Form. 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A	For the 2	2016 cale	ndar year, or tax yea	r beginning	MARCH 1	<u>, 2</u> 0	16, and end	ing FEBF	UARY 28	, 20 17	
В	Check if a	pplicable	C Name of organization	MEDIA ISLAND	INTERNATIONAL	-			D Employ	yer identification r	umber
	Address ch	hange	Doing business as						1	911514384	
	Name chai		Number and street (or	PO box if mail is i	not delivered to stree	t address)	Room/	suite	E Telepho	one number	
<u></u>	Initial retur	-	P.O. BOX 7204							(360) 352-8526	
\Box	Final return/			province, country, a	nd ZIP or foreign pos	stal code			1	(,	
\Box	Amended		OLYMPIA, WA 98507	-	· · · · · · · · · · · · · · · · · ·				G Gross	receipts \$	242,381
			F Name and address of					111.51.4		r subordinates? Yes	
ш	Application	n penaing			Ohimpia MA 00E	04	_	1	-	_	_
			James Mateson, 132				-			es included? L Ye: a list (see instructi	
<u> </u>	Tax-exemp		▼ 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or	 4		•	Ulis)
<u>1</u>	Website:		w.mediaisland.org			1	·	 _		n number 🕨	
_			Corporation Trust	Association [Other ►	!	L Year of form	nation 199	M State	e of legal domicile	<u>WA</u>
Р	art I	Summ					·				
	1	-	escribe the organiza		or most significa	nt actıvi	ties:				
ည	9	Commun	nicating underpublish	ed information.							
Governance											
, je	2 (Check th	is box $ ightharpoonup \square$ if the org	ganizatıon disc	ontinued its ope	rations	or disposed	d of more tha	an 25% of	fits net assets.	
8	3 N	Number (of voting members of	of the governing	g body (Part VI, I	ine 1a) .			3		4
9	4 1	Number (of independent votir	ng members of	the governing b	ody (Pa	rt VI, line 1I	b)	. 4		4
jes	1		mber of individuals e	-		•			. 5		0
Ξ	1		mber of volunteers (e		-	•			6		30
Activities &	1		elated business reve		• .	line 12			7a		0
_	1		lated business taxal						. 7b		0
		101 011110	atou buomoob taxua	310 111001110 111011	11 01111 000 1, 111	10 0 1	· · · · ·	Prior		Current Y	
_	8 0	Contribu	tions and grants (Pa	rt VIII line 1h)					141,093		230,718
Revenue	1		service revenue (Pa			•	• •	<u> </u>	141,000	 	11,663
Š	1	-	ent income (Part VIII,		es 3 4 and 7d\	•			0	` 	11,000
æ	1		venue (Part VIII, colu		•		۰. ۰				
	1						•		141,093	4	242 204
			enue-add lines 8 th nd similar amounts i				A), III (6 12)		-	 	242,281
									145,449	 	220,971
			paid to or for memb					<u> </u>	<u>`</u>		
ses	15 S	salaries,	other compensation,	employee bene	ints (Part IX, colui		ines 5–10)		0	\	0
Expenses	16a F	rotessic	onal fundraising fees	S (Part IXI Colun	Mile Mal	. 💢			744	<u> </u>	
X	1		draising expenses (I	1 1							
_	1		penses (Part IX, colu			51 11			10,725	 	14,815
	1		penses. Add lines 13				ne 25) .	ļ	156,918		235,786
		Revenue	less expenses. Sub	stract line 18 fro	om line 12	· ·	· .	 	(15,825)	<u>'</u>	6,595
Net Assets or Fund Balances								Beginning of		 	
sset	20 T		sets (Part X, line 16)						95,896		102,491
et A	21 T		oilities (Part X, line 26	•					45,066		45,066
_			ts or fund balances.	Subtract line 2	1 from line 20	· ·		<u> </u>	50,830	0	57,425
	art II		ture Block								
			ry, I declare that I have e							my knowledge an	d belief, it is
tru	e, correct, a	and comp	lete Declaration of propagation	rer (other than office	er) is based on all into	ormation o	or which prepa	rer nas any kno	wieage		
)	from 11	w					_ ///	30/17	
Sig		Sign	fure of officer		_			ſ	Date /	1	
He	re	_		ATESON	PRESI	DEN	<u>T</u>				
			or print name and title		<u> </u>						
Pa	id	Print/Ty	pe preparer's name	Prep	arer's signature			Date	Check	☐ if PTIN	
	eparer									nployed	
	eparer e Only	I	name ►		 			F	rm's EIN ▶		
_	y		address ▶						hone no		
Ma	y the IRS	discus	s this return with the	preparer show	vn above? (see i	nstruction	ons) .			<u>\</u> Ye	s 🗌 No
For	Paperwo	ork Redu	ction Act Notice, see	the separate in	structions.		Cat	No 11282Y		Form	990 (2016)

	imperatives to help protect the earth and	future generations. Louise Benally	is the Director of ICC and is a Grand	lmother, Mother,							
	farmer, rancher, traditional counselor, ad-	farmer, rancher, traditional counselor, advisor, herbalist, environmental and human rights defender, health educator, permaculture									
	teacher, cultural consultant and Dineh tra	nslator. Since the 1970's, Louise an	nd her family have been resisting rel	ocation and coal							
	mining at Big Mountain on Black Mesa. D	uring 2016 she & many traditional p	eople ICC has supported have trave	led to and							
	presented at dozens of local, national & ir	nternational gatherings as well as b	eing a part of frontline struggles wit	h communities in							
	Indian country.										
	Funds were expended conducting the foll	owing activities:									
	ICC has built & nurtured partnerships with	h several groups including the Com	munity Organizing Patient Empower	rment, a health							
		**** 4b CONTINUED ON SCHEDULE	E O ****								
3	(Code:) (Expenses \$	23,808 including grants of \$	23,808) (Revenue \$	1,692)							
	RISING TIDE NORTH AMERICA	(www.risingtidenort	hamerica.org)								
	Rising Tide North America (RTNA) is an ir	nternational, all-volunteer, grassroo	ts network of groups and individual	s who organize							
	locally, promote community-based solution	ons to the climate crisis and take di	rect action to confront the root caus	es of climate							
	change. RTNA organizes through a decen	tralized network of local chapters t	hat support one another with shared	resources, ideas,							
	fundraising, training and advocacy of the	corporate and political sectors. RT	NA has participated in campaigns o	n fracking, tar sands							
	pipelines, Arctic drilling and coal mining.	Their work during 2016 included gr	assroots community organizing in d	lozens of different							
	cities, regions and communities in the U.S	S., Canada and Mexico, publishing e	educational materials, organizing ma	any creative actions							
	and peaceful protests, and holding over 5	0 public education events in order	to further the struggle for climate just	stice.							
	Funds were used for communications, we	eb identity, and to provide local gro	ups with microgrants for travel, train	ning & food. RTNA							
	is geographically dispersed through Nort	h America and funds were also use	d to transport members to planning	meetings.							
	Particularly, the funds in 2016 were used	to support trainers traveling to Star	nding Rock, among other matters. O	f the \$24,000, the							
											

breakdown is as follows: \$18,000 travel, \$2500 supplies, \$2000 food, \$500 venues, rental etc., \$500 postage, \$500 miscellaneous. ###

\$ 220,971

23,900) (Revenue \$

2,025)

Other program services (Describe in Schedule O.)

Total program service expenses ▶

23,900 including grants of \$

(Expenses \$



art	Checklist of Required Schedules		V	Na
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A	1	√	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	✓	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
6	Part III	5		1
7	"Yes," complete Schedule D, Part I	6		✓_
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	7		1
	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	3 330022
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	_	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	i	1

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	✓
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	-	V
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified parameter of the year? (6.1)(20) organization and the year?	24d		
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		√
31	conservation contributions? If "Yes," complete Schedule M	30		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		▼
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	-	1
			990	(2016)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
С								
	reportable gaming (gambling) winnings to prize winners?	1c	✓					
2a								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	Į						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		-				
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		✓				
b 40	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	้าก						
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		}					
	account)?	4a		1				
b	If "Yes," enter the name of the foreign country: ▶	,						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		ļ					
	(FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or]						
	gifts were not tax deductible?	6b	!	ļ				
7_	Organizations that may receive deductible contributions under section 170(c).	ļ						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- <u>-</u> -		ļ				
		7a 7b	 					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/ D						
C	required to file Form 8282?	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	10	 	}				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.			ļ				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	├				
10	Section 501(c)(7) organizations. Enter:			1				
a	Initiation fees and capital contributions included on Part VIII, line 12	-		1				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1						
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources	†	ļ	ļ				
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which		1					
	the organization is licensed to issue qualified health plans	1	}]				
С	Enter the amount of reserves on hand	 	ļ					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0.	14b	1	ł				

Part			or a	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		tructi	_
Section	Check if Schedule O contains a response or note to any line in this Part VI		• •	<u> </u>
<u> </u>	on A. dotoning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or			
	of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>·</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>, </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	√	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		√
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	✓	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	•	✓
13	Did the organization have a written whistleblower policy?	13		√
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	.	

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

☑ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per	Average box, unless person is both an officer and a director/trustee)						(D) Reportable	(E) Reportable compensation from related	(F) Estimated amount of
N/A	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
_(1)	ļ									
(2)										
(3)										
(4)										
(5)										
(6)				_						
(7)										
(8)					-					
(9)	<u> </u>								-	
(10)	 						_			
(11)				-		 	_			
(12)										
(13)				-						
(14)										

i cii c	Section A. Officers, Directors, Trust	tees, key E	mpioy	/ees			iignes	it C	ompensated E	mpioyees (c	onunue	<i>2)</i>		
					Pos	•							_	
	(A)	(B)	(do n				than c	ne	(D)	(E)	l		(F)	
	Name and title							an	Reportable compensation	Reportable compensation from			mated ount of	
		week (list any					or/trust		from	related	J	0	ther	
		hours for related	d d	nstiti	Officer	ey e	mpk	Former	the organization	organizatior (W-2/1099-MI			ensatio m the	'n
		organizations	dual	l to	9	Key employee	st c	er.	(W-2/1099-MISC)	(** 2 /555 ***	,	orga	nızatıor	
		below dotted line)	¥Ē	ia i		loye	omp				- 1		related iization	
	N/A	iiie,	Individual trustee or director	nstitutional trustee		е	Highest compensated employee					organ	iization	3
(15)														
(16)		 												
(17)					1									
(18)														
(19)					_									
(20)														
(21)		<u> </u>												
(22)														
		<u> </u>					_							
		_												
(24)		 	}		j 									
(25)														
1b	Sub-total			•	<u>L_</u> _			>						
C	Total from continuation sheets to Part	VII, Section	n A					▶						
d	Total (add lines 1b and 1c)	<u> </u>						>	L					
2	Total number of individuals (including bur reportable compensation from the organ		to th	ose	list	ed	above	e) w	ho received m	ore than \$10	00,000	of		
													Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							· ·	oloyee, or nigr 	est comper		3		1
4	For any individual listed on line 1a, is the	sum of re	portal	ble (con	npei	nsatio	n a	nd other comp	ensation fro	m the			
	organization and related organizations	greater th	an \$	150,	000	? /:	f "Ye	s, "	complete Sch	nedule J for	such			
	individual		•	٠	•		•					4	ļ	<u> </u>
5	Did any person listed on line 1a receive of									zation or ind	ividual			ļ
See.	for services rendered to the organization	: II TUS, C	.ompi	EIE	our_	eul	J T	UI S	euch person	· · · · ·	· ·	5	L	
Secure 1	on B. Independent Contractors Complete this table for your five highest	component	ed in	den	904	ont	contr	act	ore that recent	ad more that	\$100 (200 0		
•	compensation from the organization Repyear.													ax
	(A) Name and business add	fress				•			(B) Description of s	services		(C)		
_				_			_							
	N/A													
							_							
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed ab	ove) who				

Par	VIII	Charlett Cabadula Charlet		anno ar nata ta	anu lina in thia l	Dort VIII		[-1
		Check if Schedule O cont	iains a resp	ionse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts a	1a	Federated campaigns	1a	0				
iran	b	Membership dues	. 1b	0				
S, G	С	Fundraising events	. 1c	0				
ar /	d	Related organizations		0				
S, C	е	Government grants (contributi	ons) 1e	0				
tion S	f	All other contributions, gifts, gi						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included a	above 1f	230,718			l	
d d	g	Noncash contributions included in la	nes 1a-1f: \$	0				
<u> </u>	h	Total. Add lines 1a-1f	<u> </u>	. <i>.</i> >	230,718			
Ine				Business Code				
Ven	2a	Womens March Washingtor	1		5,796	5,796	0	0
Program Service Revenue	b	Indigenous Cultural Concep	ots		2,150	2,150	0	0
<u>Ş</u> .	С	Rising Tide North America			1,692	1,692	0	
Ser	ď	Music Mentors			674	674	0	0
аш	е	Black Mesa Indigenous Sup			392	392	0	0
g	f	All other program service r			959	959	0	0
<u> </u>	g	Total. Add lines 2a-2f			11,663			
	3	Investment income (inclu	•	ends, interest,				
		and other similar amounts)			0	0	0	0
	4	Income from investment of ta	x-exempt bo	nd proceeds	0	0	0	0
	5	Royalties	(ı) Real	Personal	0	0	0	0
	6a	Gross rents .	0	0				
	b	Less: rental expenses	0	0				
	C	Rental income or (loss)		0				
	d 7a	Net rental income or (loss) Gross amount from sales of (i)	Securities	(ii) Other	0	0	0	0
	'a	assets other than inventory	0	0				
	ь	Less. cost or other basis					!	
	~	and sales expenses	0	o				
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)	1	—	0	0	0	0
ne		Gross income from fundral	sing					
even		events (not including \$	0			ļ		
Other Revenue		of contributions reported on See Part IV, line 18		0				
₹		Less direct expenses	_	0				
		Net income or (loss) from f Gross income from gaming	activities	events . ►	0		0	0
		See Part IV, line 19	· a	0				
		Less. direct expenses		0				
		Net income or (loss) from g	-	vities ▶	0	0	0	0
	10a	Gross sales of invento						
		returns and allowances	· · · a	0				
	b	Less: cost of goods sold	b	0				
	C	Net income or (loss) from s			0	0	0	0
		Miscellaneous Revenue	e	Business Code				
	11a	***************************************			0	0	0	0
	b				0	0	0	0
	С				0	0	0	0
	d	All other revenue	L		0	0	0	0
	e	Total. Add lines 11a-11d		🟲	0			<u> </u>
	12	Total revenue See instruc	rtione	▶ !	242 204	ام	^	

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	MI other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	220,971	220,971		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
7 8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11 a	Fees for services (non-employees): Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	1,097	1,097	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column	_ :			_
	(A) amount, list line 11g expenses on Schedule O) .	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	1,288	1,000	288	0
14	Information technology	331	331	0	0
15	Royalties	11,652	6.060	5,592	0
16	Occupancy	11,652	6,060	5,592	0
17 18	Travel	79	79	0	0
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Reimbursed Expenses	368	0	368	0
b		300			
C			· · · · · · · · · · · · · · · · · · ·		
d				 	<u> </u>
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	235,786	229,538	6,248	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	200,100	220,000	0,240	
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	N/A	N/A	N/A	N/A

Form 990 (2016)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 8,109 14,703 Cash—non-interest-bearing 1 2 2 0 Savings and temporary cash investments . . 0 3 Pledges and grants receivable, net 0 3 0 4 0 4 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 0 6 0 Assets Notes and loans receivable, net 0 7 0 8 0 8 0 Prepaid expenses and deferred charges . 0 9 0 9 Land, buildings, and equipment, cost or 10a other basis Complete Part VI of Schedule D 10a 87.788 10b **b** Less: accumulated depreciation . . . 87,788 10c 87,788 0 11 Investments—publicly traded securities 0 11 0 12 0 12 Investments—other securities See Part IV, line 11 . 13 0 0 Investments—program-related. See Part IV, line 11. 13 Intangible assets 0 14 0 14 15 0 ol 15 Other assets. See Part IV, line 11 95,896 16 102,491 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 oi 17 0 18 0 18 0 19 19 0 Deferred revenue . . 0 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 45,066 24 45,066 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 45,066 26 45,066 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets N/A 27 28 28 Temporarily restricted net assets . . 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 8,109 30 14,703 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 31 0 32 32 87,788 Retained earnings, endowment, accumulated income, or other funds 87,788 33 95,896 33 102,491 57,425 Total liabilities and net assets/fund balances 50,830 34

om 9	90 (2016)				Pa	ge 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			24	2,381
2	Total expenses (must equal Part IX, column (A), line 25)	2			23	5,786
3	Revenue less expenses. Subtract line 2 from line 1	3				6,595
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			9	5,896
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			10	2,491
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	<u>.</u>	•	
			_		Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_]			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	in	1		
	Schedule O.		<u> </u>			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· –	2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled	or			
	reviewed on a separate basis, consolidated basis, or both.		}	}		
	Separate basis Consolidated basis Both consolidated and separate basis		_			
b				2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis]			ļ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the sould review or completion of the figure is attachments and selection of an independent assume	_	- 1	_		
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	piain	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın 🖯			
	the Single Audit Act and OMB Circular A-133?		3	3а		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th		\neg		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3ь		

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2016

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.

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

MED	DIA ISLAND INTERNATIONAL					91-15	14384	
Pa	rt I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
The	organization is not a private founda	tion because it is	s: (For lines 1 through	12, ched	k only or	ne box.)	.	7
1	A church, convention of church	nes, or association	on of churches descri	ibed in se	ection 17	0(b)(1)(A)(i).	/ ;	
2	A school described in section	170(b)(1)(A)(ii). (Attach Schedule E (F	orm 990	or 990-E	Z).)		J
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		college or university	owned o	r operate	ed by a government	al unit descri	bed in
	section 170(b)(1)(A)(iv). (Comp		,			, y - · · · · · · ·		
6	☐ A federal, state, or local govern	•	mental unit described	l in sectio	n 170(b)	/1)/ Δ \/v\		
7	An organization that normally						the general	public
•	described in section 170(b)(1)			po	. a govo		, 90	p
8	☐ A community trust described in		•	Part II)				
9	_			•	orated in	apply potion with a !	and aront oo	llogo
9	An agricultural research organi or university or a non-land-grai							
	university.	it college of agri	ioditare (see mandone	5/15). Litte	a tric rian	ic, city, and state of	ine conege c	-1
10	☐ An organization that normally r	eceives (1) more	e than 331/3% of its si	ipport fro	m contril	butions membershi	fees and d	ross
	receipts from activities related	to its exempt fur	nctions—subject to c	ertain exc	ceptions,	and (2) no more tha	n 33¹/3% of it	S
	support from gross investment	income and unr	related business taxal	ble incom	ne (less se	ection 511 tax) from	businesses	
44	acquired by the organization at					•		
11	An organization organized and	•	•	•			n aut tha au	
12	An organization organized and of one or more publicly suppo							
	Check the box in lines 12a thro							
_		-	* * * * * * * * * * * * * * * * * * * *	-	_	· ·		-
а	Type I. A supporting organ the supported organization							giving
	supporting organization. Ye					the directors of trust	ees Of the	
		-	•				on/o\ by hovi	
b	Type II. A supporting organ control or management of t							
	organization(s). You must (_		, herzons	that control of man	age tile supp	orteu
_		=			onnection	n with and function	ally integrated	4 with
C	its supported organization(iny integrated	a with,
_			•		-			_*/_\
C	Type III non-functionally i that is not functionally integral							
	requirement (see instruction						u an attentiv	CI 1033
_	<u> </u>	•	-				. () T ())	
е	Check this box if the organ functionally integrated, or T						e II, Type III	
	• •	• •			-			
g	Enter the number of supported of Provide the following information	•					• •	
	(i) Name of supported organization	(ii) EIN	(III) Type of organization	find in the	organization	(v) Amount of monetary	(vi) Amoun	t of
	(i) Name of supported organization	(11) E114	(described on lines 1–10	, , ,	ur governing	support (see	other suppor	
			above (see instructions))	docu	ment?	instructions)	instruction	rs)
				Yes	No	1		
(A)		<u> </u>		ļ				
 (B)								
(B)								
(C)								
				 	ļ			
(D)								
(E)				<u> </u>				
				1.55 C. 1.54 C.				
<u>Tota</u>	.1	" "	ALCOHOL: WATER	1	134.00			

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.)

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	34,215	88,895	170,276	141,093	242,381	676,860	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	o	0	0	0	
4	Total. Add lines 1 through 3	34,215	88,895	170,276	141,093	242,381	676,860	
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)		3				335,000	
6	Public support. Subtract line 5 from line 4						341,860	
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	34,215	88,895	170,276	141,093	242,381	676,860	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0	
9	Net income from unrelated business							
3	activities, whether or not the business is regularly carried on	0	0	0	0	0	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	
11	Total support. Add lines 7 through 10						676,860	
12	Gross receipts from related activities, etc.	. (see instruction	ns)			12	0	
13	First five years. If the Form 990 is for th	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)	
	organization, check this box and stop he	re			<u>.</u>		▶ 🖂	
	on C. Computation of Public Suppor							
14	Public support percentage for 2016 (line 6	6, column (f) div	ided by line 1	1, column (f))		14	51 %	
15	Public support percentage from 2015 Sch					15	77 %	
16a	331/3% support test—2016. If the organi							
	box and stop here. The organization qua		•	-			. ▶ 🛭	
b	33¹/₃% support test—2015. 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—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ation meets the neets the "fact	e "facts-and-c s-and-circums	rircumstances" stances" test	' test, check the character organizate	this box and son qualifies as	stop here. a publicly	
18	Private foundation. If the organization di instructions							

Schedu	le A (Form 990 or 990-EZ) 2016						,Page 3
Part							//
	(Complete only if you checked th						nder _/ Part II.
	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	omplete Part I	1.)	_/
Secti	on A. Public Support						/
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016 //	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants.")						ļ
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
Secti	on B. Total Support		/_				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6 [1				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	Ĵ					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1					
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)						4
13	Total support. (Add lines 9, 10c, 11, and 12.)	-					··· -
14	First five years. If the Form 990 is for th	e organization	's first, secon	d, third, fourth	n, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop her	-			-		`▶ 🖂
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8			3, column (f))		15	%
16	Public support percentage from 2015 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment/income percentage for 2016 (I			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2015					18	%
19a	331/3%/support tests-2016. If the organi	zation did not	check the box	c on line 14, a	ind line 15 is m		%, and line
	17 is not more than 331/3%, check this box a	and stop here.	The organizati	on qualifies as	a publicly supp	orted organiza	tion . 🕨 🗌

b 331/23% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/23%, and Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supporting Organizations**

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

Secu	on A. All Supporting Organizations		V	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	Yes	No
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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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		
С	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	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		

10b

Schedu	ie A (1 0111 330 01 330-EZ) 2010			age 🗸	
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			
b	A family member of a person described in (a) above?	11b			
С	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			
Secti	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	1			
	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	<u> </u>	i	
Secti	on C. Type II Supporting Organizations		L	L	
	on or type it outporting organizations		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140	
•	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	<u></u>	ļ	
Sooti	on D. All Type III Supporting Organizations	<u> </u>	<u> </u>	L	
Secu	on b. All Type III Supporting Organizations		Vac	Ma	
_	Did the expansion provide to each of its supported expansions by the last day of the fifth worth of the	Γ	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		l		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ŀ			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			ļ	
•		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.	- <u>-</u> -			
<u> </u>		3		L	
Secti	on E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)	
а	☐ The organization satisfied the Activities Test. Complete line 2 below				
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see ın	struct	ions).	
_					
2	Activities Test. Answer (a) and (b) below.		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.			ļ	
	·	2a	<u> </u>	<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			ļ	
	activities but for the organization's involvement.	2b	<u> </u>		
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? Provide details in Part VI.	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Mınımum 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-functionall instructions)	ly inte	egrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
_ 1	Amounts paid to supported organizations to accomplish	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)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		<i>(</i> 2)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required - explain in Part VI). See		!	
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
_ b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7 ⁻ \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3			
	and 4c.			
8	Breakdown of line 7:		<u> </u>	
а				
b	Excess from 2013			
C	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	eorganization		Employer identification number
	AND INTERNATIONAL		91-1514384
Part I			
•	Complete if the organization answered	·	(b) Funds and other accounts
2 Ag3 Ag4 Ag5 Dic	tal number at end of year		eld in donor advised
6 Did onl	nds are the organization's property, subject to the difference of the organization inform all grantees, donors, and for the benefit of the be	and donor advisors in writing that grai	nt funds can be used or any other purpose
Part II			
	rpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space omplete lines 2a through 2d if the organization h	e organization (check all that apply). ation or education) Preservation o Preservation o	f a historically important land area f a certified historic structure
	sement on the last day of the tax year.	·	Held at the End of the Tax Year
b To	tal number of conservation easements		2a 2b 2c
hıs	Imber of conservation easements included in storic structure listed in the National Register		· · 2d
	ımber of conservation easements modified, trar < year ►	nsferred, released, extinguished, or terr	minated by the organization during the
5 Do	imber of states where property subject to conse less the organization have a written policy re- plations, and enforcement of the conservation ea	egarding the periodic monitoring, ins	
	aff and volunteer hours devoted to monitoring, inspec		
7 Am	nount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	es each conservation easement reported on line d section 170(h)(4)(B)(ii)?		f section 170(h)(4)(B)(i)
9 In ba	Part XIII, describe how the organization reports lance sheet, and include, if applicable, the text ganization's accounting for conservation easem	conservation easements in its revenue of the footnote to the organization's fir	
Part III	Organizations Maintaining Collection Complete if the organization answered		
wo	the organization elected, as permitted under Sforks of art, historical treasures, or other similablic service, provide, in Part XIII, the text of the	r assets held for public exhibition, ed	ducation, or research in furtherance o
wo pu	the organization elected, as permitted under sorks of art, historical treasures, or other similal blic service, provide the following amounts rela	r assets held for public exhibition, education to these items:	ducation, or research in furtherance o
(ii) 2 If t	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X the organization received or held works of an lowing amounts required to be reported under \$	t, historical treasures, or other simila	r assets for financial gain, provide the
a Re	evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X		▶ \$

Page ∠

Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Otl	ner Similar A	ssets (continued)
3	Using the organization's acquisition,	accession, and ot	her record	ds, chec	k any of the	follow	ing that are a	significant use of its
	collection items (check all that apply):							
а	☐ Public exhibition		d [Loan	or exchange	progr	ams	
b	Scholarly research		e [
	Preservation for future generations	<u>.</u>	• •					
4	Provide a description of the organizat		and explai	in how t	hev further ti	he ora	anization's exe	emnt nurnose in Part
•	XIII.	ion o concentrate	and explai		noy farther t	0.9	arnzanori o ex	sinpe parpood in a are
5	During the year, did the organization	collect or receive	donations	of ort	historical tra	ocuros	or other sim	ulor
J	assets to be sold to raise funds rather							
Dod			ined as p		- Organizatio	113 00	iection: .	· U Yes U No
Part	Escrow and Custodial Arra	•	" -	- 000 [David IV 15mm	0		
	Complete if the organization	answered "Yes"	on Forr	n 990, F	Part IV, line	9, or 1	eported an a	imount on Form
	990, Part X, line 21.					<u>-</u> .		
1a	, , , , , , , , , , , , , , , , , , , ,							
	included on Form 990, Part X?							· 🔲 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fol	lowing ta	able:			
							-l	Amount
C	Beginning balance			•		1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance		•			1f		
2a	Did the organization include an amoun	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	stodial	account liabili	ty? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa							
Par				·				
	Complete if the organization	answered "Yes"	" on Forr	n 990. F	Part IV. line	10.		
		(a) Current year	(b) Pno		(c) Two years		(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and							
•	losses							
d	Grants or scholarships							
u	Other expenditures for facilities and				 			
е	programs							
f	Administrative expenses							
g	End of year balance	<u> </u>						
2	Provide the estimated percentage of t			e (line 1g	ı, column (a))	held a	is:	
a	Board designated or quasi-endowmen	nt ▶	%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of th	ne organiz	ation th	at are held a	ınd adı	ministered for	the
	organization by.							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requir	ed on So	chedule R?			. 3b
4	Describe in Part XIII the intended uses	of the organization	on's endo	wment f	unds.			
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization		" on Forr	n 990, I	Part IV, line	11a. S	See Form 990	0, Part X, line 10.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book value
	,	(investm			ther)		preciation	.,
	Land							
b	Buildings	·	87,788		0		0	87,788
^	Leasehold improvements .	.	31,700					07,700
d	Equipment	·	-					
e	Other	·						
	····	nust oqual Farra 0	00 0-4 1	<u> </u>	2 (D) line 10			07 700
ı otal.	Add lines 1a through 1e. (Column (d) n	nust equal norm 9	эџ, гап Х	. coiumi	ו (ש), ווחe 100, ווח	J.)	 1	87,788

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Fo	rm 990 Part IV line	11b. See Form 990 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial			<u> </u>
	neld equity interests		
(3) Other			
(A)			
(B)			
(C)		<u> </u>	
(D)		 	
(E) (F)			
(G)		 	
(-) (H)			
	b) must equal Form 990, Part X, col (B) line 12.} ▶		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	11c. See Form 990, Part X, line 13.
_	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)		ļ	
(4)			
(5)			
(6) (7)		 	
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 13) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	
	(a) Description		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) T-4-1 (O-4)	(h) mark and 5 are 2000 Part V and (P) for 45)		
	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	<u> </u>	•
Part X	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	11e or 11f. See Form 990, Part X,
1.	line 25. (a) Description of liability (b) Book value		
(1) Federal ır	<u></u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	Name of Francisco Co. A. V. C. C.		
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		formal dataset to the total and
	uncertain tax positions. In Part XIII, provide the text of the footr s liability for uncertain tax positions under FIN 48 (ASC 740) Chi		

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents V	/ith Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, I	Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		1	
С	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIII)	2d		1 1	
e				2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1 1	
С				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Ret	urn.
	Complete if the organization answered "Yes" on Form 990, I				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
_ a	Donated services and use of facilities	2a		1 1	
b	Prior year adjustments	2b		1	
c	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i		-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIII.)	4b		1	
-	other (besonde in ture Am.)	11.0		- -	
C	Add lines 4a and 4h			4c	
с 5	Add lines 4a and 4b	ne 18.) .		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	· · · · ·		
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.			5	V, line 4, Part X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	d 4; Pa	rt IV, lines 1b and 2t	5 o; Part '	
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Schedule D (For	m 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

90

OMB No 1545-0047

1

Open to Public Inspection

Employer identification number 91-1514384

MEDIA ISLAND INTERNATIONAL							91-1514384
Part I General Information on Grants and Assistance	on Grants and	Assistance					
Does	an records to sub	stantiate the amou	unt of the grants or	assistance, the gr	rantees' eligibility for	or the grants or assistanc	
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · · Yes □ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring	the use of grant fur	ds in the United	States.		
Part II Grants and Other Assistance to Domestic Or, 990, Part IV, line 21, for any recipient that receiv	ssistance to Do	mestic Organiz that received m	ations and Domore ore than \$5,000.	estic Governm Part II can be du	ents. Complete il aplicated if additi	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	rered "Yes" on Form
1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Womens March Washington 12018 E Boone, Spokane, WA 99206	81-4567342		132,413	0	V		See 990, Pg 2, Line 4a
(2) Indigenous Cultural Concepts 143 Leuup Road, Flagstaff, AZ 86004	527478639		40,850	0	N/A		See 990, Pg 2, Line 4b
(3) Rising Tide North America 268 Bush St., #3717, SF, CA 94101	45-2417152		23,808	0	N/A		See 990, Pg 2, Line 4c
(4) Music Mentors 120 State Ave NE #275	26-3079631		11,797	0	N/A		See Schedule O, Pg 2
(5) Black Mesa Indigenous Support P.O. Box 672, Flyod, VA 24091	95-4648687		5,209	0	N/A		See Schedule O, Pg 3
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and go	vernment organiza	tions listed in the l	ne 1 table .			•
3 Enter total number of other organizations listed in the line	organizations liste	in the line 1 table					۵

Schedule I (Form 990) (2016)

Cat No 50055P

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

V

Schedule I (Fo	Schedule I (Form 990) (2016) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	restic Individual	is. Complete if the	organization answ	ered "Yes" on Form 990,	Page 2 Part IV, line 22.
	(a) Type of grant or assistance (b) Number of recipients	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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9						
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Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information re	quired in Part I, lir	ne 2; Part III, colum	n (b); and any other addit	ional information.
Part I, line 2:	.2:					
Grant func	Grant funds are monitored in collaboration with the organization receiving the funds. Media Island International board members maintain communications throughout the year and request	ization receiving th	e funds. Media Island	1 International board m	embers maintain communica	tions throughout the year and request
and receiv	and receive reports including a narrative and a basic accounting of the funds expended. Other verification of use of grant funds occur in communication with allied organizations and	ounting of the funds	s expended. Other ver	rification of use of grai	nt funds occur in communical	ion with allied organizations and
individual	individuals who have working relationships and familiarity with the recipient organizations and thier activities.	y with the recipient	organizations and th	ier activities.		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
						Schedule I (Form 990) (2016)

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.

2016

OMB No 1545-0047

Open to Public

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.

Inspection

MEDIA ISLAND INTERNATIONAL	91-1514384
RESPONSES & ADDITIONAL INFORMATION REQUESTED:	
Part III - Statement of Program Service Accomplishments	
Part III, Line 2:	
Did the organization undertake any significant program services during the year which were not list	ed on the prior Form 990 or 990EZ? Yes.
If "Yes," describe these new services on Schedule O.	
Part III, Line 2 Response:	
The organization took on a new program which arose in the wake of the Trump election, the Women	s March which occurred in Washington
DC and around the US and the world on January 21, 2017. Mll agreed to fiscally sponsor the Washin	gton State chapter of the national
organization. Please see the response in Part III, Statement of Program Service Accomplishments,	ine 4a, where that description begins,
then continued here on this Schedule O, below.	
Part III, Line 4aContinued from description of 1. WOMENS MARCH WASHINGTON STATE	
Convention Center. Seattle expenses included stages, blockades, EMT's on bikes and buses for p	ark and ride for the volunteers.
In terms of people the project served, here are approximations of numbers of attendees around the	state from media sources:
Seattle: 175,000 - (The Women's March on Seattle march Participants filled the entire length of the	3.6-mile (5.8 km) route from Judkins Park
to the Space Needle in Seattle); Olympia:10,000; Spokane: 8,000; Bellingham: 7,500; Walla Walla: 2,	000; Wenatchee: 2,000; Anacortes: 1,200;
Friday Harbor: 1,500; Langley: 1,500; Yakima: 850; Richland: 1,000; Twisp: 800; Chelan: 450; Port T	ownsend: 300; Ephrata: 250; Eastsound:
250; Vashon: 250; Longview: 200; Port Angeles: 200; Mount Vernon: 200; Vancouver: 150; Ocean S	nores: 150; Sequim: 100; & less than 100
folks showing up in the communities of Issaquah, Kingston, Forks, & Bainbridge Island.	
Part III, Line 4bContinued from description of 2. INDIGENOUS CULTURAL CONCEPTS	
project focusing on healthy food and water; the Native Organizers Alliance, a national network; the	e Notah Begay III foundation (NB3), which
is a community empowerment project nationwide for healthy communities; Waters Connect Us, Mo	ccasins on the Ground, and Red Warrior
Camp which worked helping communities with water testing skills. Skills for testing water is greatly	needed in the communities where there
Continued next page	

Page 2 Schedule O (Form 990 or 990-EZ) (2016) Name of the organization Employer identification number MEDIA ISLAND INTERNATIONAL 91-1514384 PAGE 2 OF 6 ...Continued from previous page... is mining, hydraulic fracking, and abandoned mines. This along with a water survey which is to help identify communities that will need drinking water filters for homes from uranium, coal and other toxins in local drinking waters on the greater Navajo Nation. Also over the last year we were able to start helping young families with small home repairs and weatherization as well. We have been teaching our younger generation about traditional perspectives and concepts on a large scale. It has been a very humbling experience for us, and very empowering for the younger generations, especially understanding and doing the actual re-connecting with nature through prayers and offerings to different elements. In the fall and winter of 2016, we have helped support the resistance at Standing Rock Sioux Reservation with spiritual ceremonials. We assisted 30 youth supporters to go to Standing Rock from our region, many are now still going back for charges filed against them by the corrupt state. Also, we were able to send firewood, supplies, and legal support. Part III, Line 4d: Description of Other program Services Part III, Line 4d Response: (Total Other Expenses of \$23,000., including Grants of \$23,000) (Revenue \$2,2025) **MUSIC MENTORS** (www.todddennymsw.com) 4. \$ 11,797 Music Mentors This unique project involves developing an educator's workbook for use in youth problem gambling, substance abuse and suicide prevention that includes tribal youth created music prevention songs. The curriculum supports youth health promotion and prevention, through songs and stories created by tribal youth for their peers, schools and communities. Counselors and educators working with youth and adults will be able to incorporate engaging lesson plans accompanied by music for health promotion and addiction prevention. This tribal youth created curriculum will feature recordings from Mescalero tribal Youth and North West tribal youth songs. Funds are being used to develop prevention curriculum during the winter of 2017 and published and launched in the spring of 2017. We will collaborate with Mescalero responsible gaming program director Shannon Dictson in the workbook and music curriculum development. Other partners include the Niqually Tribe, Snoqualmie Tribe and the Chehalis Tribe (in Washington State.) Music Mentors Academies have been created by this project, and are innovative music residency programs that promote culture, health and help prevent addiction with diverse and tribal youth. Over 500 youth from Western American Indian tribes have graduated from music mentor training's.

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization Employer identification numbe **MEDIA ISLAND INTERNATIONAL** 91-1514384 ...Continued from previous page... PAGE 3 OF 6 **BLACK MESA INDIGENOUS SUPPORT** (www.supportblackmesa.org) Black Mesa Indigenous Support (BMIS) is a request-based solidarity organization consisting of all volunteers that provides direct on-land support to Low income Dineh (Navajo) communities of Black Mesa, AZ who live generally within the borders of the Hopi Partitioned Lands. Work involves taking assistance to elders and families of Navajo and Hopi people impacted by the forced relocation under Public Law 93-531. They serve a community of approximately 1,000. Activities are year round, with one large gathering and wood run each year. 2016 also saw funds spent on families buying their sheep back from the Hopi Government due to illegal livestock impoundments, a Spring Gathering, and spending some funds on travel costs for youth to conferences. The wood run in 2016 provided several families with one cord of wood each. Here is how the funds were utilized: Livestock impoundments \$1,500; Funerals and illnesses \$1,000; On the land Gatherings (Fall wood run) \$600; Wood \$500; Home repairs \$500; Native youth projects; \$500; Gas reimbursements \$209; On land meetings \$200; Travel cost to conferences/meetings \$200. (www.forestpolicyresearch.com) 6. \$2,760 FOREST POLICY RESEARCH Forest Policy Research (FPR) is an information clearinghouse news service dedicated to facilitating the networking, recruiting and sharing of skills among environmental activists and focused on forest policy internationally, creating a global communication infrastructure of forest advocates who are tracking and reporting forest issues from every country in the world. Project coordinator Deane Rimerman first created the database of 15,000 articles in the form of 500 newsletters, each 20 pages long, from April 2005 to July 2009. Forest Policy Research (FPR) received its final funding via Media Island fiscal sponsorship, in fiscal year 2016, in the amount of \$2760. Approximately \$2k was spent on office rent and the remaining \$760 of this money was spent on computer and office supplies as well as reimbursement for gas and travel expenses. Currently FPR has shut down in order to reorganize itself as an ebook and a real book publishing company, which will eventually be producing educational literature about deep ecology and forestry as relates to inspiring personal health, home health, garden health, neighborhood health, bioregional and global health. 7. \$1,555 TIKUN OLAM (www.richardsilverstein.com) Tikun Olam is a blog and social media platform dedicated to reporting about Israel national security issues, including Israel's relations with

the Arab world and the U.S. It utilizes Israeli sources to report stories that are under Israeli judicial gag order or military censorship. It often

reports stories that cannot be published inside Israel and often not known or reported by foreign media. Tikun Olam's reporting led to...

Schedule O (Form 990 or 990-EZ) (2017)	Page 🔰
Name of the organization MEDIA ISLAND INTERNATIONAL	Employer identification number 91-1514384
Continued from previous page	PAGE 4 OF 6
TIKUN OLAM	
reports stories that cannot be published inside Israel and often not known or reported by foreign n	nedia. Tikun Olam's reporting led to
Richard Silverstein becoming a regular contributor to Middle East Eye, a UK publication specializing	ı in reports on Middle East affairs. Tikun
Olam broke many stories in the past year, including: Israel's Shin Bet secretly arrested United Natio	ns employees and accused them of using
their NGO status to aid Hamas. Such arrests are often couched as national security matters, when the	ney're actually meant to intimidate and
harm humanitarian efforts in Gaza; Accusations of sexual abuse by rabbis, judges, professors, and	other officials are often gagged by the
Israeli court system; Israel's military censor reported in a media conference that she "looks forward	to meeting me some day." The
implication was that she would like to see Richard either in an Israeli interrogation room or jail cell;	Profile of Israel's military censor and
the censorship process, including the news that a military censor sits in the newsroom of every Isra	eli TV station and censors every military-
intelligence story reported; Israeli collaboration with the Syrian Islamist group, al-Nusra, an affiliate	of al Qaeda, which includes maintaining
camps for families of Islamist fighters, military aid and intelligence sharing, and IDF commandos ma	sking regular forays into Syrian
territory. Israel's alliance with Islamists is rarely, if ever reported by the media and never acknowled	ged by Israel officially; IDF massacres of
Egyptian troops during both the 1956 and 1967 wars. Many of these stories were censored inside Isi	rael. This reporting opened Israel to
these important issues concerning war crimes committed by Israeli forces; Israeli medical malpracti	ice, including the murder of Yemenite
children in the 1950s as a result of racist medical experimentation. The National Institutes of Health	funded some of the experiments with a
\$1-million grant. This had never been reported outside Israel.	
8. \$1005 LIVING THE DREAM - DISABILITY ROCKS (www.healtheworldtour.org/dylan	-kuehi.html)
Living The Dream (LTD) ~ Disability Rocks has a mission to bring a new face, image and outlook for	people with disabilities that will
hopefully influence others too. Dylan Kuehl is the new face of Downs syndrome and he has influence	ed the world around disability awareness
along with the issue of inclusion. Dylan's personal mission and that of the band, is to 'Heal the Worl	d with Music and Dance', to advocate and
bring awareness to the ABILITIES of people with disabilities, and for them to feel included and be se	en as valued members of the
community. When they perform, people change. The band as it was, has also changed. As of this ye	ar, the group will no longer need to use
Mll's non-profit status. LTD closed their bank account shortly after the beginning of this fiscal year,	and allocated the remaining funds (the
2016 grant) in these ways: \$500.00 Donation to Rhythm Fire School of Music and Performance to be	used for student scholarships for
students in need of help; \$300.00 Practice rehearsal fee; \$200.00 Donation to Childhood Diabetes; \$	5 misc. advertisement fees.

Name of the organization	Employer identification number
MEDIA ISLAND INTERNATIONAL	91-1514384
Continued from previous page	PAGE 5 OF 6
9. \$525 THE WOMEN OF COLOR IN LEADERSHIP MOVEMENT	
The Women of Color in Leadership Movement (WCLM) has been active since 2015, and incorporated as	a Washington State non-profit
organization in 2017. Within that short time they were able to accomplish many of their goals for the yea	ır that helped build their
foundational roots. Funds were spent to support monthly group meetings, and send a few of the membe	ers to lectures and local workshops.
WCLM has partnered with several community organizations, such as Community Youth Services, The E	vergreen State College (CCBLA
Community Based Learning and Action), Youth Sound, and Fertile Ground. Plans are to have guest spe	akers come share their knowledge
with the greater community, and provide tools to move forward with the groups aspirations. These inclu	ide Dr. Joy Degruy, author of Post-
Traumatic Slave Syndrome, Tim Wise, spokesperson and activist on racial issues, and Sweetwater Nan	nauck, a native spiritual activist who
works with Idle No More. They will address many of the issues around race, class, and gender, as well a	s the effects of colonization on Black
and Brown peoples. WCLM is also planning to send a group of the women to conferences and worksho	ps statewide, helping foster their
resiliency tools and making international connections to help build their global network.	
11. \$446 KOWA 106.5 LPFM (www.kowalp.org)	
106.5 KOWA FM Radio is a fully licensed low power FM radio station serving Olympia, WA. Founded by	Media Island International, KOWA
is a non-profit radio station whose mission is to give voice to individuals, organizations and movement	s working for gender, racial, and
social justice, economic democracy, ecological sustainability and peace. KOWA is a Pacifica Network a	ffiliate and airs many amazing
programs from across the country including the daily news programs Democracy Nowl, Hard Knock Ra	dio, Uprising, Sojourner Truth, the
Ralph Nader Radio Hour, Alternative Radio, Native America Calling, and others. 2016 funds were used	to cover costs of studio equipment
upgrades and maintenance.	
12. \$368DEMOCRACY NOW! (www.democracynow.org)	
Democracy Now! is a national, daily, independent, award-winning international news program hosted by	y journalists Amy Goodman and
Juan Gonzalez. Mil's involvement with the Democracy Nowl project is focused on keeping the program	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 r	needed satellite and subscription
costs of the program, having raised more than \$2400 over 6 years to keep this resource working to info	rm the local community.

Schedule @ (Form 990 or 990-EZ) (2017) Name of the organization MEDIA ISLAND INTERNATIONAL	Page X Employer identification number 91-1514384
Continued from previous page	PAGE 6 OF 6
10. \$235 MEDIA ISLAND INTERNATIONAL LIBRARY	
Media Island International maintains a Pro-Active Library and resource center located in downtown Olym	pia, Washington's state capitol.
Books, magazines, journals, video and audio tapes, electronic files as well as hard copy files of documen	ts and posters, flyers and other
items are maintained for public use on premises. The library specializes in alternative magazines and res	ource books on subjects relating
to the organization's mission, including Indigenous cultural survival, human and civil rights, international	l law, women's issues, racial
inequality, civil rights of all kinds, civic participation in political and social issues, democracy of the medi	a, as well as economic justice and
ecological integrity. 2016 funds were spent on acquisitions.	
~ ~ ~ End of Part III, Line 4d Descriptions of Other Program Service	s ~ ~ ~
·····	
Part VI, Section B., Line 11b:	
Has the organization provided a complete copy of this Form 990 to all members of its governing body between the copy of this Form 990 to all members of its governing body between the copy of this Form 990 to all members of its governing body between the copy of this Form 990 to all members of its governing body between the copy of this Form 990 to all members of its governing body between the copy of this Form 990 to all members of its governing body between the copy of this Form 990 to all members of its governing body between the copy of this Form 990 to all members of its governing body between the copy of this Form 990 to all members of its governing body between the copy of the copy of this Form 990 to all members of its governing body between the copy of the	fore filing the return?
Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
Response:	
The organization makes the Form 990 and its attached Schedules available to each of the governing boar	d members before the return is filed
with the IRS. Each member reviews the documents on their own, and then all board members get together	r to discuss the particulars in a
meeting for that specific purpose.	
Part VI, Section C., Line 19:	
Described in Schedule O whether (and if so, how) the organization made its governing documents, confli	ct of interest policy, and financial
statement available to the public during the tax year.	
Response:	
The organization makes its governing documents, including our conflict of interest policy, and financial s	statements available to the public
upon request. Efforts are underway to make all the governing documents available on the organizations	website in the coming year.

END OF SCHEDULE O STATEMENTS