Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs gov/form990.

Open to Public Inspection

Ā F	or the	2013 calendar year, or tax year beginning JAN 1, 2014 and ending JUN	1 30,	2014
	heck if	C Name of organization		identification number
<u>a</u>	٦ .	MUD UDINING DELICITIETON THE	- L	
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T			Telephon	
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<u>}=</u>	∐Termı أ	A		
<u>}</u> =	_lAmer □		Group Ex	•
<u>_</u>		ation pending NEW YORK, NY 10022	Number	
			-	if the organization is not
		e: WWW.THEWRITINGREVOLUTION.ORG	•	to attach Schedule B
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527	(Form 99	0, 990-EZ, or 990-PF).
		forganization: X Corporation Trust Association Other		
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II		. 124 000
		(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		134,900.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions for Pa	arti)
		Check if the organization used Schedule O to respond to any question in this Part I		- <u>X</u>
	1	Contributions, gifts, grants, and similar amounts received	1	96,200.
	2	Program service revenue including government fees and contracts	2	38,700.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		1
	b	Less: cost or other basis and sales expenses 5b		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
ē	a	Gross income from gaming (attach Schedule G if greater than	ŀ	
enr		\$15,000) 6a		•
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
	1	gross income and contributions exceeds \$15,000) 6b		
	C	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
•	7a	Gross sales of inventory, less returns and allowances 7a		
•	b	Less; cost of goods sold		
হ	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule 0) Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	7c	<u> </u>
5	8	Other revenue (describe in Schedule 0)	8	
<u>د</u>	9	Other revenue (describe in Schedule 0) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	134,900.
ັ້ວ	10	Grants and similar amounts paid (list in Schedule 0)	10	
	11	Benefits paid to or for members	11	
80	12	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	12	60,362.
SL	13	Professional fees and other payments to independent contractors	13	67,487.
Expenses	14	Occupancy, rent, utilities, and maintenance	14	
H	15	Printing, publications, postage, and shipping	15	3,308.
Ü	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	16	11,304.
	17	Total expenses. Add lines 10 through 16	▶ 17	142,461.
<u></u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<7,561.>
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
As		(must agree with end-of-year figure reported on prior year's return)	19	0.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	<7,561.>
LHA	For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2013)

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Forn	n 990-E	THE WRITING REVOLUTION, C/O STEPHEN A. HOCHMAN	INC.			16-	49'	7086	67	Page 2
_	art II	Balance Sheets (see the instructions for Part II))			-				
<u></u>		Check if the organization used Schedule O to re	•	stion in this	Part II					X
_		Official in the organization accuracy of the re	soperia to any que	(A) Beginn		Т	-	(B) En	d of yea	
22	Cash	, savings, and investments		<u> </u>	0.	. 22	ī	<u>`</u>		668.
23		and buildings				23	 			
24		assets (describe in Schedule O)				24	\vdash			
25		assets			0.		\vdash		86,	668.
26		liabilities (describe in Schedule 0) SEE SCHEDULE	0		0.		 			229.
27		issets or fund balances (line 27 of column (B) must agree with line 2	1)		0		 			561.
		Statement of Program Service Accomplishm		ructions for		1	 	Ext	penses	
		Check if the organization used Schedule O to re	espond to any que	stion in this	Part III	X			or secti	
Wha	at is the	organization's primary exempt purpose? SEE SCHEDULE							ind 501 ns and :	
Desc	ribe the d	organization's program service accomplishments for each of its three largest program	am services, as measured by e	expenses in a clear	and concise		494	7(a)(1)	trusts;	optional
		tibe the services provided, the number of persons benefited, and other relevant inf					for o	others.)	,	
28	SEE	SCHEDULE O					\Box			
						_				
							! !			
	(Grant	s \$ 0 •) If this amount includes foreig	n grants, check here		•		28a	:	104,	834.
29							11			
					****		1			
				_						
	(Grant	s \$) If this amount includes foreig	n grants, check here				29a			
30	-									
							1 1			
	(Grant	s \$) If this amount includes foreig	n grants, check here				30a			
31	Other	program services (describe in Schedule O)					П			
	(Grant	s \$) If this amount includes foreig	n grants, check here				31a			
32	Total	program service expenses (add lines 28a through 31a)				▶	32		104,	834.
Pi	art IV	List of Officers, Directors, Trustees, and Key	/ Employees (list eac	ch one even if not c	ompensated - s	see the	ınstru	ctions fo	or Part IV)	
		Check if the organization used Schedule O to re	espond to any que	stion in this	Part IV				_	
			(b) Average hou		eportable		ealth b		(e) Es	timated
		(a) Name and title	per week devoted		sation (Forms 099-MISC)	empl	ributio oyee b	enefit		t of other
			position	(if not pa	ud, enter -0-)		and d	eferred ition	comp	ensation
	NTH									
		DENT & CHAIRMAN OF BOARD	2.00	_	0.	_		0.		0.
		H C. HOCHMAN, ED.D.							-	
		TARY & TREASURER	40.00	50	,000.			0.		0.
_		N P. HYMAN								
		MEMBER	2.00	_ , _	0.			0.		0.
		NEE SHARMA						_		
		MEMBER	0.50		0.			0.		0.
		IE WEXLER								
BC	ARD	MEMBER	0.50		0.			0.		0.
										_
						_				
_										

Form 990-EZ (2013) C/O STEPHEN A. HOCHMAN

Part V | Other Information (Note the Schedule A and pers

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Page 3

L* 6	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	s in in Part	e V	X
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	Ā
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37a			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
L	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section FOR(x)(3) amount and 5 to 1.	4		l
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 Cross received an line 9 for rights use of all the feet has	4		
	Gross receipts, included on line 9, for public use of club facilities Section 501(a)(3) except at the amount of t	-		
404	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0 • : section 4915 0 •			
h				
U	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	406		x
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	40b		
·	or disqualified persons during the year under sections 4912, 4955, and 4958		4	l
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
_	organization		,	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		,	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NY	100		
	The organization's books are in care of ► STEPHEN A. HOCHMAN Telephone no. ► 212-75	0-8	700	
	- 1	002		
b	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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1	 	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		-	
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
45	In Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
40 D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
—	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
3321	73	Form 9	90-EZ	(2013

Did the organization engage, directly or indirectly, in political campaign activities, complete Schedule C, Part I Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions Check if the organization used Schedule O to respond to a section 501(h) organization engage in lobbying activities or have a section 501(h) organization a school as described in section 170(b)(1)(A)(ii)? If "Yes" Did the organization make any transfers to an exempt non-charitable related by if "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, entertails a section of the organization is none, entertails and the organization.	47-49b and 52, and completed any question in this Part VI election in effect during the tax s, complete Schedule E d organization?	ete the tables for line	es 50 and 51.	47 48 49a 49b	Yes	X No X
All section 501(c)(3) organizations must answer questions Check if the organization used Schedule O to respond to a Did the organization engage in lobbying activities or have a section 501(h) or Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes Did the organization make any transfers to an exempt non-charitable related If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, entity	any question in this Part VI election in effect during the tax s,* complete Schedule E d organization? rees (other than officers, directoer "None."	year? If "Yes," complet	e Sch. C, Part II	47 48 49a 49b		No X
Check if the organization used Schedule O to respond to a Did the organization engage in lobbying activities or have a section 501(h) of is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes Did the organization make any transfers to an exempt non-charitable related by if "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, entitled.	any question in this Part VI election in effect during the tax s,* complete Schedule E d organization? rees (other than officers, directoer "None."	year? If "Yes," complet	e Sch. C, Part II	47 48 49a 49b		X
Check if the organization used Schedule O to respond to a Did the organization engage in lobbying activities or have a section 501(h) or is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes a Did the organization make any transfers to an exempt non-charitable related of if "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, entitled.	any question in this Part VI election in effect during the tax s,* complete Schedule E d organization? rees (other than officers, directoer "None."	year? If "Yes," complet	e Sch. C, Part II	47 48 49a 49b		X
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes Did the organization make any transfers to an exempt non-charitable related If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, entitled.	s," complete Schedule E d organization? rees (other than officers, directo er "None."			47 48 49a 49b		X
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes Did the organization make any transfers to an exempt non-charitable related If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, entitled.	s," complete Schedule E d organization? rees (other than officers, directo er "None."			48 49a 49b		
a Did the organization make any transfers to an exempt non-charitable related b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, entit	d organization? rees (other than officers, directo er "None."	rs, trustees and key e	mployees) who e	49a 49b		Ū
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, enti	rees (other than officers, directoer "None."	rs, trustees and key e	mployees) who e	49b		ıΔ
Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, entitle	er "None."	rs, trustees and key e	mployees) who e			X
than \$100,000 of compensation from the organization. If there is none, enter	er "None."	rs, trustees and key e	mployees) who e			Г
				ach rec	eived r	nor
(a) Name and title of each ampleurs	(b) Assessed become					
(a) Name and title of each employee	(b) Average hours	(C) Reportable	(d) Health benefits	s. (e)) Estim	ated
	per week devoted to	compensation (Forms W-2/1099-MISC)	employee benefit		ount of	
NONE	position	_1	compensation	cor	mpens	atior
						_
			<u> </u>			
Total number of other independent contractors each receiving over \$100,0	<u> </u>					_
Did the organization complete Schedule A? Note. All section 501(c)(3) organization		xempt				_
charitable trusts must attach a completed Schedule A		·	▶ [X Ye	s 🗀	
er penalties of perjury, I declare that I have examined this return, including accompanying s laration of preparer (other than officer) is based on all information of which preparer has any	schedules and statements, and to the knowledge	pest of my knowledge an	d bellef, it is true, co	rrect, an	id comp	ete
Judish a Dahman)		Novem	ber	14.	2
gn ere Tud Hh C Hochman, S	Secretary	·	Date			
Print/Type preparer's name Preparer's signature of the parer of the p	Date ///	Check self- emplo	jif PTIN	663	706	
SE Only Firm's name WEISERMAZARS LLP	1 ("	Firm's Ell				
Firm's address ▶ 135 WEST 50TH STREE	T	Phone no	44 6 44	2.7	000	_
NEW YORK, NY 10020						
y the IRS discuss this return with the preparer shown above? See instructions	S		▶ L	X Ye	8	J
				Form 9		100

SCHEDULE A

(Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990. THE WRITING REVOLUTION, INC.

C/O STEPHEN A. HOCHMAN

Employer identification number 46-4970867

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. (described on lines 1-9 in col. (i) listed in your organization in col. organization (i) organized in the support above or IRC section aovernina document? (i) of your support? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013 C/O STEPHEN A. HOCHMAN

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

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (d) 2012(e) 2013 (f) Total (b) 2010 (c) 2011 1 Gifts, grants, contributions, and membership fees received. (Do not 96,200. 96,200. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 96,200. 96,200. Total. Add lines 1 through 3 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) 96,200. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2013 96, 200. (f) Total 96,200. (d) 2012 Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 96,200. 11 Total support. Add lines 7 through 10 38,700. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ightharpoonsorganization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) % 15 15 Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test - 2013, If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2013

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			L		l	
2	Gross receipts from admissions,					<u> </u>	
	merchandise sold or services per- formed, 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 bus-		\		1		
	iness 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		1)]
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					<u>-</u> .	
7a	Amounts included on lines 1, 2, and			l .	\		
	3 received from disqualified persons				ļ		
t	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					<u> </u>	
	Public support (Subtract line 7c from line 6)	*	<u>L.,.</u>		<u></u>		<u>L</u>
_	ction B. Total Support						,
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income			ļ	1		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>		
	Add lines 10a and 10b	.				ļ	ļ
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is		}				
	regularly carned on	_					<u> </u>
12	Other income. Do not include gain or loss from the sale of capital					1	
	assets (Explain in Part IV.)	<u> </u>					
	Total support. (Add lines 9, 10c, 11, and 12)		L	<u></u>	<u> </u>	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organı	zation,
_	check this box and stop here			<u> </u>			
	ction C. Computation of Publ						
15	Public support percentage for 2013 (-	column (f))		15	
16	Public support percentage from 2012				·	16	%
$\overline{}$	ction D. Computation of Inves						
17	Investment income percentage for 20	•	•	ne 13, column (f))		17	%
18		•	•			18	%
192	33 1/3% support tests - 2013. If the						17 is not
	more than 33 1/3%, check this box a						
ŧ	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che					-	` ▶∐
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	

Schedule 4	THE WRITING REVOLUT (Form 990 or 990 EZ) 2013 C/O STEPHEN A. HOCH	MAN 46-4970867 Page 4
Part IV	Supplemental Information. Provide the explanations requ	uired by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12
	Also complete this part for any additional information. (See instru	actions).
		· · · · · · · · · · · · · · · · · · ·
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SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
THE WRITING REVOLUTION, INC.
Emplo C/O STEPHEN A. HOCHMAN

Employer identification number 46-4970867

EODY 000 HZ DADE T LINE 16 OFFICE			<u></u>		
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES:			_		
				· · · · · · · · · · · · · · · · · · ·	
PORTABLE OFFICE EQUIPMENT					780.
TRAVEL & CONVENING				2,	120.
ADMINISTRATIVE				1,	343.
SUPPLIES					211.
VIDEOGRAPHY					550.
STAFF RELATIONS					300.
TOTAL TO FORM 990-EZ, LINE 16				11,	304.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		· · · · · · ·	·		
	BEG.	OF	YEAR	END OF	YEAR
ACCOUNTS PAYABLE			0.	33,	867.
PAYROLL & PAYROLL TAXES PAYABLE			0.	60,	362.
TOTAL TO FORM 990-EZ, LINE 26			0.	94,	229.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TH	HE WE	RITI	NG REV	OLUTION,	,
INC., WAS FORMED TO IMPROVE THE CRITICAL THINKING	SKII	LLS	AND CI	LARITY	
FOR EXPRESSION OF STUDENTS, WITH A FOCUS ON UNDERS	SERVE	ED S	STUDENT	rs,	
THROUGH THE USE OF DEVELOPMENT OF METHODS THAT CUI	LTIV	TE	READIN	JG .	
WRITING, LISTENING, AND SPEAKING SKILLS.					
THE PROPERTY OF THE PROPERTY O					
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE AC	ССОМ	LIS	SHMENTS	 S:	— <u>-</u>
FLUSHING CONSORTIUM 2013 - 2014 SCHOOL YEAR: FOUR					
SESSIONS IN THE HOCHMAN METHOD WRITING PROGRAM TO		<u> </u>		 -	
EDUCATORS' CAPACITY TO DELIVER COMPREHENSIVE WRITI				- <u></u> -	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.		Sche	dule O (Fori	m 990 or 990-E	Z) (2013

332211 09-04-13

SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.urs.gov/form990.

THE WRITING REVOLUTION, INC.

Emplo

Open to Public Inspection

OMB No 1545-0047

Name of the organization

C/O STEPHEN A. HOCHMAN

Employer identification number 46-4970867

INSTRUCTIONS TO STUDENTS.
AS ITS INITIAL AND MOST SIGNIFICANT PROGRAM, THE ORGANIZATION WILL WORK
TO IMPROVE STUDENTS' CRITICAL THINKING AND EXPRESSION SKILLS THROUGH
ITS USE OF TEACHING METHODS DEVELOPED BY DR. JUDITH C. HOCHMAN.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.