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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2007**Open to Public
Inspection**

A For the 2007 calendar year, or tax year beginning MARCH 1 , 2007, and ending FEBRUARY 28 , 20 08										
B Check if applicable: ☐ Address change ☐ Name change ☒ Initial return ☐ Termination ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions</td> <td>C Name of organization MEDIA ISLAND INTERNATIONAL</td> <td>D Employer identification number 91 1514384</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 7204</td> <td>E Telephone number (360) 352-8526</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 OLYMPIA, WA 98507</td> <td>F Group Exemption Number</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions	C Name of organization MEDIA ISLAND INTERNATIONAL	D Employer identification number 91 1514384	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 7204	E Telephone number (360) 352-8526	City or town, state or country, and ZIP + 4 OLYMPIA, WA 98507	F Group Exemption Number		
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	City or town, state or country, and ZIP + 4 OLYMPIA, WA 98507		F Group Exemption Number							

c Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ©I Website: © www.mediaisland.orgJ Organization type (check only one)—☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. © \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	13,009
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	0
	6	Special events and activities (attach schedule) If any amount is from gaming, check here ☐		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	6b	Less: direct expenses other than fundraising expenses	6b	0
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a	0	
7b	Less: cost of goods sold	7b	0	
7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	0	
8	Other revenue (describe ©)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ©	9	13,009	
Expenses	10	Grants and similar amounts paid (attach schedule) - SEE PART III	10	7,371
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	3,445
	15	Printing, publications, postage, and shipping	15	228
	16	Other expenses (describe © Telephone, Internet, KOWA low power FM Radio station)	16	1,863
	17	Total expenses. Add lines 10 through 16 ©	17	12,907
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	102
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	40,682
	20	Other changes in net assets or fund balances (attach explanation) - DEPRECIATION	20	(2,819)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ©	21	37,965

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	780	22 883
23 Land and buildings	84,968	23 82,148
24 Other assets (describe ©)	0	24 0
25 Total assets	85,748	25 83,031
26 Total liabilities (describe © Loan payable, no interest)	45,066	26 45,066
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,682	27 37,965

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2007)

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? Communicating underpublished information			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	MIDNIGHT SPECIAL LAW COLLECTIVE - provides legal trainings and accessible, accountable legal support for social change, forming community-based legal teams & law collectives nationally, sharing information and experience; also publish a graphic novel "Know Your Rights" (Grants \$ 4,133) If this amount includes foreign grants, check here ☐	28a	4,133
29	WAVEBRIDGE - Rebuilt & expanded Ecuadoran Indigenous community's communication infrastructure, including long range HF & short range VHF radios, solar operated antennas & scanners to monitor movements of oil companies & the military & organize responses in the event of emergencies. mil (Grants \$ 2,790) If this amount includes foreign grants, check here ☐	29a	2,790
30	EMMA GOLDMAN YOUTH & HOMELESS OUTREACH / EGYHOP - Egyhop is dedicated to bringing direct service resources to homeless and low income populations living on the streets in Olympia. These funds were used to provide shoes, clothing, blankets and medicine to over 40 people this yr. (Grants \$ 234) If this amount includes foreign grants, check here ☐	30a	234
31	Other program services (attach schedule) (Grants \$ 214) If this amount includes foreign grants, check here ☐	31a	214
32	Total program service expenses. Add lines 28a through 31a	32	7,371

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
James Mateson 1325 10th Ave. SE, Olympia, WA 98501	President, 5hrs/wk	0	N/A	N/A
Craig Lawrence 1333 Overhulse Rd., Olympia, WA 98502	Vice President, 8hrs/wk	0	N/A	N/A
Tom Nogler E. 3010 Mason Lake Dr. West, Grapeview, WA 98564	Secretary, 10hrs/wk	0	N/A	N/A
Richard Fellows P.O. Box 7187, Olympia, WA 98507	Treasurer, 15hrs/wk	0	N/A	N/A

Part V Other Information (Note the statement requirement in General Instruction V)		Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		☒
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		☒
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		☒
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36		☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0	
b Did the organization file Form 1120-POL for this year?	37b		☒
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		☒
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 © 0, section 4912 © 0, section 4955 © 0

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		✓
40e		✓

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 © 0

d Enter amount of tax on line 40c reimbursed by the organization © 0

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

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

42a The books are in care of © **Richard Fellows** Telephone no © (**360**) **352-8526**
Located at © **P.O. Box 7207, Olympia, WA** ZIP + 4 © **98507**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country © _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country © _____

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

Please
Sign
Here

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

Date

©

JAMES MATESON, President

Type or print name and title

Paid
Preparer's
Use Only

Preparer's
signature

Date

Check if
self-
employed © ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours
if self-employed),
address, and ZIP + 4

EIN

Phone no