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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

АГ	or the	2023 calendar year, or tax year beginning 00L 1, 2023 and 6	enaing U	UN 30, 2024		
B c	heck if pplicable	C Name of organization		D Employer identific	cation number	
	Addres	THE WRITING REVOLUTION, INC.				
	Name change	Doing business as		46-49708	67	
	Initial return	,	Room/suite	E Telephone number		
	Final return/	90 BROAD STREET		212-982-		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,474,89	99.
	Amend return	NEW TORK, NT 10004		H(a) Is this a group re		
	Applica tion pendin	F Name and address of principal officer: O ODIII C. HOCHMAN		for subordinates	?Yes X	No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes	No
<u> </u>	ax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions	
	Vebsit			H(c) Group exemption		
		organization: X Corporation Trust Association Other	L Year	of formation: 2014 N	State of legal domicile	: DE
Pa		Summary				
Ф		Briefly describe the organization's mission or most significant activities: $\ \underline{ ext{THE} \ \ ext{V}}$			N TRAINS	
Activities & Governance	-	AND SUPPORTS EDUCATORS IN IMPLEMENTING THE	E HOCE	MAN METHOD.		
rne	2 (Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.	
ŏ	l			3		12
ত		Number of independent voting members of the governing body (Part VI, line 1b)				10
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)				36
ξĖ		Total number of volunteers (estimate if necessary)				54
Υcti		Total unrelated business revenue from Part VIII, column (C), line 12				0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>			0.
				Prior Year	Current Year	
<u>o</u>	8 (Contributions and grants (Part VIII, line 1h)		645,251.	754,98	
Revenue	9 1	Program service revenue (Part VIII, line 2g)		4,890,069.	6,308,22	
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		48,396.	222,51	
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		135,271.	34,54	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		5,718,987.	7,320,27	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,000.	31,79	
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,427,546.	4,828,12	
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
xbe	b ·	Total fundraising expenses (Part IX, column (D), line 25) 557,38	<u> </u>			
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,648,098.	2,433,94	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,085,644.	7,293,85	
	19	Revenue less expenses. Subtract line 18 from line 12		633,343.	26,42	22.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		7,271,119.	7,213,72	
t As	21	Total liabilities (Part X, line 26)		541,811.	459,23	
킬	22	Net assets or fund balances. Subtract line 21 from line 20		6,729,308.	6,754,48	<u> 37.</u>
	ırt II	Signature Block	\\/ /			
		ties of perjury, I declare that I have examined this return, including act <mark>o </mark> npan <mark>ying schedule</mark> s			knowledge and belief, i	t is
true,	correct	, and complete. Declaration of preparer (other than officer) is based o <mark>n all imformation</mark> of whi	ich preparer	has any knowledge.		
		Circustinus of efficient		Data		
Sigr	L	Signature of officer		Date		
Her	e [IONI ANN M. VROOM, CO-CEO Sax LLF				
		Type or print name and title Certified Public A	ccoun	tants	DTIN	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	_
Paid -		MARQUS WHITE MARQUS WHITE	<u> </u>	01/21/25 self-employ		
	arer	Firm's name SAX LLP		Firm's EIN 8	1-2950760	
Use	Only	Firm's address 389 INTERPACE PARKWAY; STE 3			2 480 6052	
		PARSIPPANY, NJ 07054		Phone no. 9 7	3-472-6250	
Мау	the IR	S discuss this return with the preparer shown above? See instructions			X Yes	No

Form	990 (2023) THE WRITING REVOLUTION, INC.	46-4970867	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		··· <u> </u>
'	THE WRITING REVOLUTION (TWR) AIMS TO ENABLE ALL STUDENTS	ECDECTALL V	
	THOSE FROM HISTORICALLY MARGINALIZED COMMUNITIES, TO BECO	DWE PROFICIE	NT.
	WRITERS, READERS, AND CRITICAL THINKERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_			X No
	prior Form 990 or 990-EZ?	L Yes	L INO
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	maggired by expenses	
4		• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 5 , 025 , 541 . including grants of \$ 31 , 790 .) (Revenue	ue\$ 6,308,	226.
	THE ORGANIZATION SEEKS TO ACCOMPLISH ITS MISSION BY TRAIN		
	SUPPORTING TEACHERS AND SCHOOL LEADERS IN IMPLEMENTING TH		
	METHOD, AN EXPLICIT SET OF EVIDENCE-BASED STRATEGIES FOR		
	EXPOSITORY WRITING THAT CAN BE USED IN ALL GRADES AND SUR	BJECT AREAS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)	.e \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	.e \$	
	-		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 5,025,541.		

Form **990** (2023)

4e Total program service expenses

Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			- v
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.4		T
D	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		X
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	שדו		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		 ^ `
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		- v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

332003 12-21-23

Form 990 (2023) THE WRITING REVOLU

Part IV 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	X	<u></u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	04-		х
L	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
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			v
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
a	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Confedule C contains a response of flote to any line in this Fart V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 51		169	140
	Enter the number reported in box 5 of form 1030. Enter 40 in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

332004 12-21-23

023) THE WRITING REVOLUTION, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 36							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х				
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).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
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	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х				
е	7 7 7 171							
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8								
۵	sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.							
а	Pid the annual income in the second in the s							
b								
10	Section 501(c)(7) organizations. Enter:	9b						
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
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						
	Note: See the instructions for additional information the organization must report on Schedule O.							
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	4.		v				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		х				
	excess parachute payment(s) during the year?	15		^				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х				
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		Λ				
17	Section 501(c)(21) organizations. 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?	17						
	If "Yes," complete Form 6069.							
	,							

332005 12-21-23

Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** Section 6104 requires an organization to make its Forms 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. X Upon request ___ Other (explain on Schedule O) Own website Another's website Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records MAHMUD ENNIN, DIRECTOR OF FINANCE 90 BROAD STREET, NEW YORK, 10004

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box	not c	(C Posi heck i	ition		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DINA ZOLEO, PH. D CO-CEO	40.00	х		х				248,536.	0.	21,347.
(2) TONI-ANN VROOM, PH. D	40.00	72		22				240,550.	0.	21,3476
CO-CEO	40.00	х		х				253,000.	0.	413.
(3) KATHLEEN MALONEY	40.00			25				233,000.	•	<u></u>
COO	40.00	1		х				223,643.	0.	11,552.
(4) KIRK CLARKE	40.00							223,0131		
DIRECTOR OF TECHNOLOGY		1				x		140,543.	0.	11,552.
(5) RONALD GOLDEN	40.00								• •	
DIRECTOR OF MARKETING AND COMMUNICAT		1				x		147,054.	0.	414.
(6) ALEXANDRIA CHALONEC	40.00									
CO-DIRECTOR OF ACADEMICS						X		140,477.	0.	3,739.
(7) CHRISTINE TEAHAN	40.00									
CO-DIRECTOR OF ACADEMICS						X		139,241.	0.	414.
(8) MADALYN MARCANO	40.00									_
SR MGR OF SCHOOL PARTNERSHIPS						Х		134,500.	0.	0.
(9) LISA AMATO	0.50									
CHAIR/TREASURER		Х		Х				0.	0.	0.
(10) JUDITH C. HOCHMAN, ED. D	0.50									
FOUNDER AND SECRETARY		Х		Х				0.	0.	0.
(11) ARNOLD LEVINE	0.50									
TREASURER		Х		Х				0.	0.	0.
(12) ANDREW S. KOMAROFF	0.50	1								_
BOARD MEMBER		Х						0.	0.	0.
(13) CHRIS STERN HYMAN, ESQ.	0.50	l								
BOARD MEMBER		Х						0.	0.	0.
(14) DAVID PATRON	0.50	ļ							•	•
BOARD MEMBER	0.50	Х				_		0.	0.	0.
(15) IVONNE GONZALEZ RUGGLES	0.50	3,7							0	0
BOARD MEMBER	0 50	Х						0.	0.	0.
(16) KATHLEEN ABRAHAMSON	0.50								_	^
BOARD MEMBER	0.50	Х				-		0.	0.	0.
(17) MARTIN OPPENHEIMER BOARD MEMBER	0.50	Х						0.	0.	0.
222007 12 21 23	l	Λ		l			<u> </u>	1 0.	0.	Form 990 (2023)

332007 12-21-23 Form **990** (2023)

	990 (2023) THE WRIT:	ING REVO	LU	JTI	ON	Ι,	IN	c.	•	46-49	3 70	867	Р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	j Hi	ghes	t C	compensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		າ than d	ne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson i	is both	an	compensation	compensatio	'n	an	nount	of
		week		Cer ar	la a a	lirecic	or/trus	iee)	from	from related			other	
		(list any hours for	irecto						the	organization			pensa om th	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			anizat	
		organizations	ruste	l trus		99/	mpen		1099-NEC)	1000 NEO)			d relat	
		below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	er	•				anizati	
		line)	Indiv	Instit	Officer	Key e	Highe	Former						
(18)	DEIRDRE DEANGELIS	0.50												
BOAR	D MEMBER		Х						0.		0.			0.
											\neg			
1b	Subtotal								1,426,994.		0.	4	9.4	31.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								1,426,994.		0.	4	9,4	
2	Total number of individuals (including but n								<u> </u>	000 of reportable			- , <u>-</u>	
_	compensation from the organization	or invited to the	030	iioto	u ac	JOVC	,, vvii	010	cocived more than \$100,	ooo or reportable	•			17
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director truct	00 l		mnl	lovo	0 0r	hic	shoot componented amp	lovos on	1		100	
3		,	-	•	•	•		_		•		3		х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		
4	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a	,		,								4	22	
3												5		Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	ipiete Scheaule	9 <i>J T</i>	or st	ıcn į	oers	on .					3		21
	Complete this table for your five highest co	mponostod inc	lono	ndo	nt or	ontr	aatai	ro +1	hat received more than ⁽	100 000 of com		tion fr	·m	
1	the organization. Report compensation for	=	-							· · · · · · · · · · · · · · · · · · ·	Jei isai	LIOIT IT	וווע	
	<u> </u>	ine calendar ye	eare	riuii	ig w	illi C	Jr WI	LITIII		ear.			•••	
	(A) Name and business	address							(B) Description of s	ervices	C)) ompe		n
DOE	CHLIGHT BOOK	addi Coo							Besomption of a	ici vioco		ompo	ioutio	
		, MT 23	20	1					BOOKS + SHIP	DINC		10	a 2	57
BDC	S. 1ST ST., MILWAUKEE	ı, W⊥ 33	<u>∠</u> ()	4					POOVS + SUIL	E TING.		т Э	9,4	<u>57.</u>
		1 גם טי	5 2	<i>6</i> 1					ETNANCE TO T	_		1 =	2 4	72
) BOX 642743, PITTSBURG PHEMATICA	m, FA I	<i>J</i>	04					FINANCE, IT, H	IX.		тэ	4,4	73.
	BOX 825996, PHILADELF	нта ол	1	91	გ ე				DATA ANALYSI	۹		1 2	1 Ω	12.
- · ·	, POW OPPINO ENTRUDENT	HIA, FA		ノエ	~ ~				PULL CHUTIST	-		± J	-, 0	-4•

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2023) THE WRI
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		Officer if Schedule O contains a response of	Thole to arry iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts st	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı	Membership dues 1b					
, E	,	Fundraising events 1c 1c	146,858.				
ifts		d Related organizations 1d					
nis,		e Government grants (contributions) 1e					
Sic		All other contributions, gifts, grants, and					
e ti			608,131.				
.ē₽			300,131.				
t b	!	Noncash contributions included in lines 1a-1f 1g \$		754 000			
<u>ŏ</u> <u>ö</u>	l	1 Total. Add lines 1a-1f		754,989.			
		<u> </u>	Business Code				
ě	2 :	a COURSES & PARTNERSHIPS	900099	6,308,226.	<u>6,308,226.</u>		
ξ)					
Sel	,						
m Ve		d					
gra Re							
Program Service Revenue	· ·	All other program service revenue					
_		_		6,308,226.			
		Total. Add lines 2a-2f		0,300,440.			
	3	Investment income (including dividends, interes		000 511			000 511
		other similar amounts)		222,511.			222,511.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties		171,407.			171,407.
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	/ :	(7	(II) Other				
		assets other than inventory 7a					
	ı	Less: cost or other basis					
ne		and sales expenses					
Revenue		Gain or (loss)7c					
Re		d Net gain or (loss)					
her	8 :	Gross income from fundraising events (not					
₽		including \$ 146,858. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	0.				
			154,624.				
			134,024.	-154,624.			-154,624.
		Net income or (loss) from fundraising events		-134,024.			-134,024.
	9 :	a Gross income from gaming activities. See					
		Part IV, line 199a					
	I	Less: direct expenses 9b					
	•	Net income or (loss) from gaming activities					
	10 :	Gross sales of inventory, less returns					
		and allowances 10a					
	1	Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
	'		Business Code				
sn	44	MISCELLANEOUS	900099	17,766.			17,766.
e eo	11.6		200033	11,100.			<u> </u>
lan		·					
Sel Sev	(•					
Miscellaneous Revenue	(d All other revenue		4			
_		Total. Add lines 11a-11d		17,766.			
	12	Total revenue. See instructions		7,320,275.	6,308,226.	0.	257,060.

Form 990 (2023) THE WRITING R Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
D:	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	31,790.	31,790.		
3	Grants and other assistance to foreign	3277301	0277300		
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	776,820.	318,478.	310,758.	147,584
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,299,381.	2,482,849.	636,344.	180,188
8	Pension plan accruals and contributions (include	406 00-			
	section 401(k) and 403(b) employer contributions)	126,825.	89,241.	29,080.	8,504 20,494
9	Other employee benefits	303,647.	219,812.	63,341.	20,494
10	Payroll taxes	321,447.	221,854.	74,146.	25,447
11	Fees for services (nonemployees):				
a	Management	65,716.	39,577.	20 102	6 027
b	Legal	323,236.	194,669.	20,102. 98,874.	6,037 29,693
C		323,230.	134,003.	30,074.	29,093
d					
e					
f g	Investment management fees				
9	column (A), amount, list line 11g expenses on Sch 0.)	696,104.	514,629.	131,307.	50,168
12	Advertising and promotion	50,931.	35,151.	11,748.	4,032
13	Office expenses	99,438.	59,886.	30,417.	9,135
14	Information technology	•		,	•
15	Royalties				
16	Occupancy	255,060.	176,035.	58,833.	20,192
17	Travel	288,717.	199,265.	66,596.	22,856
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) MATERIALS	212,788.	205,722.	5,435.	1,631
a b	PROFESSIONAL EMPLOYER	161,810.	111,677.	37,323.	12,810
C	SOFTWARE SUBSCRIPTIONS	128,866.	77,609.	39,419.	11,838
d	EQUIPMENTS	59,176.	35,639.	18,101.	5,436
	All other expenses	92,101.	11,658.	79,106.	1,337
25	Total functional expenses. Add lines 1 through 24e	7,293,853.	5,025,541.	1,710,930.	557,382
26	Joint costs. Complete this line only if the organization	, = 2 3 , 3 3 3 4	2,023,0220		22.,232
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part	Χ		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,291,744.	1	829,554.
	2	Savings and temporary cash investments		2	5,047,211.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	1,292,228.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges	1 20 002	9	20,953.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	38,456.	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	207,533.	15	23,778.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	7,213,724.
	17	Accounts payable and accrued expenses		17	401,389.
	18	Grants payable		18	FF 040
	19	Deferred revenue		19	57,848.
	20	Tax-exempt bond liabilities		20	
	21			21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	,		
		parties, and other liabilities not included on lines 17-24). Complete Part	236 423	0.5	0.
	06	of Schedule D	541,811.	25 26	459,237.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	J41,011.	20	437,237.
S		and complete lines 27, 28, 32, and 33.			
ĕ	27	Net assets without donor restrictions	6,699,308.	27	6,734,487.
sala	28	Net assets with donor restrictions	20.000	28	20,000.
Ā	20	Organizations that do not follow FASB ASC 958, check here	3373333	20	20,0001
臣		and complete lines 29 through 33.			
<u>p</u>	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	C 720 200	32	6,754,487.
Z	33	Total liabilities and net assets/fund balances	7 771 110	33	7,213,724.
	, 55	rotal habilitios and not associs/rand balances			Form 990 (2023

Form	990 (2023) THE WRITING REVOLUTION, INC.	46-	<u>-49708</u>	67	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,2			
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>7,</u>		3,8 6,4			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>6,</u>		9,3			
5	Net unrealized gains (losses) on investments	5		<u> </u>	1,2	<u>43.</u>		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
_	column (B))	10	<u>6,</u>	75	4,4	<u>87.</u>		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			<u>Ш</u>		
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
			ſ	orm	990	(2023)		

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE WRITING REVOLUTION, INC.

Employer identification number

		THE	WRITING REV	VOLUTION, INC	.			4	6-4970867			
Par	tΙ	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.					
The c	rgan	ization is not a private found										
1 [A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2 [A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)							
з [A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4 [A medical research organiz						ii). Enter	the hospital's name,			
		city, and state:										
5 [An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental uni	t describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 [X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 [A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)							
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a la	nd-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of th	ne college	e or			
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, an	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	after June 30, 1975.			
_		See section 509(a)(2). (Con	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to carr	y out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 50)9(a)(3). (Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 1	2g.				
а			anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typ	ically by	giving			
		the supported organization			majority o	f the direc	tors or trustees	of the su	upporting			
		organization. You must o										
b			•						-			
		control or management o			ame perso	ns that co	ntrol or manage	the sup	ported			
		organization(s). You mus										
С		☐ Type III functionally inte						integrate	ed with,			
		its supported organization		·								
d		☐ Type III non-functionally						-				
		that is not functionally int	-		•		-	ın attentiv	veness			
		requirement (see instructi	•	•	•			Tuno III				
е		Check this box if the orga functionally integrated, or					Type I, Type II,	туре п				
f	Ento	er the number of supported o			ig organiz	ation.						
		vide the following information	•	d organization(s).								
		i) Name of supported	(ii) EIN	(iii) Type of organization		inization listed	(v) Amount of n	nonetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	in your governi	No	support (see ins	tructions)	support (see instructions)			
				above (see instructions)		- 110						
Total												

332021 12-21-23

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	717,955.	994,979.	983,872.	645,251.	754,989.	4097046.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	717,955.	994,979.	983,872.	645,251.	754,989.	4097046.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						938,349.
6	Public support. Subtract line 5 from line 4.						3158697.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	717,955.	994,979.	983,872.	645,251.	754,989.	4097046.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	54,822.	71,809.	132,479.	183,667.	393,918.	836,695.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					17,766.	17,766.
11	Total support. Add lines 7 through 10						4951507.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 22	,380,022.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	63.79 %
	Public support percentage from 2022					15	66.20 %
16a	33 1/3 % support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				•		
46	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar		(Form 990) 2023

332022 12-21-23

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** 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.**
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	_		
ŀ	2		
	0-		
ŀ	3a		
	3b		
ı	- CL		
	3с		
Ī			
	4a		
	4b		
	_		
ŀ	4c		
	5a		
İ			
	5b		
	5с		
	_		
ŀ	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
_			

Sche	dule A		WRITING REVOLUTION, INC. 46-	-497086	7 Pa	age 5
Par	t IV	Supporting Organization	s (continued)			
					Yes	No
11	Has tl	he organization accepted a gift or	contribution from any of the following persons?			
а	A per	son who directly or indirectly cont	ols, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a sup	ported organization?	11a		
b	A fam	nily member of a person described	on line 11a above?	11b		
С	A 35%	6 controlled entity of a person des	cribed on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	_{in} Part VI.		11c		
Sec	tion E	3. Type I Supporting Orga	nizations			
					Yes	No
1	Did th	ne governing body, members of the	governing body, officers acting in their official capacity, or membership of one o	r		
			power to regularly appoint or elect at least a majority of the organization's officer	3,		
			the tax year? If "No," describe in Part VI how the supported organization(s)			
			rolled the organization's activities. If the organization had more than one supported to appoint and/or remove officers, directors, or trustees were allocated among the	ן נ		
			tions or restrictions, if any, applied to such powers during the tax year.	1		
2			efit of any supported organization other than the supported			
	organ	ization(s) that operated, supervise	d, or controlled the supporting organization? If "Yes, " explain in			
			ed out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting		2		
Sec		C. Type II Supporting Orga				
					Yes	No
1	Were	a majority of the organization's di	ectors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's	supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organ	zation was vested in the same persons that controlled or managed			
	the su	upported organization(s).	, , , , , , , , , , , , , , , , , , ,	1		
Sec	tion [D. All Type III Supporting (Organizations			
					Yes	No
1	Did th	ne organization provide to each of	ts supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written noti	e describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that wa	s most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in	effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers,	directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the gov	rning body of a supported organization? If "No," explain in Part VI how			
			continuous working relationship with the supported organization(s).	2		
3		•	on line 2, above, did the organization's supported organizations have a			
	signifi	icant voice in the organization's in	restment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the	tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this re	gard.	3		
Sec	tion I	E. Type III Functionally Into	grated Supporting Organizations			
1	Checi	k the box next to the method that t	he organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
а			vities Test. Complete line 2 below.			
b		The organization is the parent of	each of its supported organizations. Complete line 3 below.			
С		The organization supported a gov	ernmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction	n <u>s).</u>	
2	Activi	ties Test. Answer lines 2a and 2b			Yes	No
а	Did su	ubstantially all of the organization'	activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which	he organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and e	plain how these activities directly furthered their exempt purposes,			
			those supported organizations, and how the organization determined			
		hese activities constituted substan	•	2a		
b			bove, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's suppo	rted organization(s) would have been engaged in? If "Yes," explain in			
			s position that its supported organization(s) would have engaged in			
		activities but for the organization's		2b		
3		nt of Supported Organizations. An				

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

За

	dule A (Form 990) 2023 THE WRITING REVOLUTION			46-49/086/ Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2023

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Par	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish ex	empt purposes	1						
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported							
	organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purpos	s 3							
4	Amounts paid to acquire exempt-use assets		4						
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5						
6	Other distributions (describe in Part VI). 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							
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2023 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount		10						
	•	(i)	(ii)	(iii)					
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023					
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
а	From 2018								
b	From 2019								
С	From 2020								
d	From 2021								
е	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2023 distributable amount								
i	Carryover from 2018 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7:								
а	Applied to underdistributions of prior years								
b	Applied to 2023 distributable amount								
С	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
	Excess from 2022								
	Excess from 2023								

Schedule A (Form 990) 2023

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
AMATO HOUSEHOLD	381,499.	282,469.
ABRAHAMSON HOUSEHOLD	502,500.	403,470.
JUDY HOCHMAN HOUSEHOLD	202,000.	102,970.
THE JOSEPH H. FLOM FOUNDATION	200,000.	100,970.
WEXLER AND FELDMAN HOUSEHOLD	147,500.	48,470.
Total Excess Contributions to Schedule A, Part II, Line 5		938,349.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE WRITING REVOLUTION, INC.

Employer identification number 46-4970867

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax 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 stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

332051 09-28-23

Schedule D (Form 990) 2023

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

	t III Organizations Maintaining Co	llections of Ar	t, Hist	orical Tre	asures, o	r Other	Simi	lar Assets	Continu	ued)
3	Using the organization's acquisition, accession								(OOTHER)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
•	collection items (check all that apply).	,, a	o, oo				9			
а	Public exhibition	d		I can or evo	hange progra	am				
b	Scholarly research	e			mange progra					
C	Preservation for future generations	C	· L	Oti 161						
4	Provide a description of the organization's colle	octions and ovalair	how th	ov further th	o organizatio	on's ovon	nnt nu	noco in Part	VIII	
5	During the year, did the organization solicit or r	· · · · · · · · · · · · · · · · · · ·		•	-			-	AIII.	
3	to be sold to raise funds rather than to be main								Yes	☐ No
Par	t IV Escrow and Custodial Arrange					Voc" on [INU
ı uı	reported an amount on Form 990, Part 2		te ii tile	organization	i aliswered	res on r	roiiii 9	90, Fart IV, II	rie 9, or	
12	Is the organization an agent, trustee, custodiar		diany for	contribution	ne or other as	eate not	include			
Ia									Yes	☐ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII an								_ 1 <i>e</i> s	NO
b	ii res, explain the arrangement in Fait Alli an	id complete the for	lowing t	abie.					Amount	
_	Paginning halange							_	7 1110 01110	
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
t O-	Ending balance Did the organization include an amount on Form							<u> </u>	7 v	
	•								Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. C t V Endowment Funds Complete if the									
ı aı		(a) Current year			(c) Two yea			ee years back	(a) Four	years back
	——————————————————————————————————————	(a) Current year	(D) F	Prior year	(C) TWO yea	13 Dack	(u) 1111	ee years back	(e) i oui	years back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1	g, column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possess	ion of the organiza	tion tha	t are held ar	nd administer	red for th	е		_	
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the o		wment f	unds.						
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990), Part I\	/, line 11a. S	See Form 990	, Part X,	line 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumu	lated	(d) Book	value
		basis (investn	nent)	basis	(other)	de	preciat	ion		
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	I								
	Other									
	. Add lines 1a through 1e. (Column (d) must eau		X. line 1	0c. column	(B))					0.

Schedule D (Form 990) 2023

	REVOLUTION,	INC.	46-4970867 Page
Part VII Investments - Other Securities Complete if the organization answered "Yes" of	on Form 000 Bort IV line	a 11h San Farm 000 Dart V lina 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1) Financial derivatives	(b) Book value	(c) memer or valuation: esse of	ond or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11d. See Form 990. Part X. line 15	
-	Description	5 11d. 666 1 6111 666, 1 dr 27, iiile 16.	(b) Book value
(1)	2000 I priori		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	_ (B))		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	e 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			1

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(8) (9)

Sche	dule D (Form 990) 2023 THE WRITING REVOLUTION, INC	Z.		46-4	4970867	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	7,473	<u>,656.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		4 040			
а	Net unrealized gains (losses) on investments		-1,243.			
b	Donated services and use of facilities					
С	Recoveries of prior year grants		154 604			
d	Other (Describe in Part XIII.)	2d	154,624.		1 - 2	201
е	Add lines 2a through 2d			2e		,381.
3	Subtract line 2e from line 1			3	7,320	, 4/5.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)			4-		0.
C E	Add lines 4a and 4b			4c 5	7,320	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F			, 4/5.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		- Aponece per i		•	
1	Total expenses and losses per audited financial statements			1	7,448	477.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				.,	, _ , , ,
a	Donated services and use of facilities	2a				
b	Prior year adjustments			•		
c	Other losses	2c				
d		2d	154,624.			
е	Add lines 2a through 2d			2e		,624.
3	Subtract line 2e from line 1			3	7,293	,853.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,293	<u>,853.</u>
	t XIII Supplemental Information					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			; Part >	(, line 2; Part X	(I,
PAI	RT X, LINE 2:					
THE	E ORGANIZATION DOES NOT BELIEVE ITS FINANCI	AL ST	ATEMENTS IN	CLUI	DE ANY	
MAT	TERIAL, UNCERTAIN TAX POSITIONS. TAX FILING	S FOR	THE PERIOD	S El	NDING JU	JNE
30	2021 AND LATER ARE SUBJECT TO EXAMINATION	BY Al	PPLICABLE T	AXII	NG	
AU:	THORITIES.					
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:					
SPI	ECIAL EVENT EXPENSE RECLASSIFICATION				154,6	524.
						_ •
	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
LVI	YI VII' DING 7D - CIHRY WDOODIMENID:					

154,624.

SPECIAL EVENT EXPENSE RECLASSIFICATION

Schedule D (Form 990) 2023	3 THE	WRITING	REVOLUTION,	INC.	46-4970867	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemen	tal Information	(continued)	·			<u> </u>
		(continued)				
		<u></u>				

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 46-4970867 THE WRITING REVOLUTION, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			1		<u>*</u>	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	146,858.			146,858.
	2	Less: Contributions	146,858.			146,858.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	70,799.			70,799.
Direct E	7	Food and beverages				
		Entertainment				
	9	Other direct expenses	83,825.			
		Direct expense summary. Add lines 4 through				154,624.
Pa	<u>11</u>	Net income summary. Subtract line 10 from li				-154,624.
Pai	ונו	· · · · ·	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(I-) Dull tobo/instant		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
တ္ထ	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Jirect	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
- 1						
	6	Volunteer labor	No No	□ No	No	
		Volunteer labor Direct expense summary. Add lines 2 through	No No	No No		
	7	Direct expense summary. Add lines 2 through	No No n 5 in column (d)			
	7		No No n 5 in column (d)			
9	7	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No No n 5 in column (d) from line 1, column (d)			
а	7 8 Ent	Direct expense summary. Add lines 2 through	No n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	states?		
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming acceptance.	No n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	states?		
a b 10a	7 8 Entitle Is to If " Week	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming acceptance.	No n 5 in column (d) from line 1, column (d) icts gaming activities:ctivities in each of these sevoked, suspended, or te	states? rminated during the tax y	ear?	Yes No

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 THE WRITING REVOLUTION, INC. 46	<u> -4970867</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
			——————————————————————————————————————
	An outside facility	[130]	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	t	
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
			_
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а		Yes	☐ No
	retain the state gaming license?		110
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	э	
Da	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and		01 401
га		Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	\mathtt{THE}	WRITING	REVOLUTION,	INC.	46-4970867	Page 4
Part IV	Supplemental Ir	nformation	(continued)	REVOLUTION,			
			(00000000)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE WRITI	NG REVOLU	TION, INC.					46-4970867				
Part I General Information on Grants ar	nd Assistance										
1 Does the organization maintain records to											
criteria used to award the grants or assis	tance?						No				
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.							
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21											
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant											
(a) Name and address of organization or government											
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	-										

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

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FIPENDS	12	31,790.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	ı (b); and any other ac	Iditional information.	
PART I, LINE 2:					
GRANTS ARE AWARDED BASED ON SPECIE	IC CRITER	IA AND ARE	E APPROVED	BY THE BOARD	
COMMITTEE THAT OVERSEES ALL RECIPI					

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

THE WRITING REVOLUTION, INC.

Employer identification number 46-4970867

OMB No. 1545-0047

			Yes	No
1a	Check the appropriate 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 items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 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:			
а	The organization?	5a		Х
	Any related organization?	5b		<u>X</u>
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a		Х
	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Ť		
•	Regulations section 53 /458-6/c/2	a		

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

Schedule J (Form 990) 2023

Part II 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 aren't 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.

	(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DINA ZOLEO, PH. D	226,536.	22,000.	0.	0.	21,347.	269,883.	0.
CO-CEO (ii)	0.	0.	0.	0.	0.	0.	0.
(2) TONI-ANN VROOM, PH. D	231,000.	22,000.	0.	0.	413.	253,413.	0.
CO-CEO (ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHLEEN MALONEY	198,643.	25,000.	0.	0.	11,552.	235,195.	0.
COO (ii)	0.	0.	0.	0.	0.	0.	0.
(4) KIRK CLARKE	133,043.	7,500.	0.	0.	11,552.	152,095.	0.
DIRECTOR OF TECHNOLOGY (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, SCHEDULE J, PART II COLUMN (B) (II)
ANNUAL CASH BONUSES BASED ON PERFORMANCE METRICS.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

name of the organization	THE WRITI	NG REVOL	UTION,	INC.			•	708		on nu	mber
Part I Excess Ber	nefit Transact	ions (section 5	01(c)(3), sec	tion 501(c)(4), and se	ection 501(c)(29) orga	nizatio	ns on	ly)			
Complete if th	e organization ans	wered "Yes" on	Form 990, F	Part IV, line 25a or 25b	b; or Form 990-EZ, P	art V, li	ine 40	b.			
1 (a) Name of disqualified	d paraon (b)	Relationship bet		alified	a) Description of tran	occtic	n		(d) Correcte		cted?
(a) Name of disquaimed	u person	person and o	rganization	,	c) Description of trar	isactio	n		Y	es	No
<u>(1)</u>											
(2)											
(3)											
(4)											
(5)											
(6)											
2 Enter the amount of ta	x incurred by the o	organization mar	nagers or dis	qualified persons dur	ring the year under						
section 4958							\$				
3 Enter the amount of ta	x, if any, on line 2,	above, reimburs	sed by the o	rganization			\$				
Part II Loans to a	nd/or From In	terested Per	sons								
Complete if th	e organization ans	wered "Yes" on	Form 990-E	Z, Part V, line 38a, or	Form 990, Part IV, lin	ne 26;	or if th	ne orga	anizati	on	
reported an ar	nount on Form 990	0, Part X, line 5,	6, or 22.								
(a) Name of	(b) Relationship		(d) Loan to d	(c) original	(f) Balance due	(g)			proved ard or	(1) *	Vritten
interested person	with organization	of loan	organization?	? principal amount default?		ult?	? committee				
			To Fror	n		Yes	No	Yes	No	Yes	No
<u>(1)</u>								↓	<u> </u>		
_(2)								↓	<u> </u>		
(3)											
_(4)											
(5)											
_(6)								<u> </u>	<u> </u>		
_(7)								<u> </u>	<u> </u>		
(8)											
(9)								$oxed{oxed}$			
(10)											
Total				\$							
Part III Grants or A	Assistance Be	nefiting Inter	ested Pe	rsons							
Complete if th	e organization ans	wered "Yes" on	Form 990, F	Part IV, line 27.							
(a) Name of intereste	d person	(b) Relationship	between	(c) Amount of	` ' ' '			•) Purp		of
		interested per the organiz		assistance	assistan	ice			assista	ance	

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

Schedule L (Form 990) 2023

(1) (2) (3) (4) (5) (6) (7) (8) (9)

Part I	EL (Form 99 Busin		WRITING REVOLUTION, IN Diving Interested Persons	· ·	46-4970	007	Page 2
			red "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.			
	(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
						Yes	No
	RIENNE	DAMMARCO	FAMILY MEMBER OF TW	32,208.	COMPENSATIO		X
(2)							
(3) (4)							
(5)							
(6)							
(7)							
(8)							
<u>(9)</u>							
(10) Part V	/ Suppl	emental Information					
rait			sponses to questions on Schedule L. See ir	nstructions.			
SCH 1	г. р <u>а</u> рг	r tv. Bustness	TRANSACTIONS INVOLVING	2 TNTEREST	ED PERSONS:		
				5 INTLICEDIT	ID I HRBOND.		
(A) 1	NAME OF	F PERSON: ADRII	NNE DAMMARCO				
(B) 1	RELATIO	ONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZAT	ION:		
FAMI	LY MEMI	BER OF TWR'S FO	DUNDER				
(D) 1	DESCRIE	PTTON OF TRANSA	ACTION: COMPENSATION				
(2)							

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

THE WRITING REVOLUTION, 46-4970867 INC. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION WAS ORGANIZED AS A DELAWARE NON-PROFIT, NON-STOCK CORPORATION AND HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ORGANIZATION'S ANNUAL MEETING. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 HAS BEEN REVIEWED BY A GROUP OF PERSONS AUTHORIZED TO REVIEW FINANCIAL AND AUDIT MATTERS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED INFORMATION. ANY CONFLICT IS REVIEWED BY THE BOARD BEFORE A DECISION IS MADE AS TO WHETHER TO APPROVE THE TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15: THIS REVIEW INCLUDES RESEARCHING GUIDESTAR, FORM 990S, NY NON-PROFIT NETWORK ANNUAL SALARY SURVEY, PHONE CALLS TO OTHER ORGANIZATIONS TO COLLECT DATA. FORM 990, PART VI, SECTION C, LINE 18:

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

Schedule O (Form 990) 2023

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM

990, FORM 1023, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2023	Page 2
Name of the organization THE WRITING REVOLUTION, INC.	Employer identification number 46-4970867
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 46-4970867 THE WRITING REVOLUTION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 90 BROAD STREET return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10004 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MAHMUD ENNIN, DIRECTOR OF FINANCE 90 BROAD STREET - NEW YORK, NY 10004 Telephone No. (212)982-6492 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. , 20 **25** , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year 20 ____ or JUL 1 ___ , 20 <u>23 __</u> , and ending ____ JUN 30 . X tax year beginning _____ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)