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Form **990-EZ**

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)

OMB No. 1545-1150 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

| A F | or the | 2015 calend | ar year, or tax year beginning March 1 , 2015, and ending | Febr | ruary 29 | , 20 16 |
|---------------|--|---|---|----------------|----------------|-------------------|
| Во | heck if ap | oplicable | C Name of organization | Emplo | yer identifica | tion number |
| | Address c | hange | MEDIA ISLAND INTERNATIONAL | | 91-1514 | 384 |
| | vame cha | nge | Number and street (or P.O box, if mail is not delivered to street address) Room/suite | Teleph | one number | |
| $\overline{}$ | nıtial retur | | P.O. BOX 7204 | | (360) 352- | 8526 |
| $\overline{}$ | | n/terminated | City or town, state or province, country, and ZIP or foreign postal code | Grour | Exemption | ~ |
| = | Amended Application | return n pending | OLYMPIA, WA 98501-7204 | • | per ▶ | |
| | | ting Method: | Cash | | | ganization is not |
| | /ebsite | • | | | to attach Sci | - |
| | | | | • | 0, 990-EZ, o | |
| | | | Corporation Trust Association Other | | 0,000 ===,0 | |
| | | - | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as | sets | | |
| (Par | t II. coli | umn (B) belov | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ | . 1 | ٠ . | 141,093 |
| | art I | | e, Expenses, and Changes in Net Assets or Fund Balances (see the in | | tions for P | |
| | | | the organization used Schedule O to respond to any question in this Part I. | | | |
| _ | 1 | | ons, gifts, grants, and similar amounts received | | 1 | 141,093 |
| | 2 | | ervice revenue including government fees and contracts | | 2 | 0 |
| | 3 | - | ip dues and assessments | ` | 3 | 0 |
| | 4 | Investment | • | · - | 4 | 0 |
| | 5a | | ount from sale of assets other than inventory | . 0 | - | |
| | b | | or other basis and sales expenses | 0 | | |
| | C | | ss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | 0 |
| | 6 | | d fundraising events | · | 30 | |
| | а | _ | ome from gaming (attach Schedule G if greater than | | | |
| e e | _ | \$15,000) . | | o | | |
| Revenue | b | b Gross income from fundraising events (not including \$ 0 of contrib | | | | |
| <u>§</u> | from fund | | alsing events reported on line 1) (attach Schedule G if the | | 1 | |
| 00. | | | th gross income and contributions exceeds \$15,000) . 6b | 0 | | |
| | С | | t expenses from gaming and fundraising events 6c | 0 | İ | |
| | ď | | e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr | act | | |
| | | line 6c) | | ļ | 6d | 0 |
| | 7a | - | s of inventory, less returns and allowances | 0 | | <u> </u> |
| | b | | of goods sold | 0 | | |
| | c | | it or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | 0 |
| | 8 | | nue (describe in Schedule O) | · | 8 | 0 |
| | 9 | | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 9 | 141,093 |
| | 10 | | I similar amounts paid (list in Schedule O) | -+ | 10 | 145,449 |
| | 11 | | | | 11 | 0 |
| ဖွာ | 12 | Salaries, o | ther compensation, and employee benefits | | 12 | 0 |
| 36 | 13 | | al fees and other payments to independent contractors | | 13 | 744 |
| Expenses | 14 | | y, rent, utilities, and maintenance | · · | 14 | 7,842 |
| ᄶ | 15 | | ublications, postage, and shipping | · ŀ | 15 | 355 |
| | 16 | | enses (describe in Schedule O) | | 16 | 2,528 |
| | 17 | | enses. Add lines 10 through 16 | | 17 | 156,918 |
| | 18 | Excess or | (deficit) for the year (Subtract line 17 from line 9) | - | 18 | (15,825) |
| ets | 19 | | or fund balances at beginning of year (from line 27, column (A)) (must agree w | | | |
| SS | | | r figure reported on prior year's return) | - | 19 | 66,655 |
| Net Assets | 20 | • | nges in net assets or fund balances (explain in Schedule O) | ļ., | 20 | 0 |
| Ž | 21 | | or fund balances at end of year. Combine lines 18 through 20 | _ | 21 | 50,830 |
| For | ــــــــــــــــــــــــــــــــــــــ | | ion Act Notice, see the separate instructions. Cat No. 10642 | | | 990-EZ (2015) |

9 19

| | | | | | | |
|----------|--|----------------------------|---------------------------------------|---|----------|--|
| Pa | Balance Sheets (see the instructions | | | _ | | |
| | Check if the organization used Schedule | O to respond to ar | y question in this | | | <u></u> |
| | | | - | (A) Beginning of year 23,933 | - | B) End of year |
| 22 23 | Cash, savings, and investments | | - | 87,788 | | 8,109 87,788 |
| 23 24 | Land and buildings | | + | | 24 | 07,700 |
| 25 | Total assets | | - | 111,721 | | 95,896 |
| 26 | Total liabilities (describe in Schedule O) | | | 45,066 | | 45,066 |
| 27 | Net assets or fund balances (line 27 of column | (B) must agree with | line 21) | 66,655 | | 50,830 |
| Par | | | | | L | |
| | Check if the organization used Schedule | O to respond to ar | ny question in this | Part III 🔒 . 🗹 | | Expenses |
| Wha | is the organization's primary exempt purpose? | Communicating und | erpublished informa | tion. | | ired for section (3) and 501(c)(4) |
| Desc | ribe the organization's program service accompli | shments for each of | its three largest p | rogram services. | | zations; optional for |
| as m | easured by expenses. In a clear and concise m | anner, describe the | | | others | s.) |
| | ons benefited, and other relevant information for ea | ach program title. | | | | |
| 28 | INDIGENOUS CULTURAL CONCEPTS | * GEE GOL | EDULE O * | | | |
| | ************************************** | 3EE 3UF | IEDOLE O | | | |
| | (Grants \$ 38,000) If this amount | uncludos forcian ara | nts shock horo | | 28a | 38,000 |
| 29 | (Charles w | includes foreign gra | rits, check here . | · · · <u></u> | 20a | |
| | RISING TIDE NORTH AMERICA | * SEE SCH | IEDULE O * | | . i | |
| | | | | | | |
| | (Grants \$ 31,295) If this amount | includes foreign gra | nts, check here . | ▶ 🗆 | 29a | 31,295 |
| 30 | | | | | | |
| | KOWA 106.5 FM - OLYMPIA LOW POWER FM RADIO | * SEE SC | HEDULE O * | | | |
| | | | | | | |
| | (Grants \$ 25,733) If this amount | | | ▶ 🛚 | 30a | 25,733 |
| 31 | Other program services (describe in Schedule O) | | | | | 50,471 |
| 20 | (Grants \$ 50,471) If this amount Total program service expenses (add lines 28a | includes foreign gra | nts, check here . | <u> ▶ ⊔</u> | 31a | 145,449 |
| Par | | | | | 32 | <u></u> |
| 1 (2) | Check if the organization used Schedule | | | | istiuci | |
| | Oliockii ilio organizationi abod obilodalo | (b) Average | (c) Reportable | (d) Health benefits, | Ť | · · · · · · · · · · · · · · · · · · · |
| | (a) Name and title | hours per week | compensation (Forms W-2/1099-MISC) | contributions to employ benefit plans, and | | stimated amount of her compensation |
| | | devoted to position | (if not paid, enter -0-) | deferred compensation | | |
| | es Mateson, President | 15 | | | | |
| 1325 | 10th Ave. SE, Olympia, WA 98501 | <u> </u> | - 0 - | - 0 - | | - 0 - |
| | | . | | | 1 | |
| Chai | vna Hawk, Vice President | | | | | |
| | Langridge Ave NW, Olympia, WA 98502 | . 15 | - 0 - | - 0 - | | - 0 - |
| | Language Ave IVV, Olympia, WA 50502 | | | - 0- | | |
| | | | | | | |
| Rich | ard Fellows, Treasurer | 4- | | | ╁ | |
| P.O. | Box 7187, Olympia, WA 98507 | . 15 | - 0 - | - 0 - | | - 0 - |
| | | | | | _ | |
| | | | | | <u> </u> | |
| | nas Nogler, Secretary | 10 | | | - | |
| 1325 | 10th Ave. SE, Olympia, WA 98501 | | - 0 - | -0- | | - 0 - |
| | | - | | | | |
| | | | | - | - | |
| | | - | | | | |
| | | | <u> </u> | | + | |
| | | | | | | |
| | | - | | | | |
| | | - | | | +- | |
| | | • | | | | |
| | | | | | | |

| Part | Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | | |
|--------------------------|---|------------|-----|----------|
| | | | Yes | |
| 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 | 33 | | 1 |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | • |
| 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)? | 35a | | 1 |
| c | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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 | 35b 35c | | 4 |
| 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 | | • |
| 37a b 38a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a -0- Did the organization file Form 1120-POL for this year? | 37b 38a | | 1 |
| b 39 a b 40a | If "Yes," complete Schedule L, Part II and enter the total amount involved | 368 | | |
| 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 | | • |
| 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 | | | |
| | 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 ▶ Washington | | | |
| 42a | | 360) 3 | | |
| L | Located at Volvation St. 52, 51, 51, 51, 52 | 98501 | | |
| 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)? | 42b | Yes | No * |
| | If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| C | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | | 4 |
| 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 | | Yes | ► □ |
| 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 | res | No |
| 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 | | Y |
| c d | Did the organization receive any payments for indoor tanning services during the year? | 44c 44d | | 1 |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | 1 |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | • |

completed Schedule A 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 (giver than officer) is placed on ellinformation of which preparer has any knowledge Sian Signature of officer Here James Mateson, President Type or print name and title Preparer's signature Print/Type preparer's name Paid Check L if self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ 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 charitable 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

Open to Public Inspection

| | Name of the organization Employer identification number | | | | | | | |
|-------------|---|---|-----------------|---|---------------|-----------------------|-------------------------------|-------------------------------------|
| | | ISLAND INTERNATIONAL | the Chates (All | | | a thia m | 91-151 | |
| Par | _ | Reason for Public Char ganization is not a private foundation | | | | | | ns. |
| 1 | | A church, convention of church | | | | _ | | |
| 2 | | ☐ A school described in section | - | | | | | |
| 3 | | ☐ A hospital or a cooperative hos | | • | | | • • | |
| 4 | | A medical research organization | | | | | | iii). Enter the |
| | _ | hospital's name, city, and state | | | | | | - |
| 5 | [| An organization operated for t section 170(b)(1)(A)(iv). (Comp | | college or university | owned o | operate | d by a government | al unit described in |
| 6 | | A federal, state, or local govern | | | | | | . 46 |
| 7 | b | An organization that normally described in section 170(b)(1) | | | ort from | a gover | nmental unit or trom | i the general public |
| 8 | ٢ | A community trust described in | | | Part II.) | | | |
| 9 | _ | An organization that normally | | | | rom con | tributions, members | hip fees, and gross |
| | | receipts from activities related | | | | | | |
| | | support from gross investme | | | | | | x) from businesses |
| | | acquired by the organization at | • | • | | • | · · | |
| 10 | | An organization organized and | - | - | _ | | | _ |
| 11 | L | An organization organized and | | | | | | |
| | | one or more publicly supported the box in lines 11a through 11c | • | | | | | |
| | | Type I. A supporting organization | | •• •• | • | | • | • |
| а | 1 | the supported organization(s | | • | • | | • • • • • • | |
| | | organization. You must com | • | | ot a majo | , 0 | | o or and outporting |
| b |) | ☐ Type II . A supporting organiz | - | | nection w | ith its su | pported organization | n(s), by having |
| | | control or management of the | - | | | | | |
| | | organization(s). You must co | mplete Part IV, | Sections A and C. | | | | |
| C | ; | ☐ Type III functionally integrants supported organization(s) | | | | | | y integrated with, |
| d | I | ☐ Type ill non-functionally int | | | | | | |
| | | that is not functionally integra | | | | | | an attentiveness |
| | | requirement (see instructions | | | | | | |
| е | , | Check this box if the organiz functionally integrated, or Ty | | | | | | і, туре ііі |
| f | | Enter the number of supported of | | | orang on | garnzario | 11. | |
| 9 | | Provide the following information | | | | | | • • [] |
| | | (i) Name of supported organization | | | | rganization | (v) Amount of monetary | (vi) Amount of |
| | | | | (described on lines 1-9 above (see instructions)) | listed in you | ir governing nent? | support (see instructions) | other support (see instructions) |
| | | | | above (see instructions)) | | | , instructions, | mod detterior |
| | | | | | Yes | No | | |
| (A) | | | ı | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| (B) | | | | | | | | |
| | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| | _ | | | | | | | |
| (E) | | | | | | | | |
| _ | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 25,434 34,215 88,895 170,276 141,093 459,913 2 levied revenues for organization's benefit and either paid to or expended on its behalf . . . - 0 --0-- 0 -- 0 -- 0 -- 0 -The value of services or facilities 3 furnished by a governmental unit to the organization without charge - 0 -- 0 -- 0 -- 0 -- n -- N -459.913 Total. Add lines 1 through 3. . . . 25,434 34.215 88.895 170.276 141.093 The portion of total contributions by 5 person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 104,700 355,213 Public support. Subtract line 5 from line 4. Section B. Total Support (b) 2012 Calendar year (or fiscal year beginning in) (a) 2011 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 25.434 170.276 7 34.215 88.895 141.093 459.913 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources - 0 -- 0 -- n -- n -- n -- 0 -Net income from unrelated business activities, whether or not the business is regularly carried on -0-- 0 -- 0 -- n -- O -- 0 -10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) - 0 -- 0 -- 0 -- 0 -- 0 -- 0 -Total support. Add lines 7 through 10 459,913 11 - 0 -12 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) Section C. Computation of Public Support Percentage 77 % Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f) 14 14 Public support percentage from 2014 Schedule A, Part II, line 14 15 % 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test-2014. If the organization did not check a 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 17a 10%-facts-and-circumstances test - 2015. 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 10%-facts-and-circumstances test - 2014. 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.

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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 | under the te | ests listed bei | ow, please co | omplete Part | н.) | |
|-------|---|-----------------|--|------------------|---|--|---------------|
| | idar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (a) 2012 | (d) 2014 | (a) 2015 | (A Total |
| 1 | Gifts, grants, contributions, and membership fees | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| • | received. (Do not include any "unusual grants.") | | | ļ | | | ł |
| 2 | Gross receipts from admissions, merchandise | | | | | | <u> </u> |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | 1 | } |
| 3 | organization's tax-exempt purpose | | | | , , , , , , , , , , , , , , , , , , , | ļ | |
| • | unrelated trade or business under section 513 | | | 1 | 1 | | |
| 4 | | | | | | ļ | |
| 4 | Tax revenues levied for the organization's benefit and either paid | | | | 1 | ļ | |
| | to or expended on its behalf | | | | | | |
| 5 | • | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the | | 1 | | | | |
| | organization without charge | | 1 | | | | |
| 6 | Total. Add lines 1 through 5 | <u> </u> | | | | | <u> </u> |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| ··u | received from disqualified persons . | | | 1 | ļ | | |
| h | ` ` ` ` ` | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified | | | 1 | Ì | • | |
| | persons that exceed the greater of \$5,000 | | l. | ļ | | | |
| | or 1% of the amount on line 13 for the year | | | 1 | 1 | } | |
| c | Add lines 7a and 7b | | <u> </u> | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | <u> </u> | |
| • | line 6.) | | - | | 1 | 1 | ļ |
| Secti | on B. Total Support | | 1 | | 1 | <u> </u> | <u> </u> |
| | dar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 | Amounts from line 6 | (2) 2011 | (2) 20 12 | (6) 2010 | (4) 2014 | (0) 20.0 | (1) 1014 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | |] | | 1 | |] |
| | royalties and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | · · · · · · · · · · · · · · · · · · · | |
| | section 511 taxes) from businesses | | 1 | | | | : |
| | acquired after June 30, 1975 | | | | | | • |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | İ | | | |
| | 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.) | | | L | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | <u> </u> | <u></u> | <u></u> | |
| 14 | First five years. If the Form 990 is for the | - | | | - | | |
| | organization, check this box and stop her | | | | · · · · · | | > 🗀 |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2015 (line 8 | | | | | | % |
| 16 | Public support percentage from 2014 Sch | | | | <u> </u> | 16 | <u>%</u> |
| | on D. Computation of Investment Inc | | | | | | |
| 17 | Investment income percentage for 2015 (I | | | | | | % |
| 18 | Investment income percentage from 2014 | | | | | | % |
| 19a | 331/3% support tests—2015. If the organi | | | | | | - |
| | 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/3% support tests—2014. If the organiz | ation did not o | check a box on | line 14 or line | 19a, and line 16 | s more than | |
| | line 18 is not more than 331/3%, check this t | | | | | | |
| 20 | Private foundation. If the organization die | a not check a | box on line 14 | , 19a, or 19b, o | cneck this box | and see instru | ictions 🕨 🔲 |

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 | Section A | . All | Supp | orting | Orga | nizations |
|---|-----------|-------|------|--------|------|-----------|
|---|-----------|-------|------|--------|------|-----------|

| ecu | on A. All Supporting Organizations | | ₁ | |
|-----|---|-----|--------------|-------------|
| | | | 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 | | O. | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | 3b | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 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 | | |
| 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 | | |
| 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 | | |
| С | 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 | | 36 | | |
| | 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 | .56 | | 1 |
| - | determine whether the organization had excess business holdings.) | 10b | | ļ' |

N/A

| Part | Supporting Organizations (continued) | | | |
|------------------|--|----------|-----|---------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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 | | لــــ |
| b | A family member of a person described in (a) above? | 11b | | |
| | 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. | 11c | | |
| | on B. Type I Supporting 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 camed 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 | | | |
| 1 a b c | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in the complete line 3). | | | |
| 2 | Activities Test. Answer (a) and (b) below. | <u>,</u> | 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 | | |
| 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. | | | |
| а | 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? <i>Provide details in Part VI.</i> | 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 | | |

| Schedule A (Form 990 or 990-EZ) 2015 | | | Page (|
|--|---------------|--|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non | gani | izations | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the contain | j tru mple | st on Nov. 20, 1970. See ete Sections A through E. | instructions. All |
| 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) Pnor 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): | | | <u></u> |
| a Average monthly value of secunties | 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 | | |

| em | nergency temporary reduction (see instructions) | 6 | | | |
|----|--|------|----------|---------------------|------------------|
| 7 | ☐ Check here if the current year is the organization's first as a non-functionally | y-in | tegrated | Type III supporting | organization (se |
| | instructions). | | | | |

| | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | | |
|---------------|--|-----------------------------|--|---------------------------------------|--|--|--|--|
| Secti | on D - Distributions | | | Current Year | | | | |
| 1_ | par to suppose of garacterior to description exempt purposes | | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exe | | | | | | | |
| | organizations, in excess of income from activity | | | | | | | |
| 3_ | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nızations | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | · | · · · · · · · · · · · · · · · · · · · | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | · | | | | |
| | Other distributions (describe in Part VI). See instructions. | | · | | | | | |
| | Total annual distributions. Add lines 1 through 6. | | | ······ | | | | |
| 8 | Distributions to attentive supported organizations to which | h the organization is res | ponsive | | | | | |
| | (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 | <u> </u> | | | | | | |
| | 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>а</u> | | | | | | | | |
| <u>b</u> | | | | | | | | |
| <u>c</u> | From 2013 | | | - | | | | |
| e | E 0014 | | | | | | | |
| f | Total of lines 3a through e | | | | | | | |
| <u>.</u> | Applied to underdistributions of prior years | | | | | | | |
| <u> </u> | Applied to 2015 distributable amount | | | | | | | |
| -i | Carryover from 2010 not applied (see instructions) | | | | | | | |
| ÷ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | | | |
| 4 | Distributions for 2015 from Section | | | | | | | |
| • | D, line 7: \$ | | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | | |
| b | Applied to 2015 distributable amount | | | | | | | |
| C | 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 3j and 4c. | | | | | | | |
| 8 | Breakdown of line 7: | | 7-7-17-17-17-17-17-1 | | | | | |
| а | | | | | | | | |
| b | | | | | | | | |
| С | Excess from 2013 | | | | | | | |
| d | Excess from 2014 | | | | | | | |
| е | Excess from 2015 | | | | | | | |

Page 8

| 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.) |
|---------|--|
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SCHEDULE 0 (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 Name of the organization

MEDIA ISLAND INTERNATIONAL

► 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

Employer identification number

| MEDIA ISLAND INTERNATIONAL | 91-1514384 |
|---|---|
| | · Schedule O, Page 1 of 6 · |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances | |
| Line 16 OTHER EXPENSES - \$ 2,528 | |
| 1. Supplies\$ 738 | |
| 2. Marketing\$ 90 | |
| 3. Insurance\$ 66 | ••••• |
| 4. Travel & Entertainment \$ 209 | |
| 5. Automobile \$ 175 | ··· |
| 6. Licenses & Permits \$ 1,212 | |
| 7. Bank Service Charges \$ 38 | |
| TOTAL OTHER EXPENSES \$ 2,528 | |
| | |
| Part II Balance Sheets | |
| Line 26 Total liabilities - \$ 45,066 - Long-term no-interest loan | |
| | |
| Part III Statement of Program Service Accomplishments, Lines 28, 29, 30, 31 - See Additional Sheets | attached herein to Schedule O. |
| Media Island International (MII) provides Fiscal Sponsorship to many projects to further our exempt p | purposes. Below is a list of the projects |
| and the amounts expended to them from Mil during FY 2015, as measured by expenses. These proje | cts largely seek grants and donations |
| from outside domestic foundations and individuals who provide the grants through Mil. Mil monitors | the projects and maintains reports on |
| their progress and accomplishments, and provides support and assistance as needed and requested | l as well as we are able. |
| | |
| | |
| Part III, Line 28 For descriptions of Programs numbered 1 - 12, please see the following pages 2-6 in | n this Schedule O. |
| | |
| | Continued Next Page |

| • | |
|--|---|
| Schedule O (Form 990 or 990-EZ) (2015) | Page 2 |
| Name of the organization | Employer identification number |
| MEDIA ISLAND INTERNATIONAL | 91-1514384 |
| Continued from previous page | · Schedule O, Page 2 of 6 · |
| 1. \$38,000 INDIGENOUS CULTURAL CONCEPTS | |
| Indigenous Cultural Concepts (ICC) is an organization which promotes traditional indigenous k | nowledge, educates about cultural |
| imperatives to help protect the earth and future generations. Louise Benally is the Director of It | CC and is a Grandmother, Mother, farmer, |
| rancher, traditional counselor, advisor, herbalist, environmental and human rights defender, her | alth educator, permaculture teacher, cultural |
| consultant and Dineh translator. Since the 1970's, Louise and her family have been resisting rel | ocation and coal mining at Big Mountain on |
| Black Mesa. During 2015 she & many traditional people ICC has supported have traveled to and | presented at dozens of local, national & |
| international gatherings as well as being a part of frontline struggles with communities in India | n country. Whether it is advocating against |
| tar sands oil transport or other fossil fuel malpractice, water quality impact from industrial activ | |
| government or from the US, ICC does extensive educational work spreading the word about the | facts on the ground regarding critical human |
| rights and ecological concerns affecting us all here on Mother Earth. | |
| | |
| 2. \$ 31,295 RISING TIDE NORTH AMERICA(www.risingti | idenorthamerica.org) |
| Rising Tide North America (RTNA) is an international, all-volunteer, grassroots network of group | ps and individuals who organize locally, |
| promote community-based solutions to the climate crisis and take direct action to confront the | root causes of climate change. RTNA |
| organizes through a decentralized network of local chapters that support one another with shar | red resources, ideas, fundraising, training and |
| advocacy of the corporate and political sectors. RTNA has participated in campaigns on fracking | ng, tar sands pipelines, Arctic drilling and coal |
| mining. Their work during 2015 included grassroots community organizing in dozens of differen | nt cities, regions and communities in the U.S., |
| Canada and Mexico, publishing educational materials, organizing many creative actions and pe | eaceful protests, and holding over 50 public |
| education events in order to further the struggle for climate justice. | |
| Funds raised through grants to Rising Tide were used to maintain the organization's brand thro | ugh communications and web identity. RTNA |
| Is geographically dispersed through North America and funds were used to transport members | to twice a year planning meetings. Funds |
| were also used to support the organizing and educational projects of their network of chapters | and Indigenous allies. RTNA's work has |
| made a huge difference in the lives of people living on the frontlines of fossil fuel extraction and | d climate change. |
| | |

.... Continued Next Page....

(A LAWYER IN HISTORY)". This is graphical biography of radical attorney Leonard Weinglass who represented the Chicago 7, Daniel

one remarkable man.

Elisberg, the Cuban 5 and many other political defendants. This book examines 60 years of American history through the life and work of

Page 2

| Name of the organization MEDIA ISLAND INTERNATIONAL | Employer identification number 91-1514384 | |
|--|--|--|
| Continued from previous page | Schedule O, Page 4 of 6 · | |
| 6. \$8,280 FOREST POLICY RESEARCH (www.forestpolicyresearch. | com) | |
| Olyecology's Forest Policy Research Project (FPR) is an information clearinghouse news service dedicates | ated to facilitating the networking, | |
| recrulting and sharing of skills among environmental activists and focused on forest policy internations | ally, creating a global communication | |
| infrastructure of forest advocates who are tracking and reporting forest issues from every country in the | e world. Project coordinator Deane | |
| Rimerman first created the database of 15,000 articles in the form of 500 newsletters, each 20 pages lon | g, from April 2005 to July 2009. | |
| In 2014 the project moved to a new and much larger office/recording studio in Olympia, WA. Also the project began working with the | | |
| University of Oregon Knight Library to establish long-term and short-term plans for professionally cura | ting important historical documents | |
| of forest protection history in the Pacific Northwest. 2015 saw application of funds go toward facilitating | g a new long term plan for forest | |
| history archiving in collaboration with other curators who specialize in historic video, cultural and legal | documents related to the forest | |
| protection movement from 1979-2002 . | | |
| | | |
| 7. \$6,305 BLACK MESA INDIGENOUS SUPPORT (www.supportblackmesa. | org) | |
| Black Mesa Indigenous Support (BMIS) is a request-based solidarity organization consisting of all volur | nteers that provides direct on-land | |
| support to Low Income Dineh (Navajo) communities of Black Mesa, AZ who live generally within the bor | ders of the Hopi Partitioned Lands. | |
| Work involves taking assistance to elders and families of Navajo and Hopi people impacted by the force | ed relocation under Public Law 93- | |
| 531. They serve a community of approximately 1,000. Activities are year round, with one large gathering | g and wood run each year. | |
| 2015 saw funds spent on families buying their sheep back from the Hopi Government due to illegal lives | stock impoundments, a Spring | |
| Gathering - Indigenous Youth 4 Culture Survival/Native Youth Organizing, and spending some funds on travel costs to conferences. | | |
| The wood run this past year provided 20 families with one chord of wood each. | | |
| | | |
| 8. \$1,592 TIKUN OLAM (www.richardsilverstein.e | com) | |
| Tikun Olam is a political blog and a series of social media platforms (Twitter, Facebook, Google+) which | promote democracy and social | |
| justice in Israel-Palestine. It has 5,000 Facebook Friends and nearly 9,000 Twitter followers. The blog, v | written by Richard Silverstein, | |
| exposes the secrets of the Israeli national security state. It advocates for Palestinians secretly arrested | by the security apparatus, takes the | |
| side of women and children who are victims of sexual abuse and precluded by judicial gag order from naming their accusers, and exposes | | |
| cases of abuse by the Israeli police, army and intelligence agencies in which citizens and foreigners have | ve their rights trampled on. | |
| | Continued Next Page | |

| Schedule O (Form 990 or 990-EZ) (2015) | Page 2 |
|--|---|
| Name of the organization MEDIA ISLAND INTERNATIONAL | Employer identification number 91-1514384 |
| | • Schedule O, Page 5 of 6 • |
| Continued from previous page | |
| It consistently critical to a chief of legal on a contact state and explain a chief of new state | al was In the mast year Tileun Olembas |
| It consistently critiques the notion of Israel as a garrison state and society in a state of perpetu | |
| published the secret protocols used by the Israeli military censor to stifle discussion in the med | |
| The Important niche the blog fills and respect it has generated enabled Richard to become a fre | elance journalist publishing regularly at |
| progressive publications like Mint Press News, Middle East Eye and AlterNet. He also this past | year wrote a chapter for the book, "Israel and |
| Palestine: Alternate Perspectives on Statehood". | |
| 9. \$1,119 LIVING THE DREAM - DISABILITY ROCKS (www.healtheworld | ritour ora/dvian-kuehi html) |
| | |
| Living The Dream (LTD) ~ Disability Rocks has a mission to bring a new face, image and outloo | |
| hopefully influence others too. Dylan Kuehl is the new face of Downs syndrome and he has infl | uenced the world around disability awareness |
| along with the Issue of inclusion. Dylan's personal mission and that of the band, is to 'Heal the | World with Music and Dance', to advocate and |
| bring awareness to the ABILITIES of people with disabilities, and for them to feel included and i | be seen as valued members of the |
| community. When they perform, people change. In 2015 LTD toured to 6 cities on the west coas | at of the US, including at the Special Olympics |
| World Games in Los Angeles. Their goal is Australia, Fiji, New Zealand & Guam. In 2015 funds v | were utilized for equipment and studio fees, |
| airfare, hotel and meals, along with donations to local organizations serving people with disabi | lities. |
| | |
| 10. \$571 MEDIA ISLAND INTERNATIONAL LIBRARY | *************************************** |
| Media Island International maintains a Pro-Active Library and resource center located in downt | own Olympia, Washington's state capitol. |
| Books, magazines, journals, video and audio tapes, electronic files as well as hard copy files of | f documents and posters, flyers and other |
| Items are maintained for public use on premises. The library specializes in alternative magazin | es and resource books on subjects relating to |
| the organization's mission, including indigenous cultural survival, human and civil rights, inter- | national law, women's issues, civil rights of all |
| kinds, civic participation in political and social issues, democracy of the media, as well as econ | nomic justice and ecological integrity. |
| 2015 funds were spent on acquisitions. | |
| | |
| | Continued Next Page |
| | |

| Schedule O (Form 990 or 990-EZ) (2015) | Page 2 |
|---|--|
| Name of the organization | Employer identification number |
| MEDIA ISLAND INTERNATIONAL | 91-1514384 |
| | · Schedule O, Page 6 of 6 · |
| Continued from | |
| Continued from previous page | |
| | |
| 11. \$395 PAPERCRETE PROJECT | |
| | |
| In 2015, MII expended funds to support the production of a machine which turns waste paper into ligh | ntweight, super strong, fire-resistant |
| building blocks using water, a mixer, some lime, and a press. Paper is soaked, shredded & mixed in a | a giant blender machine then the right |
| | |
| amount of lime is added, the slurry is pumped into a press where large (or small) bricks are hydraulic | ally pressed to express the water. |
| As the bricks dry, the lime acts as a hardener & the result is a superior building material made from w | aste paper. Funds were used to buy |
| parts for the machine which is being tested in 2015 | |
| parts for the machine, which is being tested in 2016. | |
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| 12. \$360 DEMOCRACY NOW! (www.democrac) | /now.org) |
| Democracy Now! is a national, dally, independent, award-winning international news program hosted | by journalists Amy Goodman and |
| | |
| Juan Gonzalez. Mll's involvement with the Democracy Now! project is focused on keeping the program | m on TCTV, Olympia's Public Access TV |
| channel in Washington's State Capitol. We fund-raise annually from a few key supporters to cover the | needed satellite and subscription |
| costs of the program, having raised more than \$2000 over 5 years to keep this resource working to in | form the least community |
| oosto of the program, having taloca more than \$2500 over 5 years to keep this resource working to in | |
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| *** END OF SECTION O STATEMENTS *** | |
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