**Short Form**
Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

### Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

**Revenue**

1. Contributions, gifts, grants, and similar amounts received
2. Program service revenue including government fees and contracts
3. Membership dues and assessments
4. Investment income
5a. Gross amount from sale of assets other than inventory
5b. Less: cost or other basis and sales expenses
5c. Gain or (loss) from sale of assets other than inventory
6. Gaming and fundraising events
   - a. Gross income from gaming (attach Schedule G if greater than $15,000)
   - b. Gross income from fundraising events (not including contributions from fundraising events reported on line 1) (attach Schedule G if sum of such gross income and contributions exceeds $15,000)
   - c. Less: direct expenses from gaming and fundraising events
   - d. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a. Gross sales of inventory, less returns and allowances
7b. Less: cost of goods sold
7c. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8. Other revenue (describe in Schedule O)
9. **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, 8, and 9

**Expenses**

10. Grants and similar amounts paid (list in Schedule O)
11. Benefits paid to or for members
12. Salaries, other compensation, and employee benefits
13. Professional fees and other payments to independent contractors
14. Occupancy, rent, utilities, and maintenance
15. Printing, publications, postage, and shipping
16. Other expenses (describe in Schedule O)
17. **Total expenses.** Add lines 10 through 16

**Net Assets**

18. Excess or (deficit) for the year (Subtract line 17 from line 9)
19. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year’s return)
20. Other changes in net assets or fund balances (explain in Schedule O)
21. **Net assets or fund balances at end of year.** Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2017)
**Part II** Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>3,825</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>0</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>25</td>
<td><strong>Total assets</strong></td>
<td>3,825</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities</strong> (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>27</td>
<td><strong>Net assets or fund balances</strong> (line 27 of column (B) must agree with line 21)</td>
<td>3,825</td>
</tr>
</tbody>
</table>

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

What is the organization’s primary exempt purpose? **Non-profit and community education**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>Covered the news in Davis and Yolo County reaching on average 3000 to 5000 people daily with three to five news stories each day</td>
</tr>
<tr>
<td></td>
<td>(Grants $  ) If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>29</td>
<td>Hosted a variety of community events and discussion forums - at least ten times during the year</td>
</tr>
<tr>
<td></td>
<td>(Grants $  ) If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>30</td>
<td>Court Watch program - we sent roughly 50 college interns to the local courthouse to monitor court cases and report to the public</td>
</tr>
<tr>
<td></td>
<td>(Grants $  ) If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>31</td>
<td>Other program services (describe in Schedule O)</td>
</tr>
<tr>
<td></td>
<td>(Grants $  ) If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>32</td>
<td>Total program service expenses (add lines 28a through 31a)</td>
</tr>
</tbody>
</table>

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week devoted to position</th>
<th>Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter 0)</th>
<th>Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Greenwald</td>
<td>CEO</td>
<td>100</td>
<td>15,600</td>
<td></td>
</tr>
<tr>
<td>Stan Dunford</td>
<td>President</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Cecilia Escamilla Greenwald</td>
<td>Secretary</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Rob White</td>
<td>Treasurer</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Robert Canning</td>
<td>Board Member</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lamar Heystek</td>
<td>Board Member</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Carolyn Hinshaw</td>
<td>Board Member</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Charlotte Krovoza</td>
<td>Board Member</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Pam Nieberg</td>
<td>Board Member</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 

Yes □ No □  

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 

Yes □ No □  

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 

Yes □ No □  

35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. 

Yes □ No □  

35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 

Yes □ No □  

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 

Yes □ No □  

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 

Yes □ No □  

38a Did the organization file Form 1120-POL for this year? 

Yes □ No □  

38b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 

Yes □ No □  

39 Section 501(c)(7) organizations. Enter: 

a Initiation fees and capital contributions included on line 9. 

b Gross receipts, included on line 9, for public use of club facilities. 

39a □ 39b □  

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 □ ; section 4912 □ ; section 4913 □ ; section 4955 □ . 

Yes □ No □  

40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 

Yes □ No □  

40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 

Yes □ No □  

40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 

Yes □ No □  

40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 

Yes □ No □  

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

42a The organization's books are in care of: ______________________________________________________________________ Telephone no. ______________________________________________________________________ 

Located at ______________________________________________________________________ ZIP + 4 ______________________________________________________________________ 

Yes □ No □  

42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ______________________________________________________________________ 

See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 

Yes □ No □  

42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ______________________________________________________________________ 

Yes □ No □  

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accruing during the tax year. 

Yes □ No □  

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 

Yes □ No □  

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 

Yes □ No □  

44c Did the organization receive any payments for indoor tanning services during the year? 

Yes □ No □  

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

Yes □ No □  

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 

Yes □ No □  

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). 

Yes □ No □
Part VI  Section 501(c)(3) organizations only

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) Name and title of each employee

(b) Average hours per week devoted to position

(c) Reportable compensation (Form W-2/1099-MISC)

(d) Health benefits, contributions to employee benefit plans, and deferred compensation

(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000

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

(a) Name and business address of each independent contractor

(b) Type of service

(c) Compensation

d Total number of other independent contractors each receiving over $100,000

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

Yes □ No □

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

Signature of officer

David Greenwald, CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer’s name

Preparer’s signature

Date

Check □ if self-employed

PTIN

Sign Here

Date

Firm’s name

Firm’s address

Firm’s EIN

Phone no.

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

Yes □ No □
**Computer Expenses** - $4957

**Supplies** - $9605

**Event Expenses** - $734

**Office Expenses** - $5889

**Other** - $897

**Insurance** - $4176

**Subscriptions** - $364

**Total** - $26,392
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).
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 33⅓% 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 33⅓% 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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>36000</td>
<td>43000</td>
<td>51875</td>
<td>82591</td>
<td>66852</td>
<td>280387</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>36000</td>
<td>43000</td>
<td>51875</td>
<td>82591</td>
<td>66852</td>
<td>280387</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td>36000</td>
<td>43000</td>
<td>51875</td>
<td>82591</td>
<td>66852</td>
<td>280387</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>36000</td>
<td>43000</td>
<td>51895</td>
<td>82591</td>
<td>66852</td>
<td>280387</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>36000</td>
<td>43000</td>
<td>51895</td>
<td>82591</td>
<td>66852</td>
<td>280387</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))</td>
<td>14</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2016 Schedule A, Part II, line 14</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 331/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 331/3% support test—2016. If the organization did not check the box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% facts-and-circumstances test—2017. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 10% facts-and-circumstances test—2016. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
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