Form**990**

Department of the Treasury

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 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Tax exempt status	IIIIeIIIai	Kevenu	ie Service			Inspectio	
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Access change Access chang	B Ch	eck ıf	applicable	C Name of organization	D Emplo	yer identification numbe	er
Name of description of market (or FO box if main and delivered to street address) Room/bale ETelephone number	┌ Add	ress (change		95-18	309455	
Number and direct (or P 0 box if nails not deliceded to direct address) Room/suite Fish-plane number	┌ Nai	me ch	nange				
Transport Tra			_	boing business as			
Towersempt Set Copy or two, sake of promise, country, and ZIP or frowing postal code Copy or two, sake of promise, country, and ZIP or frowing postal code Copy or two, sake of promise, country, and ZIP or frowing postal code Copy or two, country, and ZIP or frowing postal co	•			Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho	one number	
Application pending	ret	urn/te	erminated	7000 W THIRD ST	(323)	782-4588	
F Name and address of principal officer DAVIDYOUNG EXEC DIRECTOR TOON WHIRR ST TOON WH	┌ Am	ende	d return	City or town, state or province, country, and ZIP or foreign postal code			
F. Norms and address of principal officer DAVID 50 JUNES 24 Pt. DIRECTOR H(a) is this a group return for subordinates Type Town to DAVID 50 JUNES 24 Pt. DIRECTOR H(b) Are all subordinates Type Time Town town town town town town town town t		olicatio	on pending	LOS ANGELES, CA 90048	G Gross r	receipts \$ 67,727,443	
DAVID YOUNG EXEC DIRECTOR				F. Name and address of principal officer			
Toos A New See S				DAVID VOLUMO EVEC DIDECTOR			No
Tax-exampt shus				7000 W THIRD ST			
Taxe-exempt status Saticy(3) Saticy				·			
Website: ► WWW WGA O RG	<u> </u>	x-exe	mpt status	= 501(c)(2) $ = 501(c)(5)(5) $ $ = 4047(c)(1) $ or $ = 527$			s)
Brefit Summary				n(c)	Group exempt	ion number 🟲	
Barrell Summary 1 Banelly describe the organization's mission or most significant activities SEE SCHEOULE 0 2 Check this box MT if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)							
Binefly describe the organization's mission or most significant activities SEE SCHEDULE O				·	of formation 19	954 M State of legal domi	cıle CA
SEE SCHEDULE 0	Ра			-			
2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)							
3 Number of voting members of the governing body (Part VI, line 1a) 3	به						
3 Number of voting members of the governing body (Part VI, line 1a) 3	Ê	-					
3 Number of voting members of the governing body (Part VI, line 1a) 3	Ĕ	٠ ا	Chl. H		250/ -5-5-		
3 Number of voting members of the governing body (Part VI, line 1a) 3	Š	2	Check th	is box 🖣 If the organization discontinued its operations or disposed of more th	an 25% orits	net assets	
4 Number of independent voting members of the governing body (Part VI, line 1b) 4		3	Number	of voting members of the governing body (Part VI, line 1a)	1	3 1	19
Table Tabl	∞ ∽ ~				- t	4 1	19
Table Tabl	Ě				- t	5 17	7 3
Table Tabl	ই					6 93	3 2
B Net unrelated business taxable income from Form 990-T, line 34 7b	4					7a 395,63	37
8				· · · · · · · · · · · · · · · · · · ·			
Program service revenue (Part VIII, line 2g)					Prior Year	Current Year	r
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8	Contri	butions and grants (Part VIII, line 1h)		0	0
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	를	9	Progra	ım service revenue (Part VIII, line 2g)	24,859,	942 26,68	6,810
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>5</u>	10	Inves	ment income (Part VIII, column (A), lines 3, 4, and 7d)	563,	821 60	1,866
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ř	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,726,	026 3,74	9,671
12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	29.149.	789 31,03	8.347
14 Benefits paid to or for members (Part IX, column (A), line 4)							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 16,154,210 16,8					304,		4,256
16a Professional fundraising fees (Part IX, column (A), line 11e)						0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	82	15			16,154,	210 16,85	4,859
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ž	16a				0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	÷						
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 24,843,344 26,4 19 Revenue less expenses Subtract line 18 from line 12	Ш				8.385	010 933	5,755
19 Revenue less expenses Subtract line 18 from line 12							
Beginning of Current Year End of Year State 20 Total assets (Part X, line 16)							3,477
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bright my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of white preparer has any knowledge Sign Here Don Gor cfo Type or print name and title Print/Type preparer's name Gregory Klein Print/Type preparer's name Gregory Klein Print/Type preparer's signature Gregory Klein Date Check from PTIN Print Pr	<u>%</u>	Ė					
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bright my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of white preparer has any knowledge Sign Here DON GOR cfo Type or print name and title Print/Type preparer's name Gregory Klein Print/Type preparer's name Gregory Klein Print/Type preparer's signature Gregory Klein Date Check from PTIN Print Pr	9 <u>00</u>			<u> </u>			_
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bright 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 ****** Don Gor cfo Type or print name and title Print/Type preparer's name Gregory Klein Preparer's signature Gregory Klein Preparer's signature Gregory Klein Preparer's signature Gregory Klein Print/Type preparer's name Gregory Klein Firm's pame of MILLED KARIAN ARASE LID.					49,437,	112 53,05	6,678
Sign Here Sign					adules and sta	stements and to the he	stof
Signature of officer Date DON GOR cfo Type or print name and title Print/Type preparer's name Gregory Klein Preparer's signature Gregory Klein Date Check fr self-employed PTIN P00966826	my k	nowle	edge and	pelief, it is true, correct, and complete Declaration of preparer (other than office			
Signature of officer Date DON GOR cfo Type or print name and title Print/Type preparer's name Gregory Klein Preparer's signature Gregory Klein Date Check fr self-employed PTIN P00966826			L ****	**	2016 00 20		
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Print/Type or print name and title Print/Type preparer's name Gregory Klein Preparer's signature Gregory Klein Preparer's signature Gregory Klein Date Check if self-employed Print/Print Print P			L DON	GOR rfo			
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Firm's name MILLED KADIAN ADACE LID	Paid	t		Gregory Klein Gregory Klein		P00966826	
			er [ım's name ► MILLER KAPLAN ARASE LLP	Firm's EIN 🕨		

Use Only

Firm's address ► 4123 LANKERSHIM BLVD

NORTH HOLLYWOOD, CA 916022828

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no (818) 769-2010

. ▼Yes □No

) (Expenses \$

Other program services (Describe in Schedule O)

including grants of \$

including grants of \$

a	ge	2	

TYes ▼No

	⊤Yes ▼No
three largest program services, as port the amount of grants and allocat	measured by tions to others,
·	,
) (Revenue \$)
) (Revenue \$)
) (Revenue \$)
) (Revenue \$)
	Form 990 (2015)

(Expenses \$

(Code

4d

Form 990 (2			
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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V			厂			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 9,107		Yes	No			
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes				
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)?						
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
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		No			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						

	gaming (gambling) winnings to prize winners?			1c	Yes	
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	17:	3		
b	If at least one is reported on line 2a, did the organization file all required federal em Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanati	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a s over, a financial account in a foreign country (such as a bank account, securities ac account)?		4a		No	
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Ban (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	5a		Νo		
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	elter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
				5c		
	Does the organization have annual gross receipts that are normally greater than \$1 organization solicit any contributions that were not tax deductible as charitable con	trıbutı	ons?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement to were not tax deductible?			6 b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribut services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	provide	ed?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	persor	al benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization required?	5 7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicle Form 1098-C?	s, dıd •	the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess but divising the year?	ısınes	s holdings at any time			
	during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966	? .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or rel	ated p	erson?	9b		
10	Section 501(c)(7) organizations. Enter		•			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	ı				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	0 ın lıe	u of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	Note. S	ee the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tal	x year	?	14a	/	Νo
ь	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explana	ation ii	Schedule O	14b		

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . 14b Form 990 (2015)

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

30	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		
	more members of the governing body?	7a	Y es Y es	
	or persons other than the governing body?	7b	res	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18 19	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O). Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ►DON GOR 7000 WTHIRD ST LOS ANGELES, CA 90048 (323) 782-4588

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

- 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A)	(B)			(C)				(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
						<u> </u>				Form 990 (2015)

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and		(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and					
		organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	-,,	related organizations
See	Additional Data Table										
1b c	Sub-Total		 ection A	٠.			* *				
d	Total (add lines 1b and 1c) .	•			•		F		3,329,541	0	656,781
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	no received more t	han	
3	Did the organization list any fc								or highest comper	nsated employee	Yes No
4	on line 1a? <i>If "Yes," complete S</i> For any individual listed on line								d other compensati		3 No
7	organization and related organ									uch	4 Yes
5	Did any person listed on line 1 services rendered to the organ										5 No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DECOUPAGE PRODUCTIONS LLC, 530 THIRD AVE UNIT 4R BROOKLYN, NY 11215	AWARDS SHOW PROD	413,895
ROTHNER SEGALL GREENSTONE, 510 S MARENGO AVE PASADENA, CA 91101	LEGAL COUNSEL	356,170
BUSH QUINONEZ ET AL, 500 N CENTRAL AVE STE 800 GLENDALE, CA 91203	LEGAL COUNSEL	332,409
ABM SECURITY SERVICES INC, 3580 WILSHIRE BLVD LOS ANGELES, CA 90010	SECURITY SERVICES	285,154
STAFFMARK, 350 S Grand Ave Ste 1610 LOS ANGELES, CA 90071	STAFFING SERVICES	233,386

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization - 10

Part V		Statement of	f Revenue _l le O contains a respon	sa ar nota to any lu	no in this Dort VIII			_
		Check if Schedu	ne O Contains a respon	se of flote to any fi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស្ន	1a	Federated camp	paigns 1a					
ons, Gifts, Grants Similar Amounts	b	Membership du	es 1b					
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising eve	ents 1c					
# ≥	d	Related organiz	ations 1d					
imil imil	e	Government grants	s (contributions) 1e					
ir Si	f	All other contribution	ons, gifts, grants, and 1f					
를 를	q		ons included in lines					
Contributic and Other		1a-1f \$						
<u>ة ت</u>	h	Total. Add lines	sla-lf		0			
an	3-	MEMBER CHIR DUE	_	Business Code				
Program Service Revenue	2a b	MEMBERSHIP DUES	· · · · · · · · · · · · · · · · · · ·	900099	26,686,810	26,686,810		
ر ت	С							
7. AC	d							
8	e							
Graf	f	All other progra	ım service revenue					
Š.	g	Total. Add lines	 		26,686,810			
	3	Investment inc	ome (ıncludıng dıvıdend	ds, interest,	584,091			584,091
	4		ar amounts) tment of tax-exempt bond ;		0			364,091
	5			+	0			
		. [(ı) Real	(II) Personal				
	6a	Gross rents	731,820					
	ь	Less rental	626,305					
	С	expenses Rental income	105,515	0				
	d	or (loss) Net rental incor	me or (loss)		105,515		86,315	19,200
		[(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	36,080,566					
	b	Less cost or other basis and sales expenses	36,062,791					
	c	Gain or (loss)	17,775		47.775			47 775
	d 8a	Net gain or (los Gross income fi	г		17,775			17,775
Other Revenue		events (not incl	luding reported on line 1c)					
<u> </u>	b	Less direct exp	penses b					
•	c		loss) from fundraising (r	events 🛌	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b		penses b					
		Gross sales of i		/ities	0			
	L	1000	a l					
	b c	_	oods sold b [loss) from sales of inve	entory 🛌	0			
		Miscellaneous		Business Code				
	11a	SCRIPT REGIS	TRATION	900099	1,116,958	1,116,958	0	
	b	MAGAZINE AN		541800	309,322	0	309,322	0
	С	ADVERTISING EVENT REVEN		900099	223,964	223,964	0	0
	d		ue		1,993,912	1,993,912		0
	e	Total. Add lines	s 11a-11d		3,644,156			
	12	Total revenue.	See Instructions		31,038,347	30,021,644	395,637	621,066

		atement of Functional Expenses				
Section	n 501(c)	(3) and 501(c)(4) organizations must complete all columns A	ll other organiza	itions must com	plete column (A)	
	Che	ck if Schedule O contains a response or note to any line in thi	s Part IX			<u> </u>
		amounts reported on lines 6b, 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		nd other assistance to domestic organizations and c governments See Part IV, line 21	304,256			
2		ind other assistance to domestic als See Part IV , line 22	0			
3	governm	and other assistance to foreign organizations, foreign tents, and foreign individuals See Part IV, lines 15	0			
4	Benefits	paid to or for members	0			
5		sation of current officers, directors, trustees, and loyees	3,986,322			
6	(as defin	sation not included above, to disqualified persons led under section 4958(f)(1)) and persons led in section 4958(c)(3)(B)	0			
7	Othersa	alaries and wages	9,908,469			
8		plan accruals and contributions (include section 401(k) (b) employer contributions)	777,665			
9	Otheren	nployee benefits	1,182,343			
10	Payroll t	axes	1,000,060			
11	Fees for	services (non-employees)				
а		ment	0			
b			803,948			
C		ung	344,437			
d	-		0			
e		onal fundraising services See Part IV, line 17	0			
f g	Other (I	ent management fees	124,675			
12	•	list line 11g expenses on Schedule O)	463,253			
13		ring and promotion	59,831 1,406,823			
14		con technology	53,955			
15	Royalties		33,933			
16		ncy	1,171,658			
17			88,097			
18	Payment	ts of travel or entertainment expenses for any federal,	0			
19	-	nces, conventions, and meetings	46,784			
20			0			_
21	Payment	ts to affiliates	0			
22	Deprecia	ation, depletion, and amortization	360,619			
23	Insuranc	ce	378,980			
24	mıscella	(penses Itemize expenses not covered above (List neous expenses in line 24e If line 24e amount exceeds line 25, column (A) amount, list line 24e expenses on e O)				
а	AWARDS	S SHOW	808,214			
b	SPECIA	L FUNCTIONS	2,244,750			
c	TEMPOR	RARY HELP	427,084			
d	DUESA	ND SUBSCRIPTIONS	277,584			
е	All other	expenses	275,063			
25	Total fu	nctional expenses. Add lines 1 through 24e	26,494,870			
26	reported educatio	sts.Complete this line only if the organization in column (B) joint costs from a combined inal campaign and fundraising solicitation ere ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 0 2 13.967.657 2 17.407.432 Savings and temporary cash investments ol 0 3 Pledges and grants receivable, net 6.661.021 4 6.693.566 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees Complete Part II of ol 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 0 6 8,300 7 8,400 7 Notes and loans receivable, net ol 0 8 8 391.905 500.621 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 16,071,193 Complete Part VI of Schedule D 10a b 10b 10,757,158 5,201,288 10c 5,314,035 Less accumulated depreciation 25.659.969 11 25.785.403 11 Investments—publicly traded securities . . . 0 12 0 12 Investments—other securities See Part IV, line 11 ol 0 13 13 Investments—program-related See Part IV, line 11 . 14 14 0 15 24.343.148 15 24.735.072 16 Total assets. Add lines 1 through 15 (must equal line 34) 76.233.288 16 80,444,529 2.609,252 2,419,878 17 **17** ol 18 0 18 33,150 43.527 19 19 ol 20 0 20 ol 0 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified ol 22 0 o 23 Secured mortgages and notes payable to unrelated third parties . . 23 0 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 24,343,148 24,735,072 25 . 26,796,176 26 27,387,851 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 49.289.569 27 53.000.096 27 147,543 56,582 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶

and complete lines 30 through 34. ö 30 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

32

33

ž

53.056,678

80.444.529

32

33

34

49,437,112

76.233.288

1 01111	330 (2013)			Г	aye 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
	Check is Schedule O Contains a response of note to any line in this Fart AI	· · ·	•		• 1
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31,0	38,347
2	Total expenses (must equal Part IX, column (A), line 25)	2		26,4	194,870
3	Revenue less expenses Subtract line 2 from line 1	3		4,5	543,477
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		49,4	37,112
5	Net unrealized gains (losses) on investments	5		<u>-</u> 9	23,911
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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		53,0	56,678
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		_

Software ID: **Software Version:**

EIN: 95-1809455

Name: WRITERS GUILD OF AMERICA WEST INC

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, ependent Cor	Direct ntracto	ors, ors	Tru	ste	es, k	(ey	Employees, Higl	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more tl perso and a	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and			
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former			related organizations
JONATHAN FERNANDEZ BOARD OF DIRECTORS	1 0	х						0	0	0
SCOTT ALEXANDER	1 0	х						0	0	0
BOARD OF DIRECTORS	0 0	^						Ů	0	0
MARA BROCK AKIL	1 0	l x						0	0	0
BOARD OF DIRECTORS	0 0							Ĭ		
MARJORIE DAVID	1 0	l x						0	0	0
BOARD OF DIRECTORS	0 0							, and the second		
CARLETON EASTLAKE	1 0	×						0	0	0
BOARD OF DIRECTORS	0 0									
KATHERINE FUGATE	1 0	×						0	0	0
BOARD OF DIRECTORS	0.0									
ANDREA BERLOFF	1 0	×						0	0	0
BOARD OF DIRECTORS	0 0									
MEREDITH STIEHM	1 0	x						0	0	0
BOARD OF DIRECTORS	0 0									
ZAK PENN		x						0	0	0
BOARD OF DIRECTORS	0 0									
CHIP JOHANNESSEN		x						0	0	0
BOARD OF DIRECTORS	0 0									
SHAWN RYAN BOARD OF DIRECTORS	0 0	х						0	0	0
MICHAEL OATES PALMER	1 0	x						0	0	0
BOARD OF DIRECTORS	0 0									
BILLY RAY		x						0	0	0
BOARD OF DIRECTORS	0 0									
ARI B RUBIN		x						0	0	0
BOARD OF DIRECTORS	0 0									
LUVH RAKHE BOARD OF DIRECTORS		×						0	0	0
PATRIC M VERRONE	0 0									
BOARD OF DIRECTORS		x						0	0	0
HOWARD A RODMAN	1 0									
PRESIDENT				х				0	0	0
DAVID A GOODMAN	1 0									
VICE PRESIDENT	0 0			Х				0	0	0
	1 0									
SECRETARY-TREASURER	0 0			Х				0	0	0
DAVID YOUNG	38 0									
EXECUTIVE DIRECTOR	0 0				×			562,862	0	105,874
CHUCK SLOCUM	38 0									
ASSISTANT EXECUTIVE DIRECTOR	0 0				Х			274,270	0	55,258
DON GOR	38 0									
CHIEF FINANCIAL OFFICER	0 0				Х			230,540	0	46,049
LISE ANDERSON	38 0				.,			240.042		44.044
ASSISTANT EXECUTIVE DIRECTOR	0 0				Х			219,842	0	44,011
REBECCA KESSINGER ASSISTANT EXECUTIVE DIRECTOR	38 0				x			213,233	0	43,260
LESLEY MACKEY-MCCAMBRIDGE	38 0				<u> </u>					
SENIOR DIRECTOR	0 0				Х			199,971	0	38,458

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	nan (o nan o n is b direc	ne both a	ox, u an of trus	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
KATHERINE CHRISTOVICH SENIOR DIRECTOR	38 0				x			189,907	0	36,733
MAUREEN OXLEY SENIOR DIRECTOR	38 0				х			186,782	0	36,183
IAN DARKE DIRECTOR	38 0				х			182,355	0	37,007
ELLEN STUTZMAN DIRECTOR	38 0				х			174,897	0	32,832
LAURIE ESPINOSA DIRECTOR	38 0				х			161,264	0	32,766
PHILLIP HAGGOOD DIRECTOR	38 0					х		162,896	0	32,804
NEAL SACHAROW DIRECTOR	38 0					х		158,212	0	31,367
HEATHER PEARSON SENIOR COUNSEL	38 0					х		143,741	0	29,360
DEBORAH LOFTIS DIRECTOR	38 0					х		136,253	0	27,736
SHANNON AHO	38 0					Х		132,516	0	27,083
CONTRACTS COUNSEL	0 0									

DLN: 93493244011596

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury

► 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.

Supplemental Financial Statements

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in defunds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant fund used only for charitable purposes and not for the benefit of the donor or donor advisor, or for conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" Purpose(s) of conservation easements held by the organization (check all that apply)	(b)	Funds and other accounts
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in defunds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant fund used only for charitable purposes and not for the benefit of the donor or donor advisor, or for conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes"	(b)	Funds and other accounts
(a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in defunds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant fund used only for charitable purposes and not for the benefit of the donor or donor advisor, or for conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes"	onor advis	
Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in defunds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant fund used only for charitable purposes and not for the benefit of the donor or donor advisor, or for conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes"		sed
Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in defunds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant fund used only for charitable purposes and not for the benefit of the donor or donor advisor, or for conferring impermissible private benefit? LII Conservation Easements. Complete if the organization answered "Yes"		sed
Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in difference for the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant fund used only for charitable purposes and not for the benefit of the donor or donor advisor, or for conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes"		sed
Did the organization inform all donors and donor advisors in writing that the assets held in defunds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant fund used only for charitable purposes and not for the benefit of the donor or donor advisor, or for conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes"		sed
funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant fund used only for charitable purposes and not for the benefit of the donor or donor advisor, or for conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes"		sed
used only for charitable purposes and not for the benefit of the donor or donor advisor, or for conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes"	da aan ba	☐ Yes ☐ No
· •	any other	Yes No
Purpose(s) of conservation easements held by the organization (check all that apply)	on Forn	n 990, Part IV, line 7.
Protection of natural habitat Preservation of preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in	a certified	cally important land area I historic structure of a conservation
easement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements	2a	neid at the End of the Year
Total acreage restricted by conservation easements	2b	
Number of conservation easements on a certified historic structure included in (a)	2c	
Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		
Number of conservation easements modified, transferred, released, extinguished, or terminatax year ▶	ited by the	e organization during the
Number of states where property subject to conservation easement is located 🛌		
Does the organization have a written policy regarding the periodic monitoring, inspection, haviolations, and enforcement of the conservation easements it holds?	andling of	┌ Yes ┌ No
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforger year	rcing cons	servation easements during the
A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing \$\blue{\textbf{F}}\$ =	conserva	tion easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of s (B)(i) and section $170(h)(4)(B)(ii)$?	ection 17	^{0(h)(4)}
In Part XIII, describe how the organization reports conservation easements in its revenue a balance sheet, and include, if applicable, the text of the footnote to the organization's financ the organization's accounting for conservation easements		
Organizations Maintaining Collections of Art, Historical Treasures Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	, or Oth	er Similar Assets.
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev works of art, historical treasures, or other similar assets held for public exhibition, education service, provide, in Part XIII, the text of the footnote to its financial statements that describ	n, or resea	arch in furtherance of public
If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue works of art, historical treasures, or other similar assets held for public exhibition, education service, provide the following amounts relating to these items		
Revenue included on Form 990, Part VIII, line 1	► \$_	_
Assets included in Form 990, Part X		
If the organization received or held works of art, historical treasures, or other similar assets following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	for financ	
Revenue included on Form 990, Part VIII, line 1		▶ \$
Assets included in Form 990, Part X		

Part	ш	Organizations Maintaining (continued)	Collections of A	rt, His	storical	Trea	asures,	or Ot	her Similar A	ssets	
		the organization's acquisition, accetion items (check all that apply)	ession, and other rec	ords, cl						e of its	
а	ГР	ublic exhibition		d	l Loa	an or e	exchange	progra	ms		
b	☐ Scholarly research e ☐ Other										
c	┌ P	reservation for future generations									
	Provid Part X	de a description of the organization's III	s collections and exp	laın ho	w they fur	ther t	he organız	atıon's	exempt purpose	ın	
	asset	g the year, did the organization solic s to be sold to raise funds rather tha	an to be maintained a							⊢ No	
Part	IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, Par	t IV,	lıne 9, o	r repo	orted an amour	nt on Form	990,
		organization an agent, trustee, cus ed on Form 990, Part X?	todıan or other ınterr	nediary	for contr	ibutio	ns or othe	rasse	ts not ryes	⊢ No	
b	If"	Yes," explain the arrangement in Pa	rt XIII and complete	the fo	llowing tal	ble			Am	ount	
c		Jinning balance			J		I	1c			
d		ditions during the year						1d			
e		tributions during the year						1e			
f		ling balance						1f			
2a		e organization include an amount or	n Form 990. Part X. li	ne 21.	for escro	worc	ı ustodial a	ccount	lability? F Yes	Г	
	D 14 C11	e organization merade an amount of	i i o i i i o o o o o o o o o o o o o o	,	101 00010	., ., .	ascoular a		, ,	, 110	
b	If"Ye	s," explain the arrangement in Part	XIII Check here if t	he expl	anation h	as bee	en provide	d ın Pa	art XIII		Γ
Par		Endowment Funds. Complete									
		·	(a)Current year		nor year				d) Three years back	(e)Four years	s back
1a	Begin	ning of year balance									
b	Contr	ributions · · · · · · ·									
С	Net ır losse	nvestment earnings, gains, and s									
d	Grant	s or scholarships									
e		r expenditures for facilities rograms									
f	Admi	nistrative expenses									
g		fyear balance									
_		de the estimated percentage of the o	current vear end hala	nce (lir	ne 1 a coli	umn (a 11 held as	_			
		designated or quasi-endowment 🕨	currence year end bara	1100 (111	10 19, 001	u (a)) nera as	•			
		•									
		anent endowment 🗠 orarily restricted endowment 🗠									
	The p	ercentages on lines 2a, 2b, and 2c s	should equal 100%								
	organ	nere endowment funds not in the pos Ization by	_		that are h	neld ar	nd admınıs	tered			No
		related organizations					•			n(i)	
b	If"Ye	lated organizations s s" on 3a(ii), are the related organiza	ations listed as requi	red on	Schedule	R۶.			<u></u>	(ii) Bb	
		tibe in Part XIII the intended uses o		ndowm	nent funds						
Part	VI	Land, Buildings, and Equiporal Complete of the organization a		orm 9	90 Dart	T\/ I	ıne 11a S	See Fo	orm 990 Part S	(line 10	
		Description of property	niswered res to r		(a) ost or other	basis	(b) Cost or oth	er basıs	Accumulated	(d) Book v	/alue
12	and			+	(ınvestmer	111.)	(othe	700,000		7	00,000
				. ⊢				973,014			36,173
		old improvements		. "├			<u> </u>	991,729	+		17,385
		nent		: ⊢				406,450	 		60,477
							,	,	5,2.3,5,	+	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

5,314,035

	Form 990, Part X, line 12.	piete if the org	anizatio	n answered Yes	on Foi	m 990, Part IV, line IID.
	(a) Description of security or category (including name of security)		(b)Book value	Cost	(c)Method of valuation or end-of-year market value
(1)Financial deriv					Cost	of end-of-year market value
(2)Closely-held e						
(3) Other						
Total (Column (h) n	nust equal Form 990, Part X, col (B) line 12)	•				
Part VIII Inv	estments—Program Related					
Con	nplete if the organization answered 'Y	es' on Form 9				
	(a) Description of investment		(b)) Book value		(c) Method of valuation or end-of-year market value
						,
Total. (Column (b) n	nust equal Form 990, Part X, col (B) line 13)	•				
Part IX Other	er Assets. Complete if the organization a		n Form 9	90, Part IV, line 1	ld See F	
(1) UNDELIVERA	(a) Descript	lon				(b) Book value 1,083,778
(2) FUNDS HELD						0
(3) MEMBERS						23,651,294
Total. (Column (b)	must equal Form 990, Part X, col.(B) line 15.)			+	24,735,072
	er Liabilities. Complete if the organ	ızatıon answer	ed 'Yes'	' on Form 990, Pa	art IV,	line 11e or 11f.
1.	Form 990, Part X, line 25. (a) Description of liability	(b) Book va	lue			
Federal income ta	xes		0			
UNDELIVERABLE	FUNDS	1,08	3,778			
FUNDS HELD IN	TRUST FOR MEMBERS	23.65	1,294			
TONDS HEED IN	TROST FOR PIEPIBERS	23,01	1,294			
T-1-1 (C.1	aust agual Farra 200 Pari Via Linnia	2.1 = -	- O 7 2			
iotal. (Column (b) n	nust equal Form 990, Part X, col (B) line 25)	24,73	5,072			

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	30,740,741
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -923,911		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-297,606
3	Subtract line 2e from line 1	3	31,038,347
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	31,038,347
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per R	eturn.
1	Total expenses and losses per audited financial statements	1	27,121,175
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	626,305
3	Subtract line 2e from line 1	3	26,494,870
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)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	26,494,870

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE GUILD HAS ADOPTED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD MANAGEMENT BELIEVES THAT THE GUILD HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE AS OF MARCH 31, 2016, INFORMATION RETURNS SUBSEQUENT TO 2012 WERE SUBJECT TO EXAMINATION BY AUTHORITIES PART XI, LINE 2D RENTAL EXPENSES NETTED AGAINST REVENUE

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493244011596

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

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasurv Internal Revenue Service

(Form 990)

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number WRITERS GUILD OF AMERICA WEST INC 95-1809455 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United 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, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (q) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or government assistance other) N/A WRITERS GUILD 23-7024900 501(c)(3) 304,256 FM∨ SPONSORSHIP (1) FOUNDATION 7000 W 3RD ST LOS ANGELES, CA 90048

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I ((Form 990) 2015
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental In	formation. Provide the info	rmation required in F	Part I, line 2, Part III,	column (b), and any other	additional information.

Return Reference	Explanation
THE WRITERS GUILD	ORGANIZATION, TO WHICH THE WGAW PROVIDES CERTAIN FINANCIAL SUPPORT THE WGF MAINTAINS ITS OWN BOOKS AND RECORDS

FOUNDATION (WGF) IS A UNDER POLICIES ESTABLISHED BY ITS BOARD OF DIRECTORS RELATED CHARITABLE

Schedule I (Form 990) 2015

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DLN: 93493244011596

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Internal Revenue Service Name of the organization WRITERS GUILD OF AMERICA WEST INC

Employer identification number

95-1809455

Pa	rt I	Questions Regarding Compensatio	n				
						Yes	No
.a				ny of the following to or for a person listed on Form ride any relevant information regarding these items			
	<u>~</u>	First-class or charter travel	\vdash	Housing allowance or residence for personal use			
		Travel for companions	Γ	Payments for business use of personal residence			
		Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Γ	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		y of the boxes in line 1a are checked, did the oi bursement or provision of all of the expenses do		ion follow a written policy regarding payment or l above? If "No," complete Part III to explain	1b	Yes	
2		the organization require substantiation prior to i ctors, trustees, officers, including the CEO/Exe		sing or allowing expenses incurred by all prector, regarding the items checked in line 1a?	2	Yes	
3	orga	cate which, if any, of the following the filing orga nization's CEO/Executive Director Check all tl I by a related organization to establish compens	hat apply				
	Г	Compensation committee	굣	Written employment contract			
	Γ	Independent compensation consultant	Γ	Compensation survey or study			
	Γ	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
ŀ		ng the year, did any person listed on Form 990, related organization	Part VI	I, Section A, line $f 1a$ with respect to the filing organization			
а	Rece	eive a severance payment or change-of-control	paymen	ıt?	4a		Νo
b	Part	ıcıpate ın, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Part	icipate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If"Y	es" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only	[,] 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions mu	ust complete lines 5-9.			
•		persons listed on Form 990, Part VII, Section A pensation contingent on the revenues of	A, line 1a	a, did the organization pay or accrue any			
а	The	organization?			5a		
b	Any	related organization?			5b		
	If"Y	es," on line 5a or 5b, describe in Part III					
•		persons listed on Form 990, Part VII, Section A pensation contingent on the net earnings of	A, line 1a	a, did the organization pay or accrue any			
а	The	organization?			6a		
Ь	Any	related organization?			6b		
	If"Y	es," on line 6a or 6b, describe in Part III					
•		persons listed on Form 990, Part VII, Section A nents not described in lines 5 and 6? If "Yes," (7		
3		e any amounts reported on Form 990, Part VII,					
	subj			itions section 53 4958-4(a)(3)? If "Yes," describe	8		
)	If"Y	es" on line 8, did the organization also follow th	ie rebutt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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 are not listed on Form 990, Part VII

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

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred b compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

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

Return Reference Explanation

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 95-1809455

Name: WRITERS GUILD OF AMERICA WEST INC

(A) Name and Title				SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 DAVID YOUNG EXECUTIVE DIRECTOR	(1)	562,862			54,468	51,406	668,736	
	(11)	-	-	-	-	-		
1CHUCK SLOCUM	(1)	274,270		+	20.028	25 220	220 528	
ASSISTANT EXECUTIVE DIRECTOR					29,938	25,320 	329,528	
DIRECTOR	(11)	o	-	-	-	-	- 0	-
2DON GOR CHIEF FINANCIAL OFFICER	(1)	230,540		!	24,722	21,327	276,589	
CLITEL L'INMINGTAL OL LICEIX	(11)							
STATE TABLESON	$\frac{1}{1}$	0					0	
3LISE ANDERSON ASSISTANT EXECUTIVE	(1)	219,842	·		23,668	20,343	263,853	
DIRECTOR	(11)	-	-	-	-	-	_	
4REBECCA KESSINGER	(1)	213,233			23,512	19,748	256,493	
ASSISTANT EXECUTIVE DIRECTOR								
	(11)	0		·				
LESLEY MACKEY- 5MCCAMBRIDGE	(1)	199,971		!	19,919	18,539	238,429	
SENIOR DIRECTOR	(11)							 .
CUATUEDANE CUDICTO/ICH	$\frac{1}{1}$	0	 				0	
6 KATHERINE CHRISTOVICH SENIOR DIRECTOR	(1)	189,907			19,109	17,624	226,640	
ı	(11)	ا- ٥	-	-	-	-	_	
7MAUREEN OXLEY	(1)	186,782		+	18,850	17,333	222,965	
SENIOR DIRECTOR	(11)							
		0				-	0	
8IAN DARKEDIRECTOR	(1)	182,355			20,083	16,924	219,362	
	(11)			_	-	-		
9ELLEN STUTZMANDIRECTOR	- 1	174 997					0	
SELLEN STOTZMANDIRECTOR	(1)	174,897			16,584	16,248	207,729	
I	(11)	اً	-	-	-	-		
10PHILLIP HAGGOOD	(1)	162,896		† †	17,674	15,130	195,700	
DIRECTOR	(11)				₋			
		0					0	
11NEAL SACHAROW DIRECTOR	(1)	158,212	 	!	16,650	14,717	189,579	
	(11)	-1	-	.	-	-	-	
12HEATHER PEARSON	(1)	143,741	Г	-	15.056	12.404	173.101	
SENIOR COUNSEL					15,956	13,404	173,101	
	(11)	اً	<u>-</u>	-	-	-	- 0	
13LAURIE ESPINOSA	(1)	161,264			17,760	15,006	194,030	
DIRECTOR	(11)				₋			
		0					00	
14DEBORAH LOFTIS DIRECTOR	(1)	136,253			15,015	12,721	163,989	
	(11)	-1			-	-	-	
15SHANNON AHO	10	132,516			11706	42277	0	
CONTRACTS COUNSEL	(1)				14,706	12,377	159,599	
	(11)	- 0	-	-	-[-	0	
	1 1	ı		1 ,	l I		-	

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DLN: 93493244011596

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.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization **Employer identification number** WRITERS GUILD OF AMERICA WEST INC 95-1809455

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 1 AND PART III, LINES 1 AND 4A	WRITERS GUILD OF AMERICA, WEST, INC ("WGAW") IS A LABOR UNION INCORPORATED IN THE STATE OF CALIFORNIA, WHICH EXISTS FOR THE PURPOSE OF NEGOTIATING THE TERMS AND CONDITIONS OF EMPLOY MENT OF WRITERS IN THE MOTION PICTURE, TELEVISION AND NEW MEDIA INDUSTRIES WGAW REPRESENTS WRITERS WITH RESPECT TO THE COLLECTION AND DISTRIBUTION OF RESIDUALS, FOREIGN LEVIES OR OTHER PAYMENTS ATTRIBUTABLE TO THE EXPLOITATION OF THEIR WORK WGAW IS AFFILIATED WITH WRITERS GUILD OF AMERICA, EAST, INC ("WGAE"), AS WELL AS WITH INTERNATIONAL WRITERS' ORGANIZATIONS THROUGHOUT THE WORLD PART VI, LINES 6-7 WRITERS GUILD OF AMERICA, WEST, INC IS A LABOR ORGANIZATION GOVERNED BY ITS CONSTITUTION AND BY-LAWS ("CONSTITUTION") CURRENT MEMBERS IN GOOD STANDING ARE REQUIRED to PAY FULL DUES AND ARE ELIGIBLE TO VOTE IN GUILD DELECTIONS AND RUN FOR GUILD OFFICE THE GOVERNING BODY OF THE GUILD IS ITS BOARD OF DIRECTORS ("BOARD"), CONSISTING OF THREE OFFICERS (PRESIDENT, VICE PRESIDENT AND SECRETARY-TREASURER) AND 16 AT-LARGE BOARD MEMBERS IN GOOD STANDING PART VI, LINE 11B The guild's form 990 is reviewed by a five-member membership and finance committee, a constitutional oversight body chaired by the Guild's secretary-treasurer, which in turn makes the form available for review by the entire 19-member board PART VI, LINE 12C EMPLOYEES AND MEMBERS OF THE BOARD OF DIRECTORS ARE SUBJECT TO THE PROVISIONS OF TITLE II OF THE LABOR MANAGEMENT REPORTING AND DISCLOSURE ACT, 29 U S C SECTION 422, WHICH REQUIRES, INTER ALIA, ANNUAL REPORTS OF INTERESTS THAT COULD RAISE CONFLICTS OF INTEREST IN THE EVENT OF A CONFLICT OR POTENTIAL CONFLICT, EMPLOYEES AND BOARD MEMBERS ARE INSTRUCTED TO NOTIFY THE GUILD'S GOVERNING BODY, THE BOARD OF DIRECTORS, SERVE WITHOUT COMPENSATION FROM THE GUILD THE BOARD DETERMINING THE COMPENSATION OF OTHER GUILD STAFF PART VI, LINE 19 THE GUILD'S CONSTITUTION IS AVAILABLE ON ITS WEBSITE AND MAILED TO ALL CURRENT MEMBERS THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON REQUEST

DLN: 93493244011596

OMB No 1545-0047

2015

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

► Attach to Form 990.

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Related Organizations and Unrelated Partnerships

Open to Public Inspection

Employer identification number RITERS GUILD OF AMERICA WEST INC												
Part I Identification of Disregarded Entities Comp	lete if the organization	answered "Yes" on	Form 990, Part I	95-1809455 V. line 33.								
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) of-year assets	(f) Direct controlling entity							
					_							
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during to		the organization ans	swered "Yes" on F	orm 990, Part I\	V, line 34 because it	had on	e					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu: (if section 501(c)(3)		Section (13) co						
(1)WGA POLITICAL ACTION COMMITTEE 7000 W THIRD ST	PAC FUND	CA	527	N/A	NA	Yes	No No					
LOS ANGELES, CA 90048 26-3511781												
(2)WRITERS GUILD FOUNDATION 7000 W THIRD ST	FOUNDATION	CA	501(C)(3)	PF	NA		No					
LOS ANGELES, CA 90048 23-7024900						+	<u> </u>					
						+	<u> </u>					
							\perp					
							+					
							+					

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III Identification of Related (because it had one or more i						ation answ	ered "Ye	s" on	Form	990, Part I	V, lır	ıe 34	;
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets		n) prtionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	(j) eral or laging tner?	(k) Percent owners
					514)			Yes	No		Yes	No	
IV Identification of Related (34 because it had one or mo							ation ansv	wered	"Yes'	" on Form 9	€90, I	Part	IV, line
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of entit (C corp, S corp, or trust)		total Share e of	(g) of end- year ssets		(h) ercentage ownership	Section (b) cont	(i) on 512 (13) trolled tity?	
											Yes		No

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end- of-year assets	Percentage ownership	Section 512 (b)(13) controlled entity?		
								Yes	No	_
									+	
										-
							Schedu	le R (Form 9	90) 20	<u> </u>

Part V Transactions With Related Organizations Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1c		No
f d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No_
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				\vdash	Yes	
• Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	te this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount in	ivolved	
)WRITERS GUILD FOUNDATION	В, Ј,	413,226	CASH			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions i													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 1	
			•		•							_	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015