

1726
10/16

2016

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning 7/01, 2016, and ending 6/30, 2017

B Check if applicable		C		D Employer identification number	
<input type="checkbox"/> Address change	<input type="checkbox"/> X Name change	NEWS 1141 PEAR TREE LANE #220 NAPA, CA 94558		94-2745889	
<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return/terminated			E Telephone number	
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending			707-252-3687	
		F Name and address of principal officer TRACY LAMB SAME AS C ABOVE		G Gross receipts \$ 2,536,553.	

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527J Website: ► WWW.NAPANEWS.ORGK Form of organization Corporation Trust Association Other ► L Year of formation 1981 M State of legal domicile CA

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If 'No,' attach a list (see instructions)

H(c) Group exemption number ►

Activities & Governance	1 Briefly describe the organization's mission or most significant activities NEWS IS DEDICATED TO PROVIDING SAFETY, HOPE, HEALING AND EMPOWERMENT FOR SURVIVORS OF DOMESTIC AND SEXUAL ABUSE. EQUALLY, NEWS IS COMMITTED TO PROMOTING SAFE COMMUNITIES AND SOCIAL CHANGE THROUGH PREVENTION, INTERVENTION, EDUCATION, AND ADVOCACY.
	2 Check this box ► <input type="checkbox"/> 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)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,855,249.	1,810,880.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7a)	16,035.	87,336.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,363.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,871,284.	1,902,579.
		39,970.	50,813.

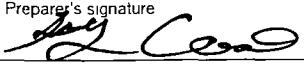
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,216,289.	1,419,548.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ► 90,057.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	355,910.	366,449.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,612,169.	1,836,810.

Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	Prior Year	Current Year
		259,115.	65,769.

Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,866,218.	2,022,880.
	22 Net assets or fund balances Subtract line 21 from line 20	191,523.	295,247.
		1,674,695.	1,727,633.

Part II Signature Block	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	► 	5-14-18
	Signature of officer	Date
	► ALICIA JARAMILLO	PRESIDENT
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self employed	PTIN
	GUY W. CARL		5/11/18		P01292373
	Firm's name ► BROTEMARKLE, DAVIS & CO., LLP				
Firm's address ► 899 ADAMS ST STE H SAINT HELENA, CA 94574-1160					

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/16/16

Form 990 (201)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1. Briefly describe the organization's mission**

NEWS IS DEDICATED TO PROVIDING SAFETY, HOPE, HEALING AND EMPOWERMENT FOR SURVIVORS OF DOMESTIC AND SEXUAL ABUSE. EQUALLY, NEWS IS COMMITTED TO PROMOTING SAFE COMMUNITIES AND SOCIAL CHANGE THROUGH PREVENTION, INTERVENTION, EDUCATION, AND ADVOCACY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If 'Yes,' describe these new services on Schedule O

 Yes No**3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?**

If 'Yes,' describe these changes on Schedule O

 Yes No**4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses**
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 454,863. including grants of \$ 826.) (Revenue \$)

OUR EMERGENCY SHELTER IS A SAFE, CONFIDENTIAL HOUSE LOCATED IN A RESIDENTIAL NEIGHBORHOOD. IT IS A REAL HOME WITH A BEAUTIFUL KITCHEN, PRIVATE BEDROOMS AND BATHROOMS, INDOOR AND OUTDOOR PLAY AREAS FOR CHILDREN, AND A COZY FAMILY ROOM WHERE CLIENTS CAN RELAX OR HOLD FAMILY MEETINGS. OUR STAFF IS THERE AROUND THE CLOCK TO WORK WITH CLIENTS ON INDIVIDUALIZED PLANS TO FIND RESOURCES FOR A FUTURE FREE OF VIOLENCE. WE ALSO STAFF A 24-HOUR CRISIS LINE. DURING THE FISCAL YEAR, 44 WOMEN AND 67 CHILDREN WERE PROVIDED SAFE, CONFIDENTIAL SHELTER AND SUPPORTIVE SERVICES AT THE EMERGENCY SHELTER FOR A TOTAL OF 3,308 SHELTER DAYS. 626 CRISIS LINE CALLS WERE RECEIVED AT THE SHELTER BY OUR DOMESTIC VIOLENCE COUNSELORS. 404 WOMEN AND 186 CHILDREN ATTENDED PEER SUPPORT COUNSELING SESSIONS HELD BOTH AT OUR SHELTER AND AT OTHER LOCATIONS.

4b (Code) (Expenses \$ 306,149. including grants of \$ 11,048.) (Revenue \$)

THE SEXUAL ASSAULT VICTIM SERVICES (SAVS) PROGRAM IS THE RAPE CRISIS CENTER SERVING SURVIVORS OF SEXUAL ABUSE THROUGHOUT NAPA COUNTY. THIS PROGRAM PROVIDES 24 HOUR IMMEDIATE RESPONSE BY TRAINED RAPE CRISIS COUNSELORS FOR BOTH ADULT AND CHILD SURVIVORS OF SEXUAL ABUSE AND THEIR FAMILY MEMBERS. SAVS OFFERS SUPPORT AND ADVOCACY THROUGH THE CRIMINAL JUSTICE PROCESS, ASSISTANCE WITH FILING FOR VICTIM OF CRIME COMPENSATION, COUNSELING AND SUPPORT GROUPS. DURING THE FISCAL YEAR, WE RECEIVED 86 PHONE CALLS ON OUR 24-HOUR CRISIS LINE, RENDERED ASSISTANCE TO 267 CLIENTS, AND FILED 131 CRIME COMPENSATION FORMS ON BEHALF OF CLIENTS.

4c (Code) (Expenses \$ 231,474. including grants of \$ 33,203.) (Revenue \$)

THE TRANSITIONAL HOUSING PROGRAM ASSISTS CLIENTS IN FINDING SAFE, AFFORDABLE HOUSING. CONTINUED SUPPORTIVE SERVICES ARE ALSO A PART OF THIS PROGRAM. THESE SERVICES CAN LAST FOR UP TO TWO YEARS. MANY OF OUR CLIENTS WHO FIND SHELTER IN THE SAFE HOUSE, TRANSITION INTO APARTMENTS OF THEIR OWN. DURING THE FISCAL YEAR WE ASSISTED 35 INDIVIDUALS WITH FINDING EITHER TEMPORARY OR PERMANENT, AFFORDABLE HOUSING. THERE WERE 250 SERVICES PROVIDED TO CLIENTS TO HELP THEM WITH HOUSEHOLD ESTABLISHMENT. THIS PROGRAM ACHIEVED A 97% SUCCESS RATE DURING THE CURRENT FISCAL YEAR.

4d Other program services (Describe in Schedule O)

SEE SCHEDULE O

(Expenses \$ 591,706. including grants of \$ 5,736.) (Revenue \$)

4e Total program service expenses ► 1,584,192.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III

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

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

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

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI

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

c 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

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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)

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

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

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9	X	
10	X	
11a	X	
11b		X
11c		X
11d		X
11e		X
11f		X
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X
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		
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		
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		
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
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		X
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? If 'Yes,' complete Schedule L, Part III		X
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):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c 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		
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
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		X
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		
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		
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		X
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		X

Part 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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	9
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c	X
2 a	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	2 a	28
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	
4 a	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)?	4 a	X
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)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
6 a	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?	6 a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	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?	7 a	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	9 a	
b	If 'Yes,' did the sponsoring organization make any taxable distributions under section 4966?	9 b	
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10 a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10 b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11 a	
a	Gross income from members or shareholders	11 b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13 a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b	
c	Enter the amount of reserves on hand	13 c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	

Part VI. Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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 1a 16

1b Enter the number of voting members included in line 1a, above, who are independent 1b 16

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 X

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 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O 4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X

6 Did the organization have members or stockholders? 6 X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X

a The governing body? 8b X

b Each committee with authority to act on behalf of the governing body? 9 X

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? 10a X

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 X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a X

12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12b X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c X

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O 13 X

13 Did the organization have a written whistleblower policy? 14 X

14 Did the organization have a written document retention and destruction policy? 15a X

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? 15b X

a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 16a X

b Other officers or key employees of the organization 16b X

If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16b X

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 X

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 X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply 18 X

Own website Another's website Upon request Other (explain in Schedule O)

19 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. SEE SCHEDULE O 19 X

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

TRACY LAMB 1141 PEAR TREE LANE NAPA CA 94558 707-252-3687

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) Name and Title	(B) Average hours per week (list any hours for related organi- zations below dotted line)	(C) 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 related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee				
(1) ALICIA JARAMILLO VICE PRESIDENT	1 0		X		X			0.	0.	0
(2) MYLES DAVIS DIRECTOR	4 0		X					0.	0.	0
(3) SANDRA SIMS PRESIDENT	1 0		X		X			0.	0.	0
(4) RANDALL GNAGY TREASURER	2 0		X		X			0.	0.	0
(5) ANGIE CANCHOLA DIRECTOR	1 0		X					0.	0.	0
(6) DOUG ERNST DIRECTOR	1 0		X					0.	0.	0
(7) DANIELLE SCHMITZ DIRECTOR	1 0		X					0.	0.	0
(8) JEAN DONALDSON DIRECTOR	1 0		X					0.	0.	0
(9) STEVE POTTER DIRECTOR	1 0		X					0.	0.	0
(10) NANCY MOTT DIRECTOR	1 0		X					0.	0.	0
(11) DANIS KREIMEIR DIRECTOR	1 0		X					0.	0.	0
(12) NANCY GLORIO SECRETARY	1 0		X		X			0.	0.	0
(13) GAIL SILVERMAN DIRECTOR	1 0		X					0.	0.	0
(14) JULIANNA HART SECRETARY	1 0		X		X			0.	0.	0

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organiza tions below dotted line)	(C) 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 related organizations
		Former or director	Individual trustee	Officer	Key employee			
(15) REBEKAH BARR DIRECTOR	1 0	X				0.	0.	0.
(16) KATIE SOMPLE DIRECTOR	1 0	X				0.	0.	0.
(17) LAURA VALENCIA DIRECTOR	1 0	X				0.	0.	0.
(18) TRACY LAMB EXECUTIVE DIR.	40 0			X		119,633.	0.	11,752.
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								

1 b Sub-total

► 119,633. 0. 11,752.

c Total from continuation sheets to Part VII, Section A

► 0. 0. 0.

d Total (add lines 1b and 1c)

► 119,633. 0. 11,752.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

Section B. Independent Contractors

1 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

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 ► 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f	1 a 1 b 1 c 1 d 1 e 1,306,556. 1 f 504,324. \$			
	h Total. Add lines 1a-1f	► 1,810,880.			
Program Service Revenue	2 a b c d e f All other program service revenue	Business Code			
	g Total. Add lines 2a-2f	►			
	3 Investment income (including dividends, interest and other similar amounts)	►	27,913.		27,913
	4 Income from investment of tax-exempt bond proceeds.	►			
	5 Royalties	►			
	6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	(i) Real 693,397. 633,974. 59,423.			
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	(ii) Other 59,423.			59,423.
Other Revenue	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events	a b c			
	9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities	a b c			
	10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory	a b c			
	Miscellaneous Revenue	Business Code			
	11 a FISCAL AGENCY FEES b c d All other revenue e Total. Add lines 11a-11d	4,363. 4,363. 4,363.			
	12 Total revenue. See instructions	► 1,902,579.	4,363.	0.	87,336.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,000.	1,000.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	49,813.	49,813.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	131,385.	59,452.	45,985.	25,948
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7 Other salaries and wages	1,063,936.	1,010,953.	15,976.	37,007
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,292.	8,894.	96.	302
9 Other employee benefits	115,497.	108,660.	2,465.	4,372
10 Payroll taxes	99,438.	89,483.	4,860.	5,095
11 Fees for services (non-employees).				
a Management				
b Legal	1,382.	1,382.		
c Accounting	29,968.		29,968.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,017.		12,017.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,495.	16,154.	14,341.	
12 Advertising and promotion				
13 Office expenses	16,935.	15,771.	453.	711
14 Information technology				
15 Royalties				
16 Occupancy	56,350.	52,089.	1,657.	2,604
17 Travel	23,040.	21,457.	616.	967
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,084.	17,099.	383.	602
23 Insurance	55,303.	37,897.	15,249.	2,157
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <u>SUPPLIES</u>	34,900.	25,767.	5,333.	3,800
b <u>REPAIRS AND MAINTENANCE</u>	24,422.	22,776.	640.	1,006
c <u>TRAINING</u>	22,936.	15,622.	7,314.	
d <u>COMMUNICATIONS</u>	22,594.	21,042.	604.	948
e All other expenses	18,023.	8,881.	4,604.	4,538
25 Total functional expenses. Add lines 1 through 24e	1,836,810.	1,584,192.	162,561.	90,057
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash – non-interest-bearing	2,768.	1	2,849	
	2 Savings and temporary cash investments	507,176.	2	586,285	
	3 Pledges and grants receivable, net	267,503.	3	196,091	
	4 Accounts receivable, net	17,539.	4	22,188	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				
	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				
	7 Notes and loans receivable, net				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges	10,902.	9	27,998	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	619,956.			
	b Less accumulated depreciation	10b	307,938.	10c	312,018
	11 Investments – publicly traded securities		813,298.	11	875,451
	12 Investments – other securities See Part IV, line 11				12
	13 Investments – program-related See Part IV, line 11				13
	14 Intangible assets				14
	15 Other assets See Part IV, line 11				15
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,866,218.	16	2,022,880	
Liabilities	17 Accounts payable and accrued expenses	40,005.	17	58,320	
	18 Grants payable			18	
	19 Deferred revenue		37,504.	19	
	20 Tax-exempt bond liabilities				20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D				21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22
	23 Secured mortgages and notes payable to unrelated third parties		114,014.	23	114,014
	24 Unsecured notes and loans payable to unrelated third parties				24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25
	26 Total liabilities. Add lines 17 through 25		191,523.	26	295,247
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,674,695.	27	1,727,633	
	28 Temporarily restricted net assets			28	
	29 Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
	33 Total net assets or fund balances	1,674,695.	33	1,727,633	
	34 Total liabilities and net assets/fund balances	1,866,218.	34	2,022,880	

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Form 990 (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1. Total revenue (must equal Part VIII, column (A), line 12)	1	1,902,579
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,836,810
3 Revenue less expenses Subtract line 2 from line 1	3	65,769
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,674,695
5 Net unrealized gains (losses) on investments	5	-12,831
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	0
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,727,633

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a 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?	3a	X
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	

BAA

Form 990 (2016)

SCHEDULE A
 (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service
Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Open to Public
Inspection

Name of the organization

Employer identification number

NEWS

94-2745889

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. 07

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university

10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	1,370,689.	1,344,714.	2,298,100.	1,855,249.	1,810,880.	8,679,632
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	1,370,689.	1,344,714.	2,298,100.	1,855,249.	1,810,880.	8,679,632
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						8,679,632

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1,370,689.	1,344,714.	2,298,100.	1,855,249.	1,810,880.	8,679,632
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,657.	17,909.	14,973.	19,434.	27,913.	94,886
9 Net income from unrelated business activities, whether or not the business is regularly carried on		3,550.	1,230.			4,780
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 Total support. Add lines 7 through 10						8,779,298
12 Gross receipts from related activities, etc (see instructions)					12	4,363
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	98.86%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	98.96%
16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	►	
b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	►	
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	►	
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	►	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33-1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

Part IV. Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	

Part IV. Supporting Organizations (continued)

11. Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in **Part VI**.

Yes	No
11a	
11b	
11c	

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization

Yes	No
1	
2	

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Yes	No
1	

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in **Part VI** the role the organization's supported organizations played in this regard

Yes	No
1	
2	
3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test Complete **line 2** below

b The organization is the parent of each of its supported organizations Complete **line 3** below

c The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

Yes	No
2a	

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

2b	
----	--

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

3a	
----	--

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

3b	
----	--

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A – Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount

	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1
2 Enter 85% of line 1	2
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4 Enter greater of line 2 or line 3	4
5 Income tax imposed in prior year	5
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)	

BAA

Schedule A (Form 990 or 990-EZ) 2016

Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D — Distributions****Current Year**

1. Amounts paid to supported organizations to accomplish exempt purposes
2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
3. Administrative expenses paid to accomplish exempt purposes of supported organizations
4. Amounts paid to acquire exempt-use assets
5. Qualified set-aside amounts (prior IRS approval required)
6. Other distributions (describe in **Part VI**) See instructions
- 7. Total annual distributions.** Add lines 1 through 6
8. Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.
9. Distributable amount for 2016 from Section C, line 6
10. Line 8 amount divided by Line 9 amount

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1. Distributable amount for 2016 from Section C, line 6			
2. Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
3. Excess distributions carryover, if any, to 2016-			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4. Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5. Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions			
6. Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions			
7. Excess distributions carryover to 2017. Add lines 3j and 4c			
8. Breakdown of line 7			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D
(Form 990)

OMB No 1545 0047

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****2016****Open to Public
Inspection**► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Name of the organization

Employer identification number

NEWS

94-2745889

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	► \$
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	► \$
(i) Revenue included on Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	► \$
a Revenue included on Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

SEE PART XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,050,000.	887,000.	811,000.	796,000.	795,000.
b Contributions	130,000.	180,000.	92,000.	15,000.	33,000.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs		17,000.	16,000.	0.	32,000.
f Administrative expenses					
g End of year balance	1,180,000.	1,050,000.	887,000.	811,000.	796,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 100.00 %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

	Yes	No
3a(i)		X
3a(ii)		X
3b		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,336.		50,336
b Buildings		441,906.	220,879.	221,027
c Leasehold improvements				
d Equipment	127,714.		87,059.	40,655
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				312,018

BAA

Schedule D (Form 990) 2016

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 1.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		N/A
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)	►	

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 1.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		N/A
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	►	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 1.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, column (B) line 15) ►

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ►

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1. Total revenue, gains, and other support per audited financial statements
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12
 - a Net unrealized gains (losses) on investments
 - 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
3. Subtract line 2e from line 1
4. Amounts included on Form 990, Part VIII, line 12, but not on line 1
 - a Investment expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIII)
 - c Add lines 4a and 4b
5. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

1	1,943,156
2a	-12,831.
2b	65,425.
2c	
2d	
2e	52,594
3	1,890,562
4a	12,017.
4b	
4c	12,017
5	1,902,579

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1. Total expenses and losses per audited financial statements
2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
 - a 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
3. Subtract line 2e from line 1
4. Amounts included on Form 990, Part IX, line 25, but not on line 1
 - a Investment expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIII)
 - c Add lines 4a and 4b
5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

1	1,890,218
2a	65,425.
2b	
2c	
2d	
2e	65,425
3	1,824,793
4a	12,017.
4b	
4c	12,017
5	1,836,810

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.

PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

NEWS IS HOLDING AGENCY FUNDS FOR THE FOLLOWING TWO ORGANIZATIONS AT THE END OF THE YEAR. THE FUNDS WILL BE DISBURSED DURING THE FOLLOWING FISCAL YEAR:

BAY AREA LEGAL FUND \$60,000

NAPA FAMILY JUSTICE CENTER 62,913

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**BOARD DESIGNATED:**

THE ORGANIZATION'S BOARD OF DIRECTORS HAS ESTABLISHED A POLICY BY WHICH IT EVALUATES THE AMOUNT OF THE ORGANIZATION'S NET ASSETS AVAILABLE TO SUSTAIN ITS MISSION AND A BOARD DESIGNATED FUND TO MAINTAIN ADEQUATE RESERVES. UNRESTRICTED AND TEMPORARILY RESTRICTED ASSETS ARE NEEDED TO FUND PROGRAMS IN THE EVENT THAT THE RECEIPT OF GRANT MONIES ARE DELAYED, FUNDRAISING EFFORTS ARE LESS THAN EXPECTED OR A PROGRAM TEMPORARILY LOSES FUNDING. SINCE SEVERAL OF THE ORGANIZATION'S PRIMARY PROGRAMS ARE HEAVILY DEPENDENT UPON GRANTS FROM GOVERNMENTAL AGENCIES, THE BOARD HAS DECIDED THAT THE ORGANIZATION'S UNRESTRICTED RESERVES SHOULD BE SUFFICIENT TO PROVIDE SIX MONTHS OF OPERATING EXPENSES AND ONE YEAR OF FUNDRAISING SUPPORT TO AVOID THE NECESSITY OF SELLING ANY OPERATING ASSETS. RESOURCES DESIGNATED BY THE BOARD FOR THIS PURPOSE ARE CONSIDERED UNRESTRICTED, AS THE DESIGNATION IS SELF-IMPOSED. THE AMOUNT OF THIS BOARD DESIGNATED FUND TOTaled \$1,180,000 AT JUNE 30, 2017.

SCHEDULE I
(Form 990)**2016**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
► Attach to Form 990.► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
NEWSName of the organization
Employer identification number
94-2745889► Open to Public
Inspection**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) _____	_____	_____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____
(8) _____	_____	_____	_____	_____	_____	_____	_____

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

3 Enter total number of other organizations listed in the line 1 table

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

► 0

► 0

TEEA3901L 11/03/16

Schedule I (Form 990) (2016)

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) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	EMERGENCY ASSISTANCE	119		41,474	OTHER	RENT AND UTILITIES ASSISTANCE
2	EMERGENCY ASSISTANCE	15		7,500	OTHER	CHRISTMAS HOLIDAY ASSISTANCE
3	EMERGENCY ASSISTANCE	20		839	OTHER	TRANSPORTATION
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

PROGRAM STAFF ARE INFORMED OF GRANT GUIDELINES AND MEET WEEKLY TO REVIEW CASES AND MAKE ELIGIBILITY DETERMINATIONS. IN ADDITION, THE PROGRAM IS AUDITED BY THE GRANT FUNDER.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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Supplemental Information to Form 990 or 990-EZComplete 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

2016Open to Public
Inspection

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PART VI, SECTION B, LINE 15B

NO OTHER OFFICERS OR KEY EMPLOYEES ARE COMPENSATED BY THE ORGANIZATION.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THE KIDS EXPOSED TO DOMESTIC VIOLENCE PROGRAM (KEDS) PROVIDES SEVERAL COMPONENTS TO ASSIST CHILDREN WHO HAVE BEEN EXPOSED TO VIOLENCE AT HOME. CHILDREN ARE ASSESSED AND ARE OFFERED RESOURCES TO BUILD PROTECTIVE FACTORS AND REDUCE RISK FACTORS FOR FUTURE ADVERSE AFFECTS AS A RESULT OF EXPOSURE TO VIOLENCE. FOLLOW UP AND SUPPORT IS OFFERED TO NON-OFFENDING PARENTS TO ASSIST IN CHILDREN'S INDIVIDUALIZED CASE PLAN. PARENTS RECEIVE EDUCATION AND INFORMATION ON HOW THEY CAN BUILD PROTECTIVE FACTORS FOR THEIR CHILDREN, AND CHILDREN MAY PARTICIPATE IN NEWS' KIDS CLUB WEEKLY SUPPORT GROUPS WHERE A CURRICULUM IS OFFERED TO HELP BUILD SAFETY AND SELF ESTEEM WHILE DOING FUN AND CREATIVE ACTIVITIES. DURING THE FISCAL YEAR 25 CHILDREN PARTICIPATED IN WEEKLY SUPPORT GROUPS, AND 86 WOMEN AND 220 CHILDREN RECEIVED OTHER SERVICES UNDER THIS PROGRAM.

OUTREACH AND EDUCATION IS AN IMPORTANT PART OF ENDING DOMESTIC VIOLENCE IN OUR COMMUNITY. WE PROVIDE DOMESTIC VIOLENCE AND SEXUAL ABUSE PREVENTION AND EDUCATION PROGRAMS TO SCHOOLS, UNDER-SERVED POPULATIONS, EMPLOYERS, SOCIAL SERVICE ORGANIZATIONS, AND THE GENERAL PUBLIC IN AN EFFORT TO HELP THE COMMUNITY IDENTIFY AND UNDERSTAND THE DYNAMICS OF DOMESTIC VIOLENCE AND SEXUAL ABUSE, AND WHERE TO GET HELP IF THEY NEED IT. DURING THE FISCAL YEAR WE PROVIDED 207 PRESENTATIONS TO THE COMMUNITY ON VARIOUS ASPECTS OF DOMESTIC VIOLENCE, INCLUDING PREVENTION, EDUCATION AND SERVICES AVAILABLE. THESE PRESENTATIONS WERE ATTENDED BY 13,174 ATTENDEES.

THE SAFE SOLUTIONS PROGRAM IS DESIGNED TO WORK SPECIFICALLY WITH WOMEN WHO HAVE CO-OCCURRING DOMESTIC VIOLENCE, DRUG OR ALCOHOL DEPENDENCY ISSUES AND/OR MENTAL

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HEALTH ISSUES. THE PROGRAM WAS DESIGNED USING TRAUMA INFORMED PRACTICES AND USES INTENSIVE CASE MANAGEMENT TO HELP WOMEN DISCOVER TRIGGERS AND COPING SKILLS TO GUIDE THEM TO SAFETY AND SUPPORT. THERE IS A STRONG EMPHASIS ON WORKING TOWARD SUCCESSFUL CONNECTIONS TO RESOURCES THAT SUPPORT THEIR RECOVERY AND HEALING. DURING THE FISCAL YEAR, WE SERVED A TOTAL OF 81 CLIENTS, WHICH INCLUDED PROVIDING TRANSPORTATION FOR 46 CLIENTS FOR SOCIAL SERVICES, HEALTH AND COURT APPOINTMENTS, AND INTENSE CASE MANAGEMENT FOR 37 WOMEN.

THE LEGAL ADVOCACY PROGRAM PROVIDES HELP WITH THE PROCESS OF FILING FOR PROTECTIVE ORDERS AND ADVOCACY TO VICTIMS OF DOMESTIC VIOLENCE. OUR COURT ADVOCATE WORKS TOGETHER WITH CLIENTS TO FIND RESOURCES PERTAINING TO CHILD CUSTODY, VISITATION, AND OTHER CIVIL ISSUES RELATED TO ABUSE. DURING THE FISCAL YEAR WE ASSISTED 71 VICTIMS OF DOMESTIC VIOLENCE WITH FILING RESTRAINING ORDERS. OUR ADVOCATE PROVIDED COURT RELATED SERVICES AND APPEARED IN COURT WITH CLIENTS TO PROVIDE SUPPORTIVE SERVICES ON 35 OCCASIONS.

THE NEWS VOLUNTEER PROGRAM PROVIDES TWO 60-HOUR TRAINING SESSIONS PER YEAR, FREE OF COST, FOR THOSE INTERESTED IN BECOMING DOMESTIC VIOLENCE AND SEXUAL ASSAULT COUNSELORS. VOLUNTEER OPPORTUNITIES INCLUDE BECOMING A MEMBER OF THE DOMESTIC VIOLENCE RESPONSE TEAM. THE DOMESTIC VIOLENCE RESPONSE TEAM PROGRAM UTILIZES A TEAM OF TRAINED DOMESTIC VIOLENCE AND SEXUAL ASSAULT COUNSELOR VOLUNTEERS TO RESPOND IMMEDIATELY TO VICTIMS OF DOMESTIC VIOLENCE OR SEXUAL ASSAULT AT THE REQUEST OF LAW ENFORCEMENT. THEY GO EITHER DIRECTLY TO THE SCENE OF AN INCIDENT OR TO A DESIGNATED SAFE LOCATION. THE COUNSELORS PROVIDE EMOTIONAL SUPPORT, INFORMATION, SAFETY PLANNING, AND RESOURCES. THEY WORK WITH EACH CLIENT TO DEVELOP A PLAN FOR FOLLOW-UP SERVICES. VOLUNTEERS MAY ALSO HELP IN PROVIDING COURT ADVOCACY SERVICES AND WORKING

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

AT THE SAFE HOUSE ON THE 24-HOUR CRISIS LINE. WE TRAINED 84 VOLUNTEER DOMESTIC VIOLENCE COUNSELORS DURING OUR FISCAL YEAR. VOLUNTEERS PROVIDED OUR ORGANIZATION WITH AN AVERAGE OF 272 HOURS OF SERVICE PER MONTH.

CHILDREN EXPOSED TO DOMESTIC VIOLENCE

THE NAPA POLICE DEPARTMENT CHILDREN EXPOSED TO DOMESTIC VIOLENCE PROGRAM FUNDS A HALF-TIME NEWS DOMESTIC VIOLENCE (DV) ADVOCATE TO BE LOCATED ON SITE AT THE NAPA POLICE DEPARTMENT. THE DV ADVOCATE WORKS IN COLLABORATION WITH A DEDICATED POLICE OFFICER AND A CHILD WELFARE WORKER TO ENSURE A COORDINATED RESPONSE TO DV INCIDENTS WHERE CHILDREN ARE PRESENT. NEWS STAFF AND OUR PARTNERS REVIEW ALL INCIDENT REPORTS AND PROVIDE FOLLOW UP IN-PERSON WHEREVER POSSIBLE TO OFFER SUPPORT, SERVICES, AND EDUCATION TO PARENTS ON BEHALF OF THEIR CHILDREN. NEWS ALSO COORDINATES A 24 HOUR IMMEDIATE RESPONSE TEAM TO PROVIDE EMERGENCY CRISIS RESPONSE TO THE SCENE OF DV INCIDENTS. THE PROGRAM AIMS TO REDUCE THE LONG RANGE NEGATIVE IMPACTS TO CHILDREN EXPOSED TO VIOLENCE AT HOME. DURING THE FISCAL YEAR, A TOTAL OF 201 CHILDREN WERE SERVED UNDER THIS PROGRAM.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ORGANIZATION CHANGED ITS NAME FROM NAPA EMERGENCY WOMEN'S SERVICES TO NEWS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE EXECUTIVE COMMITTEE CONDUCTS A REVIEW OF THE ORGANIZATION'S FORM 990 (INCLUDING ALL RELATED SCHEDULES). ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS IDENTIFIED BY THE EXECUTIVE COMMITTEE ARE ADDRESSED AND THE PREPARER OF THE FORM 990 MAKES ANY NECESSARY REVISIONS. AFTER THE FORM 990 HAS BEEN ACCEPTED BY THE EXECUTIVE COMMITTEE, THE FORM IS PRESENTED AT THE NEXT FULL BOARD OF DIRECTORS MEETING TO DISCUSS ITS REVIEW OF THE FORM 990. AT THIS MEETING THE BOARD OF DIRECTORS IS ASKED

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

TO GRANT APPROVAL FOR FILING THE FORM 990. AFTER SUCH APPROVAL IS OBTAINED, EACH BOARD MEMBER IS PROVIDED WITH A FINAL COPY. THE FORM IS THEN FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

PAID STAFF AND BOARD MEMBERS ARE REQUIRED TO ANNUALLY DOCUMENT IN WRITING ANY INTERESTS, RELATIONSHIPS OR HOLDINGS THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST. IF A CONFLICT OF INTEREST IS IDENTIFIED FROM AN ANNUAL DISCLOSURE, THE ORGANIZATION'S EXECUTIVE COMMITTEE WILL REVIEW THE CONFLICT AND TAKES APPROPRIATE ACTION, WHICH MAY INCLUDE PROHIBITING AN INDIVIDUAL FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS AND DECISIONS REGARDING A CERTAIN TRANSACTION. IF A CONFLICT IS IDENTIFIED DURING A MEETING, THE ENTIRE BOARD WILL DECIDE WHAT APPROPRIATE ACTION TO TAKE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE ORGANIZATION'S EXECUTIVE COMMITTEE HAS GENERAL OVERSIGHT OF THE ORGANIZATION'S HUMAN RESOURCE PLAN, INCLUDING ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR OF THE ORGANIZATION. A SALARY SURVEY IS USED TO BENCHMARK COMPENSATION FOR THE EXECUTIVE DIRECTOR POSITION UTILIZING THE COMPENSATION & BENEFITS SURVEY NORTHERN CALIFORNIA PUBLISHED BY THE CENTER FOR NONPROFIT MANAGEMENT. THE COMMITTEE MEETS INDEPENDENT OF THE EXECUTIVE DIRECTOR TO DISCUSS PERFORMANCE RELATIVE TO THE POSITION DESCRIPTION. DURING THESE MEETINGS, THE COMMITTEE ALSO CONSIDERS INPUT OBTAINED FROM OTHER BOARD MEMBERS, STAFF, PROFESSIONAL ADVISORS, GRANT RECIPIENTS, AND OTHER INFORMED COMMUNITY LEADERS. ONCE A CONSENSUS IS REACHED REGARDING PERFORMANCE, A SIMILAR DISCUSSION IS HELD CONCERNING COMPENSATION RELATIVE TO ANNUAL BENCHMARK AND ESTABLISHED OBJECTIVES. THE COMMITTEE PRESENTS ITS FINDINGS AND RECOMMENDATIONS, IN AN EXECUTIVE SESSION WITHOUT THE EXECUTIVE DIRECTOR PRESENT, TO THE FULL BOARD FOR REVIEW AND APPROVAL. THE COMMITTEE THEN MEETS WITH THE EXECUTIVE DIRECTOR TO

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FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (

DISCUSS AND DOCUMENT STRENGTHS, WEAKNESSES, AND GOALS FOR THE UPCOMING YEAR.

COMPENSATION FOR THE UPCOMING YEAR IS ALSO DISCUSSED AND DOCUMENTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE FOLLOWING ORGANIZATION DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE, FOR INSPECTION OR COPYING, AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS AT NO CHARGE: INTERNAL REVENUE SERVICE DETERMINATION LETTER, ARTICLES OF INCORPORATION, AND BY-LAWS. ALL OF THE AFOREMENTIONED ORGANIZATIONAL DOCUMENTS ARE ALSO POSTED ON THE ORGANIZATION'S WEB SITE. WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL DOCUMENT, THE ORGANIZATION WILL FULFILL SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST. OTHER DOCUMENTS THAT ARE POSTED ON THE ORGANIZATION'S WEB SITE INCLUDE THE MOST RECENT COPY OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND ITS CONFLICT OF INTEREST POLICY.