Form 990-EZ

Short Form
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.

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

For Paperwork Reduction Act Notice, see the separate instructions.

A For the 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 2014.

B Check if applicable.

C Name of organization

Wild West Wome, Inc

D Employer Identification number

95-4466970

E Telephone number

8187535855

F Group Exemption Number


G Accounting Method: [ ] Cash [ ] Accrual [ ] Other (specify)

Website: [ ] www.wildwestwomen.org

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Tax-exempt status (check only one) – [ ] 501(c)(3) [ ] 501(c)(4) [ ] 501(c)(5) [ ] 501(c)(6) [ ] 527

J Add lines 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, column (B) below are $500,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contributions, gifts, grants, and similar amounts received</td>
<td>2 Program service revenue including government fees and contracts</td>
<td>3 Membership dues and assessments</td>
</tr>
<tr>
<td>4 Investment income</td>
<td>5a Gross amount from sale of assets other than inventory</td>
<td>5b Less: cost or other basis and sales expenses</td>
</tr>
<tr>
<td>6 Gaming and fundraising events</td>
<td>7 Gross sales of inventory, less returns and allowances</td>
<td>8 Other revenue (describe in Schedule O)</td>
</tr>
<tr>
<td>9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6b, 7b, and 8</td>
<td>10 Grants and similar amounts paid (list in Schedule O)</td>
<td>11 Benefits paid to or for members</td>
</tr>
<tr>
<td>12 Salaries, other compensation, and employee benefits</td>
<td>13 Professional fees and other payments to independent contractors</td>
<td>14 Occupancy, rent, utilities, and maintenance</td>
</tr>
<tr>
<td>15 Printing, publications, postage, and shipping</td>
<td>16 Other expenses (describe in Schedule O)</td>
<td>17 Total expenses. Add lines 10 through 16</td>
</tr>
<tr>
<td>18 Excess or (deficit) for the year (Subtract line 9 from line 10)</td>
<td>19 Net assets or fund balances at beginning of year (from line 17, column (A)) (must agree with end-of-year figure reported on prior year's return)</td>
<td>20 Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>22</td>
<td>23</td>
</tr>
</tbody>
</table>

Net Assets (2014):

- 1811

For Paperwork Reduction Act Notice, see the separate instructions.
### Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>6239 22</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>24</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>6239 25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>6239 27</td>
</tr>
</tbody>
</table>

### Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **produce and distribute educational films**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 **began production on film about the history of women in science. Filmed Dr. Meg Urry**

   donated footage to STEM training for girls

   (Grants $________) If this amount includes foreign grants, check here □ □ 28a 500

29 **NETA donation to PBS stations- no lease fees collected, but paid for the upload to nation-wide stations.**

   (Grants $________) If this amount includes foreign grants, check here □ □ 29a 175

30 **Continued to donate DVDs to libraries and school, and do presentations to groups on Women's History and equality of voting rights.**

   (Grants $________) If this amount includes foreign grants, check here □ □ 30a 580

31 **Other program services (describe in Schedule O)**

   (Grants $________) If this amount includes foreign grants, check here □ □ 31a

32 **Total program service expenses (add lines 28a through 31a)** □ □ 32 1255

### Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th></th>
<th>Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martha Wheelock - executive director, sec. treasurer</td>
<td>board member</td>
<td>25 hours per week</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jane Guthrie - board member, art director</td>
<td></td>
<td>8 hours per month</td>
<td>500</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Virginia Carter - president of board</td>
<td></td>
<td>12 hours per year</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kay Weaver - vice president</td>
<td></td>
<td>6 hours per year</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Joan Smiles - board member</td>
<td></td>
<td>4 hours per month</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Peg Yorkin</td>
<td></td>
<td>4 per year</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Joannie Parker</td>
<td></td>
<td>12 per year</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part V: Other Information

- **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 O.
  - **Yes**
  - **No**

- **34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions).
  - **Yes**
  - **No**

- **35a** 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)?
  - **Yes**
  - **No**

  **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.
  - **Yes**
  - **No**

  **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.
  - **Yes**
  - **No**

- **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.
  - **Yes**
  - **No**

- **37a** Enter amount of political expenditures, direct or indirect, as described in the instructions.
  - **Yes**
  - **No**

- **37b** Did the organization file Form 1120-POL for this year?
  - **Yes**
  - **No**

- **38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
  - **Yes**
  - **No**

  **b** If "Yes," complete Schedule L, Part II and enter the total amount involved.
  - **Yes**
  - **No**

- **39** Section 501(c)(7) organizations. Enter:
  - **A** Initiation fees and capital contributions included on line 9.
  - **B** Gross receipts, included on line 9, for public use of club facilities.
  - **Yes**
  - **No**

- **40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
  - Section 4911.
  - Section 4912.
  - Section 4955.
  - **Yes**
  - **No**

  **b** Section 501(c)(3), 501(c)(4), and 501(c)(29) 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.
  - **Yes**
  - **No**

  **c** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
  - **Yes**
  - **No**

  **d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
  - **Yes**
  - **No**

  **e** 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.
  - **Yes**
  - **No**

- **41** List the states with which a copy of this return is filed.
  - **California**

- **42a** The organization’s books are in care of: **Martha Wheelock**
  - **Yes**
  - **No**

  **b** Located at: **12400 Moorpark st. #2, Studio City, CA**
  - **Yes**
  - **No**

  **Telephone no.** **918-753-5855**
  - **Yes**
  - **No**

  **ZIP + 4** **91604-1241**
  - **Yes**
  - **No**

- **42b** 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)?
  - **Yes**
  - **No**

  **See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).**
  - **Yes**
  - **No**

- **42c** At any time during the calendar year, did the organization maintain an office outside the U.S.?
  - **Yes**
  - **No**

- **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.
  - **Yes**
  - **No**

- **44a** Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
  - **Yes**
  - **No**

- **44b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
  - **Yes**
  - **No**

- **44c** Did the organization receive any payments for indoor tanning services during the year?
  - **Yes**
  - **No**

- **44d** If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.
  - **Yes**
  - **No**

- **45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
  - **Yes**
  - **No**

- **45b** 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).
  - **Yes**
  - **No**
**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td></td>
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<tr>
<td>f Total number of other employees paid over $100,000</td>
<td>..........................................................................................</td>
<td>none</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
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<tr>
<td>d Total number of other independent contractors each receiving over $100,000</td>
<td>..........................................................................................</td>
<td></td>
</tr>
</tbody>
</table>

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Martha Wheelock, Executive Director, Board Member, Secretary, Treasurer

October 12, 2015

**Paid Preparer Use Only**

Firm’s name ➤

Firm’s address ➤

Firm’s EIN ➤

Phone no ➤

May the IRS discuss this return with the preparer shown above? See instructions ➤