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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

A F	or the	2015 calend	ar year, or tax year beginning January 1 , 2015, and ending De	cember	31 , 20 15			
8	heck if ap	oplicable C Name of organization		loyer id	entification number			
	Address c	hange	2	7-1283003				
	Name cha	-	phone n	umber				
	Initial retui		PO Box 4428	2	316310930			
	rinai retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code F Gro	up Exe	mption			
=		n penduag	Traverse City, MI 49685	mber 🕨	•			
G /	Account	ing Method		▶ □	f the organization is not			
	Vebsite				ach Schedule B			
JΤ	ах-ехеп			990, 990	D-EZ, or 990-PF).			
			☑ Corporation ☐ Trust ☐ Association ☐ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets					
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	86043.77			
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions				
			the organization used Schedule O to respond to any question in this Part I					
	1		ons, gifts, grants, and similar amounts received	1	84873.77			
	2		ervice revenue including government fees and contracts	2	3.3.3			
	3	-	ip dues and assessments	3				
	4	Investmen	•	4				
	5a	Gross amo	ount from sale of assets other than inventory 5a	,				
	Ь		or other basis and sales expenses					
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0			
	6		d fundraising events					
	a		ome from gaming (attach Schedule G if greater than					
ne		\$15,000)						
Revenue	ь	Gross inco	me from fundraising events (not including \$ 0 of contributions	1 1				
ě			aising events reported on line 1) (attach Schedule G if the					
_			ch gross income and contributions exceeds \$15,000) 6b					
	C	Less: direc	t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	1				
		line 6c)		6d	n			
	7a	Gross sale	s of inventory, less returns and allowances					
	b		of goods sold . The 143	- 1				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-266.00			
	8	Other reve	nue (describe in Schedule Q) . [2]	8	0			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8,	9	84607.77			
	10		similar amounts paid (list in Schedule O)	10	59067			
	11		aid to or for members . \ ".\	11	0			
Ś	12		ther compensation, and employee benefits	12	13446			
enses	13		al fees and other payments to independent contractors	13	0			
•	14	Occupanc	y, rent, utilities, and maintenance	14	3000			
X	15	Printing, p	ublications, postage, and shipping	15	662.50			
	16	Other expe	enses (describe in Schedule O)	16	3575			
	17	Total expe	enses. Add lines 10 through 16	17	76175.50			
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	8432.27			
ēţ	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		0402,21			
155		end-of-yea	ar figure reported on prior year's return)	19	13988.25			
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	20	13300:23			
ž	21		or fund balances at end of year. Combine lines 18 through 20	21	22420.52			
_								

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2015)

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14

Pa	till Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to a	ny question in this			🗸
				(A) Beginning of year	+	(B) End of year
22	Cash, savings, and investments			13988.25		22420.52
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	, , , , , , , , , , , , , , , , , , , ,				26	
27	Net assets or fund balances (line 27 of column			13988.25	27	22420.52
Par	-	•		•	.]	_
	Check if the organization used Schedule				(Pag	Expenses urred for section
Wha	is the organization's primary exempt purpose?	education through the	ne arts to young Ha	tians		c)(3) and 501(c)(4)
as n	ribe the organization's program service accompli- easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	anner, describe the			orga othe	nizations, optional for rs)
28	New Life Primary School support. In a partnership wi staffing support including art classes to the children					
	······································	ıncludes foreign gra			28a	40175
29	Sponsor a Dreamer. 10 young adults are able to atter	·····				
	through this program by connecting them to a foreig	n sponsor and mento	or who encourages	them and supports		
	their education financially.				1	
		ıncludes foreign gra			29a	13622
30	Child Sponsorship program helping 30 local children	attend elementary s	chools in the comm	unity.		
		includes foreign gra	ants, check here	▶ 📖	30a	3820
31	Other program services (describe in Schedule O)					
	(Grants \$ 7025) If this amount	includes foreign gra	ants, check here	<u>···</u>	31a	
	Total program service expenses (add lines 28a				32	64642
Par					instruc	
	Check if the organization used Schedule	to respond to a	ny question in this	(d) Health benefits,	· · ·	<u> 🗸</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MIS (ff not paid, enter -0-	contributions to employ benefit plans, and	0	Estimated amount of ther compensation
Kesn	el Tondereau					
	tor of Advocacy	20	330	ol	1	
Serg	e Gabriel					
	tor of Sustainability	20	330	o	-	
Jona	Douge					
Direc	tor of Dreamer Program	20	158	5		
	e Jean-Jacques					
	tor of Child Sponsorship	20	70	1		
Robe	rson Philemont					
	tor of New Life School	1 30	330	o		
	l Bongard					
Direc	tor of Arts	10	21	0		
	ie Gere					
	tor of Guest Services	15	85	0		
Maria						
	d President]				
	Kamischke				1-	
	Treasurer	1	1		[
	ca Leavitt					
	1 Secretary	1				
	Balu				_	
	i Member	1			1	
_	ew Morrison	1	 	 	\top	
	i Member	1			[

Églu	Utner information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		res	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	-	✓
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
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)?			
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	<u> </u>	1
	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.	35c		V
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	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
ь 38а	Did the organization file Form 1120-POL for this year?	37b		✓
Joa	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 386	1000		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
39	Section 501(c)(7) organizations. Enter:			İ
a	Initiation fees and capital contributions included on line 9	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	-		
	section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	-		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	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	ļ		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Iowa			
42a		23163)
	Located at ► 1220 Reads Run, Traverse City, MI At any time during the calendar year, did the organization have an interest in or a signature or other authority over	49	585 Voc	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	√ √	140
	If "Yes," enter the name of the foreign country. ▶ HaltI			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	✓	<u> </u>
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	•	.	▶⊔
			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	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<u> </u>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		/

Form 99	90-EZ (2	015)						F	age 4		
46	Did ti	he organization engage, directly or in	directly up political o	ampaign activities	on behalf o	of or in apposition		Yes	No		
40		ndidates for public office? If "Yes," c			· · ·	• •	46	1	,		
Part		Section 501(c)(3) organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			40	ــــــــــــــــــــــــــــــــــــــ			
ı ei c		All section 501(c)(3) organizations		stions 47–49h ar	nd 52, and	complete the t	ahles f	or lin	- 9		
		50 and 51.	o made anomor que	וט פסר ידי פווסווס	ia oz, ana	complete the t	abics i	01 1111	53		
		Check if the organization used Sch	nedule O to respond	l to any question i	in this Part	VI					
		Check if the organization used oci	icadic O to respond	to any question	iii tiiis i ait	<u> </u>	· · · ·	Yes	No		
47	Did t	he organization engage in lobbying	activities or have a	section 501/h) elec	ntion in effe	ect during the tay		165	NO		
71		If "Yes," complete Schedule C, Part				ct during the tax			,		
40	•	e organization a school as described in					47		√		
48		<u> </u>					48 49a	├ ──	√		
49a											
_ b							49b		Ļ		
50		plete this table for the organization's oyees) who each received more than									
	empi	oyees) who each received more than	\$100,000 of compe	nsation from the or	- ,		enter	vone			
		None and the of one bornelous	(b) Average	(c) Reportable		ealth benefits, ions to employee (e)	Estimate	ed amoi	unt of		
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	SC) benefit pl	ans, and deferred	other con				
				,	cor	npensation					
				i							
			·								
f	Total	number of other employees paid over	er \$100,000	. >		_					
51		plete this table for the organization's			ent contrac	tors who each re	ceived	more	thar		
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."							
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c) Co	mpensat	ion			
		· · · · · · · · · · · · · · · · · · ·									
	•••••			1							
				1							
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				L		<u> </u>					
		number of other independent contra	5	• •	-						
52		the organization complete Schedu	le A? Note: All se	ection 501(c)(3) oi	rganizations	s must attach a	_	_			
	comp	oleted Schedule A		<u> </u>	· · · ·	<u> ▶</u>	Yes	<u> </u>	No		
		of perjury, I declare that I have examined this re					edge and	d belief,	ıt ıs		
(rue, co	rect, an	nd complete Declaration of preparer (other than	onicer) is based on all Into	ormation of which prepa	rer nas any Kn	,					
۸.		Telen Kamerelle				5/14/2016	<u> </u>				
Sign		Signature of officer				Date					
Here		Ellen Kamischke, Board treasurer									
		Type or print name and title	75								
Paid		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN				
Prep	l loof amalayad				<u> </u>						
Use		Firm's name ▶				Firm's ElN ▶					
		Firm's address ▶	,			Phone no					
May th	ne IRS	discuss this return with the preparer	shown above? See	instructions	<u></u> .	<u>.</u> >	☐ Yes	<u> </u>	No		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

vame	of the organization					Employer identification	n number
Living	Media International					27-12	83003_
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The c	organization is not a private founda		•		•	,	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	A school described in section						
3	A hospital or a cooperative ho						
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern ☑ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described is	n section 170(b	(1)(A)(vi). (Complete	Part II.)			
9	☐ An organization that normally				from con	tributions, members	ship fees, and gross
	receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	An organization organized and	l operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	d organizations d	escribed in section 5	09(a)(1) c	r section	509(a)(2). See sect	ion 509(a)(3). Check
а		ation operated, s	supervised, or control egularly appoint or ele	led by its	support	ed organization(s), ty	pically by giving
b							- (-) - - - -
U	☐ Type II. A supporting organization(s). You must compare the compared to the companization (s). You must compared to the	e supporting org	janization vested in th	nection w le same p	oersons t	pported organization nat control or manag	n(s), by having ge the supported
С	Type III functionally integra its supported organization(s)						y integrated with,
d	☐ Type III non-functionally intended that is not functionally integral requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	ed organization(s) an attentiveness
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported of						
g	Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
A)							
B)							
C)							
D)							
E)						-	

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

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	ınclude any "unusual grants.")	77085 60	110580.86	126751.64	118955.08	86043.77	519416.95
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	77085.60	110580.86	126751.64	118955.08	86043 77	519416.95
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)		,				
6	Public support. Subtract line 5 from line 4						E10416.05
	on B. Total Support			I			519416.95
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	77085.60	110580.86	126751.64	118955.08	86043 77	519416.95
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				.31	3.19	3.50
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	(see instruction	ons)			12	519420.45
13	First five years. If the Form 990 is for th organization, check this box and stop her	e organization	's first, second			ar as a section	n 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	•	******			
14	Public support percentage for 2015 (line 6	column (f) div	rided by line 1	1, column (f))		14	100 %
15	Public support percentage from 2014 Sch	edule A, Part I	l, line 14 .			15	100 %
16a	331/3% support test - 2015. If the organiz	ation did not d	heck the box	on line 13, and	line 14 is 331/	3% or more, ch	neck this
b	box and stop here . The organization qual 33 1/3% support test—2014 . If the organicheck this box and stop here . The organic	ization did no	t check a box	on line 13 or	16a, and line		
4=				_			. ▶ ⊔
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meet Part VI how the organization meets the "fa organization	ets the "facts-a	ind-circumstar	nces" test, che	ck this box an	d stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	ion meets the eets the "facts	facts-and-cir- and-circumst-	cumstances"	test, check th	is box and sto	p here.
18	• • •				au 47h		▶ □
10	Private foundation. If the organization did instructions						

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

(Complete only if you checked the box on line 9 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants")		1				
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		1				
	organization's benefit and either paid	1					
	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				:			
-	received from disqualified persons						
þ	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		[
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
-	line 6.)						
Secti	on B. Total Support	L .,	·				
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6		1			(0, 20.0	(7) 1010.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources						
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)			1			
14	First five years. If the Form 990 is for the	e organization	n's first, second	d, third, fourth	or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re			-		` ': '
Secti	on C. Computation of Public Suppor	t Percentag				· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2015 (line 8					15	%
16	Public support percentage from 2014 Sch	nedule A, Part	III, line 15 .	<u> </u>	<u>.</u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2015 (17	%
18	Investment income percentage from 2014					18	%
19a	331/3% support tests—2015. If the organi	zation did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	
	17 is not more than 331/3%, check this box 321/2% are not tasks. 2014 lifether are not tasks.						
Ь	331/3% support tests - 2014. If the organiz	ation did not c	neck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	
20	line 18 is not more than 331/3%, check this bearing the Private foundation. If the organization dis						
20	ara iounication ii tile organization di	u not check a	DUX ON MINE 14,	ija, ur 190, C	HECK THIS DOX	ano see instruc	ctions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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		
	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 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
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		
С	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		
ь с 6	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? Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5b 5c		
	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		
С		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	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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?	11a		L
	A family member of a person described in (a) above?	11b	ļ	ļ
	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. on B. Type I Supporting Organizations	11c	L	<u> </u>
0000	on b. Type toupporting Organizations		Yes	No
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.	1		
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.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
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).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
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?	1		
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).	2		
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.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	لــــــــــــــــــــــــــــــــــــــ		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	*)·
а	The organization satisfied the Activities Test Complete line 2 below.			7.
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 ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	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	2a		<u>.</u>
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 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co						
Section A - Adjusted Net Income	Section A - Adjusted Net Income					
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		T			
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 Check here if the current year is the organization's first as a non-functional	y-ın	tegrated Type III supporti	ng organization (see			
instructions).		- ,	- •			

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nızatıons	
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.			-
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in Part VI). See instructions		·	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
<u> </u>	12 5 3 4			
	1 1			
<u>d</u>	From 2013			
	From 2014			
<u>f</u>	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
<u>i</u> _	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3		·····	
	and 4c.			
8	Breakdown of line 7:			
а				
<u>b</u>	1			
<u> </u>				
	Excess from 2014			
е	Excess from 2015			

		eξ
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Pa 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, 2 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.)	2b
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization	Employer identification number		
Living Media International	27-1283003		
Part III Line 31			
Other program activities include providing a guesthouse for volunteers in the community (5575), providing financial support for visa for staff			
enie program assistate providing a gasodiodoci foi volunicora in die community (5075), providing infancial support foi visa foi stati			
travel outside of Halti (800), and development of a community music program (650).			
Part IV			
Brent Olson, Board member			
Terry Pollard, Board member			
Terry Pollard, Board member			
Lee Rainboth, Board member			
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