	najorit <i>contr</i>	y of the directors or trustees of older management of the	1		
Se	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 tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the the or	prior tax year, (ii) a copy of the			
	documents in effect on the date of notification, to the extent not previously provided?			1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elorganization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	xplain in <b>Part VI</b> how the	2		
3	By reason of the relationship described in line 2 above, did the organization's supporte	od ora	anizations have a significant			
•	voice in the organization's investment policies and in directing the use of the organization	tion's i	ncome or assets at all times	_		
	during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported	d orga	nizations played in this regard.	3		
	ction E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year <b>(see instruct</b>	ions):		
a						
b	The organization is the parent of each of its supported organizations. Complete	line	<b>3</b> below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u supp	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				1	
_	Did substantially all of the organization's activities during the tax year directly further	the ev	compt purposes of the		Yes	No
d	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th.	Part \	/I identify those supported how the organization was			
	substantially all of its activities.			2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in the	' expla	in in <b>Part VI</b> the reasons for			
	organization's involvement.			2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>					
	Did the organization have the power to regularly appoint or elect a majority of the offi the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .	·	·	3a		
D	<ul> <li>Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? If "Yes," describe in Part VI. the role played by the organizations?</li> </ul>			3b		
			Schedule A	(Forn	990)	2022
	Page 6					
Sche	dule A (Form 990) 2022				F	age <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organiza				е	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Curr (optio	ent Yea onal)	r
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) Curr (optio	ent Yea onal)	r
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				
а	Average monthly value of securities	1a				

1b

1c

1d

**b** Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

 $\boldsymbol{c}$  Fair market value of other non-exempt-use assets

е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035	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		
_	Enter 85% of line 1			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3	3		
3 4 5	Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	3 4 5 6	ed Type III supporting org	anization (see

----- Page 7 -----

Schedule A (Form 990) 2022 Page **7** 

Section D - Distributions					
1 Amounts paid to supported organizations to accomplish exempt purposes	1				
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4 Amounts paid to acquire exempt-use assets	4				
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5				
6 Other distributions (describe in <b>Part VI</b> ). See instructions	6				
7 Total annual distributions. Add lines 1 through 6.	7				
8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8				
9 Distributable amount for 2022 from Section C, line 6	9				
10 Line 8 amount divided by Line 9 amount	10				

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<ul> <li>Carryover from 2017 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7:			
a Applied to underdistributions of prior years			

4/10/24, 12:35 PM W	Writers Guild Foundation - I	Full Filing- Nonprofit Exp	lorer - ProPublica
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI See instructions.	7.		
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
<b>d</b> Excess from 2021			
e Excess from 2022			
	———— Page 8 —		
Schedule A (Form 990) 2022			Page <b>3</b>
Part VI Supplemental Information. Provide the ex Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Sectinstructions).	9a, 9b, 9c, 11a, 11b, and 1 ction E, lines 1c, 2a, 2b, 3	l1c; Part IV, Section B, li a and 3b; Part V, line 1;	nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
	Facts And Circumstance	es Test	
Return Reference		Explanation	
			Schedule A (Form 990) 202
			Schedule A (Form 990) 202

Additional Data Return to Form

**Software ID:** 22015553 **Software Version:** 2022v5.0

efile Public Visual Render	ObjectId: 20230303934930267	5 - Submission: 2023-10-30	•	TIN: 23-7024900					
Schedule B		ule of Contributors		OMB No. 1545-0047					
(Form 990) Department of the Treasury Internal Revenue Service	Partment of the Treasury  Go to www.irs.gov/Form990 for the latest information.								
Name of the organization WRITERS GUILD FOUNDATIO	N		Employer	identification number					
Organization type (check of	 one):		23-7024900	0					
Filers of:	Section:								
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) o	organization							
		ritable trust <b>not</b> treated as a private	foundation						
	☐ 527 political organization								
Form 990-PF	501(c)(3) exempt private for								
FOIII 990-FF		ritable trust treated as a private four	ndation						
	501(c)(3) taxable private for	·	idation						
	C 301(0)(0) taxable private ic	undation							
	s covered by the <b>General Rule</b> or )(7), (8), or (10) organization can c	a <b>Special Rule.</b> check boxes for both the General Ru	ıle and a Special Rı	ıle. See instructions.					
General Rule									
For an organization money or other procentributions.	n filing Form 990, 990-EZ, or 990- operty) from any one contributor. C	PF that received, during the year, co Complete Parts I and II. See instructi	ontributions totaling ions for determining	\$5,000 or more (in g a contributor's total					
Special Rules									
under sections 509( received from any o	a)(1) and 170(b)(1)(A)(vi), that che	ng Form 990 or 990-EZ that met the ecked Schedule A (Form 990 or 990 al contributions of the greater of (1) aplete Parts I and II.	-EZ), Part II, line 13	3, 16a, or 16b, and that					
during the year, tota	I contributions of more than \$1,00	, or (10) filing Form 990 or 990-EZ t 0 <i>exclusively</i> for religious, charitable r animals. Complete Parts I, II, and I	e, scientific, literary,						
during the year, con If this box is checked purpose. Don't com	tributions exclusively for religious, d, enter here the total contribution plete any of the parts unless the <b>G</b>	o, or (10) filing Form 990 or 990-EZ to charitable, etc., purposes, but no substitute that were received during the year seneral Rule applies to this organization more during the year.	uch contributions tot r for an e <i>xclusively</i> r ation because it rece	taled more than \$1,000. religious, charitable, etc., eived <i>nonexclusively</i>					
990-EZ, or 990-PF), but it n	<b>nust</b> answer "No" on Part IV, line 2	ule and/or the Special Rules doesn't 2, of its Form 990; or check the box of eet the filing requirements of Schedu	on line H of its Form						
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF		Cat. No. 3061	13X So	chedule B (Form 990) (2022)					
		—— Page 2 ————							
Schedule B (Form 990) (20	22)		Page <b>2</b>						
Name of organization	<del></del>		Employer identifi	cation number					

Mame of organization

Employer identification number

butors	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RICTED			Person
		\$ RESTRICTED	Payroll
		- WILCHMOTES	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
			Person
			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll
	-		Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		<u> </u>	☐ Payroll
	-	Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
			Person
		\$	☐ Payroll
	-	Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2
	Page 3 —		

23-7024900 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from Part I (c)
FMV (or estimate)
(See instructions) (d) Date received (b) Description of noncash property given

4/10/24, 12	:35 PM V	/riters Guild Foundation - Full Filing- N	Nonprofit Ex	xplorer - ProPubli	ica
-				\$	
				( )	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
				\$_	
	-				Schedule B (Form 990) (2022)
		Page 4			
	B (Form 990) (2022)		ı	Family 11	Page 4
	rganization GUILD FOUNDATION				ntification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) three total of exclusively religious, chatructions.) ► \$	ough (e) a	and the following	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No from

(c) Use of aift

(h) Purpose of aift

(d) Description of how gift is held

10/24, 12:35 P	M W	/riters Guild Foundation - Full Filing- Nonpr	ofit Explorer - ProPublica
Part I	(w) i dipodo di giit	(0) 000 0: giit	(a) Socompaion of non-gire to now
			=   ===================================
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relatio	onship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a	(e) Transfer of gift ZIP 4 Relation	onship of transferor to transferee
			Schedule B (Form 990) (202

**Software ID:** 22015553 **Software Version:** 2022v5.0 efile Public Visual Render

ObjectId: 202303039349302675 - Submission: 2023-10-30

TIN: 23-7024900 OMB No. 1545-0047

**SCHEDULE D** 

(Form 990)

## **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.

		to Form 990.		fo ati a	_	_	to Public
	al Revenue Service	nstructions a	ind the latest in		on. Doyer identifi		spection
	ITERS GUILD FOUNDATION			Emp	ioyei identilii	cation	uiiibei
					024900		
Pa	organizations Maintaining Donor Advised Fund			s or Acc	ounts.		
	Complete if the organization answered "Yes" on For	(a) Donor adv			(b) Funds and	other	accounts
1	Total number at end of year				(1)		
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 advisors in writin organization's property, subject to the organization's exclusive leg				unds are the		Yes 🗆 No
6	Did the organization inform all grantees, donors, and donor advisor charitable purposes and not for the benefit of the donor or donor a private benefit?	advisor, or for	any other purpos			ole	Yes O No
Pai	rt II Conservation Easements.  Complete if the organization answered "Yes" on For	m 990, Part	IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (cl						
	Preservation of land for public use (e.g., recreation or educat	tion)	Preservation of	an histor	cally important	t land a	area
	Protection of natural habitat		Preservation of	a certifie	d historic struc	ture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified c	conservation c	ontribution in the	form of a	conservation		
	easement on the last day of the tax year.				Held at the	End c	f the Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
С	Number of conservation easements on a certified historic structure	e included in (	3)	2c			
d	Number of conservation easements included in (c) acquired after J historic structure listed in the National Register	July 25, 2006,	and not on a	2d			
3	Number of conservation easements modified, transferred, released tax year	d, extinguishe	d, or terminated l	by the org	janization durir	ng the	
4	Number of states where property subject to conservation easemer	nt is located 🕨					
5	Does the organization have a written policy regarding the periodic and enforcement of the conservation easements it holds?			ng of viola		Yes	□ No
_	Staff and volunteer hours devoted to monitoring, inspecting, hand	lling of violatio	ons, and enforcing	conserva			
6	<u> </u>		,	,			.g /
7	Amount of expenses incurred in monitoring, inspecting, handling o  ▶ \$	of violations, a	nd enforcing cons	servation	easements dur	ing the	e year
8	Does each conservation easement reported on line 2(d) above sat			170(h)(	4)(B)(i)		
	and section 170(h)(4)(B)(ii)?					Yes	□ No
9	In Part XIII, describe how the organization reports conservation educates balance sheet, and include, if applicable, the text of the footnote the organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of Art, F			ther Si	nilar Assets	; <u>.</u>	
	Complete if the organization answered "Yes" on For						<u> </u>
1a	If the organization elected, as permitted under FASB ASC 958, not historical treasures, or other similar assets held for public exhibition Part XIII, the text of the footnote to its financial statements that contact are similar to the co	on, education,	or research in fu	nent and l rtherance	of public servi	vorks c ce, pro	of art, vide, in
b	If the organization elected, as permitted under FASB ASC 958, to historical treasures, or other similar assets held for public exhibition following amounts relating to these items:						
(	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
	ii)Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treasur following amounts required to be reported under FASB ASC 958 re	es, or other s	milar assets for fi		-	<del></del> е	
а	Revenue included on Form 990, Part VIII, line 1	-			. ▶\$		
b	Assets included in Form 990, Part X				. <b>&gt;</b> \$		

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

Schedule D (Form 990) 2022

Cat. No. 52283D

— Page 2 ———

Sche	dule D	(Form 990) 2022											Page <b>2</b>
Parl	III	Organizations Ma	aintaining Col	lections of Art,	Histori	cal Tı	reasu	res, o	r Other	Similar A	ssets (cont	inued)	
3		the organization's acquecked (check all that apply):	uisition, accession	n, and other record	,	any of	the fol	llowing	that are a	significant (	use of its col	ection	
а		Public exhibition			d		Loan	or exch	ange prog	grams			
b		Scholarly research			е		Other	- <u>-</u>					
С		Preservation for future	generations										
4	Provid Part X	de a description of the d	organization's col	lections and explai	n how the	y furth	ner the	organi	zation's ex	xempt purpo	se in		
5		g the year, did the orga s to be sold to raise fun									☐ Yes		0
Par	t IV	Escrow and Custo Complete if the org line 21.			orm 990	, Part	IV, lir	ne 9, oı	r reporte	d an amou			
1a		organization an agent, led on Form 990, Part X									☐ Yes		0
b	If "Ye	s," explain the arrange	ment in Part XIII	and complete the	followina	table:				A	mount		_
c		ning balance		·	-				1c				_
d	_	ons during the year							1d				_
е	Distril	outions during the year							1e				_
f	Endin	g balance							1f				
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X, lin	e 21, for	escrow	or cus	stodial a	account lia	ability?	☐ Yes		0
b		s," explain the arrange			•					•	_		
	rt V	Endowment Fund						p					
		Complete if the org	ganization ansv	vered "Yes" on F	orm 990	, Part	IV, lin	ne 10.					
				(a) Current year	<b>(b)</b> P	rior yea	r (	(c) Two y	years back	(d) Three ye	ars back (e)	Four yea	rs back
	_	ing of year balance .											
		utions											
		estment earnings, gain											
		or scholarships											
	and pro	expenditures for facilities ograms											
		strative expenses .											
g	End of	year balance											
2 a		le the estimated percer designated or quasi-ei	_	ent year end balan	ce (line 1	g, colui	mn (a)	) held a	as:				
b	Perma	anent endowment 🕨	<b></b>										
c	Term	endowment 🕨											
	The p	ercentages on lines 2a,	 , 2b, and 2c shou	ld equal 100%.									
3а		nere endowment funds ization by:	not in the posses	sion of the organiz	ation that	are h	eld and	d admin	istered fo	r the		Yes	No
	-	related organizations									3a(i)	163	
		elated organizations				٠.					3a(ii)		
b		s" on 3a(ii), are the rel			d on Sche	dule R	?.				3b		
4	Descr	ibe in Part XIII the inte	nded uses of the	organization's end	lowment f	unds.					•		
Par	t VI	Land, Buildings,											
	Doccri	Complete if the orgotion of property	ganization ansv (a) Cost or oth		orm 990 ost or other					m 990, Par		). ook value	
	Descri	ption of property	(investme		ist of other	Dasis (C	ourier)	(C) Act	cumulateu (	зергесіаціон	( <b>u)</b> D	JOK Valu	=
1a	Land												
b	Buildin	gs											
c	Leaseh	old improvements				1,58	30,304			719,107			861,197
d	Equipm	nent				3	30,328			22,461			7,867
							59,938			259,938			
Tota	I. Add	ines 1a through 1e. <i>(C</i>	olumn (d) must e	equal Form 990, Pa	art X, colu	mn (B)	), line	10(c).)		<b>&gt;</b>			869,064
										Sch	edule D (Fo	orm 99	0) 2022

Schedule D (Form 990) 2022 Page **3** 

Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category  (including name of security)	(b) Book		(c) Method of valuation: t or end-of-year market value
	value		tor end or year market value
1) Financial derivatives			
Other			
N)			
3)			
C)			
D)			
Ξ)			
=)			
G)			
н)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
<b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 990,	Part IV.	line 11c. See Fo	rm 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F	Part IV, li	ine 11d. See For	rm 990, Part X, line 15.
(a) Description			(b) Book value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.			•
Complete if the organization answered 'Yes' on Form 990, F			E 000 B : 1/ !! C-

/24, 12:35 PM	Writers Guild Foundation - Full Filing- Nonprofit Explor	er - ProPublica	
DS HELD FOR OTHERS			180,362
			·
II. (Column (b) must equal Form 990, Part X, col.(B) li	line 25.)	•	180,362
	I, provide the text of the footnote to the organization's financial	statements that	
ınization's liability for uncertain tax positions ι	under FIN 48 (ASC 740). Check here if the text of the footnote h	has been provided	l in Part XIII 🔽
		Schedule D	(Form 990) 2022
	Page 4 ————		
dula D (Farm 2001) 2022			
edule D (Form 990) 2022	er Audited Financial Statements With Revenue pe	u Datuus	Page 4
	er Audited Financial Statements with Revenue per Iswered 'Yes' on Form 990, Part IV, line 12a.	r Keturn.	
Total revenue, gains, and other support per		1	966,581
Amounts included on line 1 but not on Form	n 990, Part VIII, line 12:		
Net unrealized gains (losses) on investment	ts 2a -260,	187	
Donated services and use of facilities	2b		
Recoveries of prior year grants	2c		
Other (Describe in Part XIII.)	2d		
Add lines 2a through 2d		2e	-260,187
Subtract line <b>2e</b> from line <b>1</b>		3	1,226,768
Amounts included on Form 990, Part VIII, li	ine 12, but not on line 1:		
Investment expenses not included on Form	990, Part VIII, line 7b . 4a		
Other (Describe in Part XIII.)	4b		
Add lines 4a and 4b		4c	
Total revenue. Add lines 3 and 4c. (This mu	ust equal Form 990, Part I, line 12.)	5	1,226,768
	per Audited Financial Statements With Expenses p	er Return.	
Total expenses and losses per audited finan	nswered 'Yes' on Form 990, Part IV, line 12a.	1	1,201,630
Amounts included on line 1 but not on Form		-	1,201,030
Donated services and use of facilities			
Prior year adjustments			
Other losses			
Other (Describe in Part XIII.)		<del> </del>	
Add lines 2a through 2d		2e	
Subtract line <b>2e</b> from line <b>1</b>		3	1,201,630
Amounts included on Form 990, Part IX, line	e 25. but not on line <b>1:</b>		1,201,030
Investment expenses not included on Form	· , , , , ,		
Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
Add lines <b>4a</b> and <b>4b</b>		4c	
	nust equal Form 990, Part I, line 18.)	5	1,201,630
rt XIII Supplemental Information	• • • • • • • • • • • • • • • • • • • •		, ==,==
•••	s 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 XI
	Iso complete this part to provide any additional information.	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
Return Reference	Explanatio	n	
X : FIN48 Footnote	ACCOUNTING STANDARDS REQUIRES THE FOUNDATION		
	DROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT I		

PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED "MORE LIKELY THAN NOT" TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT YEAR END.

Schedule D (Form 990) 2022

Additional Data Return to Form

**Software ID:** 22015553 **Software Version:** 2022v5.0

4/10/24, 12:35 PM Writers Guild Foundation - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202303039349302675 - Submission: 2023-10-30 TIN: 23-7024900 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Denartment of the Treasury Open to Public Internal Revenue Service Inspection Employer identification number Name of the organization WRITERS GUILD FOUNDATION 23-7024900 Part I Questions Regarding Compensation No Yes 1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these it First-class or charter travel ☐ Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 Yes directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods 3 used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a No Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . . . . . . 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . 4с No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a No Any related organization? . . 5b No If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a No 6b No If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . No Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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If "Yes" on Jine 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

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Schedule J (Form 990) 2022

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No

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Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown  (i) Base compensation	of W-2, 1099-MIS and/or 1099-NEC (ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D</b> ) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1 KATIE BUCKLAND Executive Dir.	(i) (ii)	152,750					152,750	

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Schedule J (Form 990) 2022								Page <b>3</b>	
Part III Supplemental Information  Provide the information, explanation, or descriptions require	ed for Part I lines 1a	1h 3 4a 4h 4c	5a 5h 6a 6h 7	and 8 and for P	art II. Also comple	te this part for an	v additional inform	nation	
Return Reference	ed for fare 1, mics 14	, 10, 3, 40, 40, 40,		Explanation	are II. Also comple	ice this part for an	y dadicional inform	nacion.	
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ObjectId: 202303039349302675 - Submission: 2023-10-30

TIN: 23-7024900

OMB No. 1545-0047

2022

# Open to Public Inspection

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization WRITERS GUILD FOUNDATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

▶ Go to <u>www.irs.gov/Form990</u> for the latest information.

Employer identification number

23-7024900

	25 702 1500
Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	FORM 990 IS PROVIDED TO ALL BOARD MEMBERS IN DRAFT FORM PRIOR TO BEING FINALIZED AND FILED.
Form 990, Part VI, Section B, Line 12c	BOARD MEMBERS ARE ANNUALLY ADVISED OF THE ORGANIZATION'S POLICY AND DIRECTED TO DISCLOSE ANY CONFLICTS OF INTEREST.
Form 990, Part VI, Section B, Line 15a	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, Section C, Line 18	DOCUMENTS ARE AVAILABLE ON WRITTEN REQUEST TO THE ORGANIZAITON AND AT WWW.GUIDESTAR.ORG.
Form 990, Part VI, Section C, Line 19	No documents available to the public.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data Return to Form

**Software ID:** 22015553 **Software Version:** 2022v5.0