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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)

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2016 calendar year, or tax year beginning May 1, 2016, and ending April 30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <input type="checkbox"/> ? <u>Nami Solano County</u>		D Employer identification number <input type="checkbox"/> ? <u>943024777</u>
	Number and street (or P O box, if mail is not delivered to street address) <input type="checkbox"/> ? Room/suite <u>PO Box 3334</u>		E Telephone number <u>707422-7792</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Fairfield, CA 94533</u>		F Group Exemption Number ▶ <input type="checkbox"/> ?
	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		

I Website: ▶ _____

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

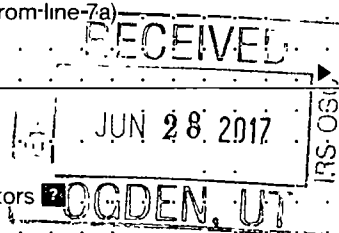
J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L 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. ▶ \$ 62,506

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 _____

Revenue	<input type="checkbox"/> ?	1 Contributions, gifts, grants, and similar amounts received	1	53,400
	<input type="checkbox"/> ?	2 Program service revenue including government fees and contracts	2	7,160
	<input type="checkbox"/> ?	3 Membership dues and assessments	3	1,946
	<input type="checkbox"/> ?	4 Investment income	4	
		5a Gross amount from sale of assets other than inventory 5a		
		b Less: cost or other basis and sales expenses 5b		
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
		6 Gaming and fundraising events		
		a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b			
	c Less: direct expenses from gaming and fundraising events 6c			
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d			
	7a Gross sales of inventory, less returns and allowances 7a			
	b Less: cost of goods sold 7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
	8 Other revenue (describe in Schedule O) 8			
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9		62,506	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10		24,917	
	11 Benefits paid to or for members 11		820	
	12 Salaries, other compensation, and employee benefits <input type="checkbox"/> ? 12			
	13 Professional fees and other payments to independent contractors <input type="checkbox"/> ? 13		65	
	14 Occupancy, rent, utilities, and maintenance 14		9,276	
	15 Printing, publications, postage, and shipping 15		12,534	
	16 Other expenses (describe in Schedule O) <input type="checkbox"/> ? 16		4,714	
	17 Total expenses. Add lines 10 through 16 17		52,326	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		10,180	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		-3,966 97	
	20 Other changes in net assets or fund balances (explain in Schedule O) 20		6,392	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 21		12,605	



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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
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		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
35c	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	-0-
37b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?	38a	<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	-0-
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	39a	-0-
39b	Gross receipts, included on line 9, for public use of club facilities	39b	-0-
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
40b	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	40b	<input checked="" type="checkbox"/>
40c	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		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed	California	
42a	The organization's books are in care of	Myra Binstock Telephone no 707 446-8557	
	Located at	PO Box 3334 Fairfield, CA 94533 ZIP + 4	
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)? If "Yes," enter the name of the foreign country	42b	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
42c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	<input checked="" type="checkbox"/>
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	43	-0-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
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	44b	<input checked="" type="checkbox"/>
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	44d	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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)	45b	<input checked="" type="checkbox"/>

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

		Yes	No
47 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	47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 **None**

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **None**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A **Yes** **No**

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	Signature of officer <i>Myra Binstock</i>	Date	<i>6/24/17</i>
	Type or print name and title	<i>MYRA BINSTOCK Treasurer</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Lysa D Martinez	<i>Lysa D Martinez</i>	<i>6/23/17</i>		
	Firm's name ▶ CSA Mobile Express, LLC	Firm's EIN ▶		27-1790616	
	Firm's address ▶ 756 Placer Circle Vacaville, CA 95687	Phone no		707 208-5918	

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2016

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Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization
Nami Solano County

Employer identification number
94-3024777

Part III page 2 of 990 EZ 2016

Statement of Program Services

Line 28 - Family to Family, Peer to Peer, In Our Own Voice - Amount \$3,141

See Attachment

Line 29 - Ending The Silence, Basics, Outreach Amount - \$5,277

See Attachment

Line 30 - Nami Connection - Amount - \$12,500

See Attachment

Line 31 - Christmas Gift Bags, Outreach - Amount - 3,999

See Attachment

Line 32 - Total \$24,917