Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

Α	For the	e 2016 ca	lendar year, or tax year beginning , and end	ding			
В	Check if a	applicable	C Name of organization DEMOCRACY NOW! PRODUCTIONS, INC	D	Employer	identif	ication number
	Address	change	Doing business as				
\Box	Name ch	anne	Number and street (or PO box if mail is not delivered to street address) Room/suite		~0708733		
		•	207 WEST 25TH STREET, 11TH FLOOR	[E	Telephone	numbe	r
Ш	Initial retu	זנט	City or town State ZIP code	(2	12) 431-90	090	
	Final return	/terminated	NEW YORK NY 10001				
$\overline{\Box}$	Amended	Leatura	Foreign country name Foreign province/state/county Foreign postal co		Gross rece	inte S	12,240,843
=	Amended	retuni			Glossiece	ibra a	
	Application	on pending		H(a) Is this a	group return fo	or subor	dinates? Yes X No
			SAME AS "C" ABOVE	H(b) Are all	subordinate	s includ	ied? Yes No
ı	Tax-exem	pt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	If "No,	" attach a lis	(see	nstructions)
.1	Website	• • VVV		H(c) Group	exemption n	umber	•
_		rganization					
				of formation	2002	W S	State of legal domicile NY
	Part I		mmary				
~ a	1						BY PROVIDING
ີ່ ດີວິດອີກາລາດe			, NATIONAL, LISTENER-SPONSORED/NON-COMMERCIAL PUBLIC RAD				
ZE.			JOURNALIST INTERNS AND COMMUNITY VIDEO PRODUCERS IN THE				
ïέğ	2	Check t	his box ▶ if the organization discontinued its operations or disposed of	of more th	nan 25% c	of its r	net assets
⁄≂ઌ <u>ૻ</u>	3	Number	of voting members of the governing body (Part VI, line 1a)			3	5
్రాక్ట్ర	4	Number	of independent voting members of the governing body (Part VI, line 1b)		[4	3
<u>بة</u> ج	5	Total nu	mber of individuals employed in calendar year 2016 (Part V, line 2a)		[5_	60
7.₹	6	Total nu	mber of volunteers (estimate if necessary)			6	100
્ર્	7a	Total un	related business revenue from Part VIII, column (C), line 12			7a	0
<u> </u>	b	Net unre	elated business taxable income from Form 990 T line 34			7b	0
			RECEIVED	Pr	ior Year		Current Year
وني	8		utions and grants (Part VIII, line 1h)		7,946	,333	10,445,791
Revenue Activities &	9	Progran	n service revenue (Part VIII, line 2013) ent income (Part VIII, column (A), 1985 3, 1904 d. 7 2017		141	,120	192,057
Š	10	investm	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		36	,438	97,486
Œ	11	Other re	evenue (Part VIII, column (A), lines b, qu, oc. ac, luc, and Tre)		34	,253	70,713
	12	Total rev	enue—add lines 8 through 11 (must equal Part (1) Colling (A) line 12)		8,158	,144	10,806,047
	13	Grants a	and similar amounts paid (Part IX, dolu mn (A), lines 1–3)			0	0
	14		paid to or for members (Part IX, column (A), line 4)			0	0
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,240		2,579,106
ŠL	16a	Professi	onal fundraising fees (Part IX, column (A), line 11e)		49	,500	0
Expenses	- b	Total fur	ndraising expenses (Part IX, column (D), line 25) ► 615,561			-	1. 美华华克,15
Ú	17	Other ex	kpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,973	,501	4,521,214
	18	Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,263	,707	7,100,320
	19	Revenu	e less expenses Subtract line 18 from line 12		1,8 <u>9</u> 4		3,705,727
Net Assets or	55		}	Beginning	of Current		End of Year
Set	[20	Total as	sets (Part X, line 16)		20,406	,857	23,924,293
Ä	21	Total lial	bilities (Part X, line 26)			,630	362,532
		Net ass	ets or fund balances Subtract line 21 from line 20		19,923	,227	23,561,761
	art II 🐪		nature Block				
			y, I declare that I have examined this return, including accompanying schedules and statements, a				e
and	oener, it i	s nue, corre	ect, and complete Declaration of prepare (other than officer) is based on all information of which p	preparer ha	s any knowle		1/2
Si	gn		N KNOW				
He	ere		Signature of officer				
			Hmy Goodman, President				
-		1000	Type or print name and title UType preparer's name Preparer's signature				
D-	id	[o type preparet a traine				
		. WIN	NNIE TAM				
	eparer		o's name ► WINNIE TAM & CO , PC				
US	se Only	y	► 50 PDOAD STREET SHITE 1837 NEW				

May the IRS discuss this return with the preparer shown above? (see in

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission DEMOCRACY NOW! PRODUCTIONS, INC PRODUCES A DAILY, NATIONAL, LISTENER-SPONSORED / NON-COMMERCIAL PUBLIC RADIO AND TELEVISION NEWS SHOW DEMOCRACY NOW! PRODUCTIONS, INC FULFILLS ITS MISSION BY TRAINING JOURNALIST INTERNS AND COMMUNITY VIDEO PRODUCERS IN THE ART OF CIVIC JOURNALISM 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program

4c	(Code) (Expen	ses \$	including grants of \$) (Revenue \$)	
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4b	(Code) (Expen	 ses \$	including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·	_
			~-#			
						-
	COMMUNITY VIDEO PRODUCE		SILVIO IOLIDALALIONA			- - -
	TELEVISION DEMOCRACY NO					
	MULTI-MEDIA COLLABORATION				- <i>-</i>	
	RADIO AND TELEVISION NEW					- - -
4a	(Code) (Expen TO PROMOTE DEMOCRACY B) (Revenue \$		
45	/Code	¢	2	\/D	102.057.)	
	the total expenses, and revenue,	if any, for each progra	am service reported			
	expenses Section 501(c)(3) and			amount of grants and allocation	ons to others,	
4	Describe the organization's progr					
	If "Yes," describe these changes	on Schedule O				
_	services?	arang, or make organic	same straing oo in now it cond	and any brodien	Yes X No	0
3	Did the organization cease condu		cant changes in how it cond	ucts, any program		
	If "Yes," describe these new serv	ices on Schedule O			□ 1e2 [V] M	J
2	Did the organization undertake at the prior Form 990 or 990-EZ?	ny significant program	services during the year wi	nich were not listed on	Yes X No	^
	ART OF CIVIC JOURNALISM	nu augustaagt agg	convers division in			_
	FULFILLS ITS MISSION BY TRA	MINING JOURNALIST	INTERNO AND COMMON	IT VIDEO PRODUCERS IN IT	1E	
	FULL FULL OUTCOMODION BY TRA		INTERNICANITACAMANITALI			

Form 990 (2016) DEMOCRACY NOW! PRODUCTIONS, INC. 01-0708733 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Х 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 Х 4 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, Part III Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х 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 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 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 11a 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 Х c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D, Part X 11e f 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 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a b 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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

	on Part IX, column (A), lines 6 and 11e? If "Yes," c	omplete Schedule G	Part I (see instructions)	-
18	Did the organization report more than \$15,000 total	il of fundraising even	t gross income and conti	ibutions on

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

17

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

14b

15

16

17

18 Х Х

Х

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Χ

Part	Checklist of Required Schedules (continued)			
	, ,		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N/A	
21	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	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	_	X
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			١.,
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	to defease any tax-exempt bonds?	24c		┞—
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/A	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	25b		
26	990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		X
20	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		 ^
	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		X
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)	3	- }	1 2 7
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
¢	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			İ
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
	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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	1		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	N/A	<u> </u>
	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		X
	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? If "Yes," complete Schedule R, Part VI	3-		\ \
		37		<u></u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1 20		

0111 390 (2010)	DEMOCRACT NOW FRODUCTIONS, INC	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	ance

	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	37	12	75 Q 75 SE	
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	2 3	ا شدر التحريب	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	repor	table) = T-	3.35
	gaming (gambling) winnings to prize winners?			1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	, !		1	ا من ا	-7
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	60	1	٠,٠١	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns'	7	2b	_X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)		1/200		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu	le O		3b	N/A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			, ,		
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financ	al	l		
	account)?			4a		X
b	If "Yes," enter the name of the foreign country	- -		J	-, -,	7, ;
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	I Acco	ounts	٠.		1=, -
	(FBAR)			,-		10
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	sactio	n?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	N/A	<u> </u>
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		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions	or	'		[
	gifts were not tax deductible?			6b	N/A	L
7	Organizations that may receive deductible contributions under section 170(c).			, de 2,	1. L.	2.7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goo	ods			4 3 7
	and services provided to the payor?			7a	X	ļ
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was				
	required to file Form 8282?		•	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		355	3, 3	250
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 80			7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by	y the	·		55.
	sponsoring organization have excess business holdings at any time during the year?		-	8	N/A	
9	Sponsoring organizations maintaining donor advised funds.				4- 6-3	25.7
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	N/A	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		•	9b	N/A	<u> </u>
10	Section 501(c)(7) organizations. Enter	1 1	l	-		ľ
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			•) '
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A			Ì
11	Section 501(c)(12) organizations. Enter	1	l		٠,) ·
a	Gross income from members or shareholders	11a	N/A	,	_	
þ	Gross income from other sources (Do not net amounts due or paid to other sources	'		3.5		. 3
	against amounts due or received from them)	11b			2-5	- : .
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo			12a	N/A	2 54 1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				ردة أيست	-2.12.2-
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	N/A	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			200	-	
b	Enter the amount of reserves the organization is required to maintain by the states in which	l	l		-], .
	the organization is licensed to issue qualified health plans	13b		<u> </u>		
C	Enter the amount of reserves on hand	13c	N/A			
i4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X.
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ule O		14b	N/A	l

orm 9 Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 througe response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response or note to any line in this Part VI		a "No"		age 6
Sect	ion A. Governing Body and Management				_ _
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5	1- 44	12.5	77.55 216.5
	If there are material differences in voting rights among members of the governing body, or		10.4	1 2 2	7,7
	if the governing body delegated broad authority to an executive committee or similar		1. 10	- '.'	
	committee, explain in Schedule O			`-i > Aa	
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3	<u> </u>	-1.6	1 ⁷⁶ ; 1,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations any other officer, director, trustee, or key employee?	hip with	2		X_
3	Did the organization delegate control over management duties customarily performed by or under	the direct	}	1	
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 with	as filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets? .	5		_ <u>X</u>
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	İ.		
	one or more members of the governing body?		7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	1			
	stockholders, or persons other than the governing body?		7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	25		19 ³⁶
	the year by the following			**	~ _ ~ ~ ~
a	The governing body?		8a	X	
р	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reat the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	eached	9		Х
Soct	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	لتل	<u>_</u>	
Jeci	ion b. 1 oncies (This Section & requests information about policies not required by the	memai revenue	2000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b	N/A	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-	- %1,	±1. ₹	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"		[
	describe in Schedule O how this was done		12c	_X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro	•) در در اند	10
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official	and decision?	15a	X	
b	Other officers or key employees of the organization		15b	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		(A) 22	1.7 60	2,5
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	rement	15.2	12	
	with a taxable entity during the year?	,	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	-		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe			-	
	the organization's exempt status with respect to such arrangements?		16b	N/A	
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► ALL STATES				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3)s only	')	
	available for public inspection. Indicate how you made these available. Check all that apply				
40		plain in Schedule O)		_	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, financial statements available to the public during the tax year	connict of interest pol	icy, an	a	
20	State the name, address, and telephone number of the person who possesses the organization's t	nooks and records	_		
	JULIE CROSBY	(212) 431-9090			
	207 WEST 25TH STREET, 11TH FLOOR, NEW YORK, NY 10001				

Form	990	(2016)	

DEMOCRACY NOW! PRODUCTIONS, INC.

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

Check if Schedule O contains a response or note to any line in this Part VII

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 an	y related organiz	ation	con	npei	nsat	ted ar	ју с	urrent officer, dır	ector, or trustee	
(A) Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one both an officer and a director/trustee) (do not check more than one both an officer and a director/trustee) (do not check more than one both and one both and officer and a director/trustee) (do not check more than one both and one both and officer					an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	1) KAREN RANUCCI HAIR	10 00	х		x				0	0	0
(2) JUAN GONZALEZ ECRETARY	5 00	×		X				31,200	0	0
(3) SARAH JONES IRECTOR	0 30	х						0	0	0
(4) MARTHA FLEISCHMAN IRECTOR	1 00	х						0	0	0
	5) AMY GOODMAN RESIDENT	40 00	Х		х				148,440	0	0
G	6) JULIE CROSBY ENERAL MANAGER	40 00					х		125,626	0	11,155
	7) 										
(9)										
(1	0)										
(1	1)					-					
(1	2)										-
(1	3)										
(1	4)			\vdash	-						

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more than \$100,000 of compensation from the organization

_ / Pa	Section A. Officers, Di	rectors, Tru	istees, Key Emp	oloye	es,	and	Hig	<u>ghes</u>	t Co	ompensated Em	ployees (contin	uea)		
	(A) Name and title	•	(B) Average hours per	box office	unles er and	Pos eck s pe	rson irecto	than o	n an tee)	(D) Reportable compensation	(E) Reportable compensation	ı	(F) stimate mount c	
			week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	f org an	other opensate rom the ganization d relate anization	e on ed
(15)											-			
(16)					-									
(17)					-									
(18)					-									
(19)											 			
(20)					-									
(21)							-	-						
(22)									-					
						_								
					-				-					
(25)							-		-					
	Sub-total		<u> </u>		L	l	<u></u>			305,266	0			1,155
С	Total from continuation sheets to	Part VII, S	ection A						•	0	0			С
d	Total (add lines 1b and 1c)								>	305,266	000 -4	L	11	,155
2	Total number of individuals (including reportable compensation from the compensation fro	_		ieo a	DOV	е) v 3	vno	recei	ivea	more than \$ 100,	000 01			
3	Did the organization list any former			•		oye	e, o	r higl	hes	t compensated			Yes	No
-	employee on line 1a? If "Yes," com	•										3 	-	X
4	For any individual listed on line 1a, the organization and related organization and related organization and related organization.		•							•	1	4		X
5	Did any person listed on line 1a rec for services rendered to the organiz		•			-			_		idual	5		×
Sec	tion B. Independent Contractors	-auom: n n	es, complete se	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100	101	300	iii pei	301	,			<u></u>	_^_
1	Complete this table for your five his compensation from the organization year											tax		
		(A) d business add	ress							(B) Description of serv	ices ((C Comper		
RSY	PARTNERS, LLC 123	7TH AVE ,	SUITE #130, BF	ROOK	(LYI	V, N	IY 1	1215	CF	REATIVE DIRECT			165	5,900
T 115	UQUITA IODICO	- BANGS	LDIL OFFICE							OJECT MANAGI	EMENT			С
THO	UGHTWORKS 200	E KANDO	LPH, 25TH FL, (CHIC.	AG(), II	_ 60	601	1-	FTWARE			329	9,485
									ĮŲC	VELOPMENT				C
2	Total number of independent contra	actors (inclu	ding but not limit	ed to	tho	se l	ister	d aho	vel	who received				

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Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
ស្ន	1a	Federated campaigns	18	0	国际公司		3-4-63	4-1-1-1				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	11									
s, G	С	Fundraising events	10	68,990	The state of		2.24春季 张					
Gift Iar,	d	Related organizations	10	0		"可以"的意思						
ns,	е	Government grants (contributions	· -	9 0	15 To 8 1 To 12 S.							
Contributions, Gifts, and Other Similar Ar	f	All other contributions, gifts, gran	i i					1.50				
g th		similar amounts not included abo		10,376,801	1 - 1 - 1 - 1 - 1			and the second				
Son	g	Noncash contributions included in li	nes 1a-1f \$	101,307	1.2		3-1-3					
	h	Total. Add lines 1a-1f		>	10,445,791	1 (1 to 1 to 2 to 1 to 1 to 1 to 1 to 1 to		17500 310 36 400				
an ne				Business Code	1 2 3 6 0 3	ر المارية المارية المراجعة المارية	1.127.03					
Program Service Revenue	2a	BROADCAST FEES		515100	192,057	192,057						
Re	b				0							
vice	С				0							
Ser	d				0							
a	е				0							
ogr	f	All other program service revenue	е		0	L						
_ <u>~</u>	g	Total. Add lines 2a-2f	·		192,057	The state of the s	1977 - May 6	247 N. 12 - F. 15				
	3	Investment income (including div	idends, interes	t, and								
		other similar amounts)		>	98,212			98,212				
	4	Income from investment of tax-ex	cempt bond pro	oceeds >	0							
	5	Royalties		>	0							
			(ı) Real	(II) Personal	1257	12 - 3 - 1 - 1 - 2	15 1 100 1					
	6a	Gross rents]. برندر . اورانار . [
	b	Less rental expenses						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	С	Rental income or (loss)		0 0			1					
	d	Net rental income or (loss)		>	0							
	7a	Gross amount from sales of	(i) Securities	(II) Other	10 8 4 T. T.			运行公司				
		assets other than inventory	1,374,50	2 0								
	b	Less cost or other basis	.,,,,			いたない意						
		and sales expenses	1,375,22	8 o				[[] 强门转动				
	С	Gain or (loss)	-72			-1		E 6-8 14/2				
	d	Net gain or (loss)		>	-726		1. /	-726				
		viet gam er (ieee)			". (),	122.						
ē	8a	Gross income from fundraising						1965年				
Ju.	-	events (not including \$	68,990	1								
8		of contributions reported on line										
Ř		See Part IV, line 18	a a	56,890			3 - 3 3					
Other Revenue	b	Less direct expenses	b									
ŏ	c	Net income or (loss) from fundrai	_	▶	3,738			3,738				
	9a	Gross income from gaming activi	•		3,730		· · · · · · · · · · · · · · · · · · ·	0,700				
	Ja	See Part IV, line 19	a	. 0	1	1						
	h	Less direct expenses	a b		┪	·		٠,				
	b	Net income or (loss) from gaming		·	. 0	- '	3	7.5.3				
	с 10а		activities		1	-		, .				
	iva	returns and allowances	_	65 622				1				
	h		а	· · · · · · · · · · · · · · · · · · ·	1		6 - 1					
	b	Less cost of goods sold	f inventori	6,416	4	- 1 Auto 11	James Back	13 2000 - 200				
	С	Net income or (loss) from sales of Miscellaneous Revenue	и инчептогу	Business Cod	59,216	59,216						
1	44-			Business Code	· · :			·				
ļ	11a	OTHER INCOME	•••		7,759	7,759						
	b				0			ļ. ——				
	C	All all and an			0		 	ļ				
	d	All other revenue			0		ļ					
ļ	e	Total. Add lines 11a–11d		•	7,759							
l	12	Total revenue. See instructions		<u> </u>	10,806,047	259,032	0	101,224				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX Х (D) (A) (B) (C) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations domestic governments See Part IV, line 21 0 2 Grants and other assistance to domestic individuals See Part IV. line 22 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 0 5 Compensation of current officers, directors, 308,700 trustees, and key employees 244,950 63,750 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 1,800,424 1,466,448 102,556 231,420 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 40,648 32,982 5,689 1,977 9 Other employee benefits 254,159 212,058 31,245 10,856 10 Payroll taxes 175,175 142,142 24,516 8,517 11 Fees for services (non-employees) а Management b Legal 33.918 13,583 20.335 C Accounting 62,233 62,233 d Lobbying 0 Professional fundraising services See Part IV, line 17 ol 172 Investment management fees 0 f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 724.831 700,877 15.296 8.658 12 Advertising and promotion 274,975 184,974 6,868 83,133 13 Office expenses 666,091 353,328 30,617 282,146 14 Information technology 345,285 344,085 1,200 Royalties 15 0 Occupancy 166,526 16 138,262 10,110 18,154 17 11,984 Travel 281,247 263,881 5,382 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 32,086 Conferences, conventions, and meetings 16,454 8,251 7,381 20 Interest 0 21 0 Payments to affiliates 22 Depreciation, depletion, and amortization 704,602 558,626 62,844 83,132 23 Insurance 32,331 20,171 10,353 1,807 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) FEES, DUES AND SUBSCRIPTIONS 9.775 2,566 7,209 PRODUCTION EXPENSES 1,104,380 1,104,380 c OTHER PROGRAM EXPESES 79.275 78.375 900 d MISCELLANEOUS 3,659 481 1,974 1,204 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 7,100,320 5.878.623 606,136 615,561 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or	note to	any line in this Part X	•		
				<u> </u>	(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			67,267	1	339,249
	2	Sa a sample of the property of			4,127,233	2	5,732,935
	3	Pledges and grants receivable, net			683,545	3	1,199,967
	4	Accounts receivable, net			1,761,494	4	1,738,708
	5	Loans and other receivables from current and for				7 2 2 2 2 3	
		trustees, key employees, and highest compensa	ated en	nployees		1	TTT 医多分析 游览取
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified person					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a		0 , ,			
10		sponsoring organizations of section 501(c)(9) voluntary el		s' beneficiary		7.73	
Assets	_	organizations (see instructions) Complete Part II of Sche	dule L			6	
Ass	7	Notes and loans receivable, net			0	7	0
-	8	Inventories for sale or use			94,050	8	83,762
	9	Prepaid expenses and deferred charges	l i		50,221	9	42,871
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	40-	10 000 050	1 6 - 1 6 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	ь	Less accumulated depreciation	10a 10b	12,833,053	1	1.5.	7.045.000
	11	Investments—publicly traded securities	100	5,018,031			7,815,022
	12	Investments—other securities See Part IV, line	11		5,088,453	11 12	6,948,159
	13	Investments—program-related See Part IV, line			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			27,600	15	23,620
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	34)	20,406,857	16	23,924,293
	17	Accounts payable and accrued expenses	483,630	17	362,532		
	18	Grants payable		18	552,002		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	s, directors,	能: 15世 · 111 字句	7 14 77 30 80	
Liabilities		trustees, key employees, highest compensated		ees, and		الله الله الله الله الله الله الله الله	医性心性病症
ab		disqualified persons Complete Part II of Schedu	ıle L			22	
	23	Secured mortgages and notes payable to unrela			0	23	0
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24) Complete	_	_	
	00	Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			483,630	26	362,532
s		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🗶 and	1 2 1 2 1 4 5	3	71 - 71 - 71 -
ice		complete lines 27 through 29, and lines 33 and	d 34.			,	4
lar	27	Unrestricted net assets			19,466,977	27	22,616,206
B	28	Temporarily restricted net assets		•	456,250	28	945,555
п	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958),	check h	ere ▶ and	. ,		
		complete lines 30 through 34.					
Net Assets	30	Capital stock or trust principal, or current funds				30	
488	31	Paid-in or capital surplus, or land, building, or eq				31	
et /	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Ź	33	Total net assets or fund balances			19,923,227	33	23,561,761
	34	Total liabilities and net assets/fund balances			20,406,857	34	23,924,293

	DEMOCRACT NOVI PRODUCTIONS, INC	U	1-0/00/33	Pag	e iZ
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	0,806	,047
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,100	,320
3	Revenue less expenses Subtract line 2 from line 1	3		3,705	,727
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	9,923	,227
5	Net unrealized gains (losses) on investments	5		-67	,193
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2	3,561	,761
Part	······································			-	_
	Check if Schedule O contains a response or note to any line in this Part XII			Ĺ	
				Yes	No
1	Accounting method used to prepare the Form 990		_ .		Ē.,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		7.7	5. 4	} }
	Schedule O		- 	- 1	: 3. B
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		7.75		
	reviewed on a separate basis, consolidated basis, or both		1 2 min		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		,,	7. 2.5	- T
	separate basis, consolidated basis, or both		14.5		
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	ř	1,7 s		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	(2) i
	If the organization changed either its oversight process or selection process during the tax year, explain in		1	70.	· ''
	Schedule O		. ~	7 55	$\zeta_{\vec{k}}^{\vec{j}}$
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		'4	1]	٠.
	the Single Audit Act and OMB Circular A-133?		3a	N/A	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	N/A	
				990 (2016)

SCHEDULF A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

Open to Public

Employer identification number DEMOCRACY NOW! PRODUCTIONS, INC 01-0708733 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university ------An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations f Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

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)

Sec	tion A. Public Support						
Cale	ndar 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")	7,490,780	7,490,639	6,442,624	7,946,333	10,445,791	39,816,167
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on				•		
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	7,490,780	7,490,639	6,442,624	7,946,333	10,445,791	39,816,167
5	The portion of total contributions by each	line in	F -		2 4 2		
	person (other than a governmental unit	マガラ 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The state of the		() () () () () () () () () ()		
	or publicly supported organization)						
	included on line 1 that exceeds 2%			[* ,			
	of the amount shown on line 11,						
	column (f)			()	国际中国共产		7,251,429
6	Public support. Subtract line 5 from line 4	و الله المعالمة المعا	· 1000 1000 1000 1000 1000 1000 1000 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		苏基第三部	32,564,738
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	7,490,780	7,490,639	6,442,624	7,946,333	10,445,791	39,816,167
8	Gross income from interest, dividends,						
	payments received on securities loans,		ļ				
	rents, royalties and income from similar						
	sources	418	9,605	34,203	72,275	98,212	214,713
9	Net income from unrelated business						
	activities, whether or not the business is	1	ľ				
	regularly carried on						0
10	Other income Do not include gain or						·····
	loss from the sale of capital assets						
	(Explain in Part VI)	2,531	596			7,759	10,886
11	Total support. Add lines 7 through 10	1 12 3 1 2	4 1 2 1	7 7. 7. 7.	- 1 127		40,041,766
12	Gross receipts from related activities, etc. (s	ee instructions)	<u> </u>	·	<u> </u>	12	2,743,220
13	First five years. If the Form 990 is for the o	·	second, third, fourt	h, or fifth tax vear a	as a section 501(c)		
	organization, check this box and stop here	· J	, -, . .	., ., .,		(-)	▶□
Ser	tion C. Computation of Public Su	pport Percent	age				
	Public support percentage for 2016 (line 6, c			n)		14	81 33%
	Public support percentage from 2015 Sched	• •	•	'''		15	78 42%
	33 1/3% support test—2016. If the organiz			and line 14 is 33	1/39/ or more	L	70 1270
104	and stop here . The organization qualifies as			, and me 14 is 55	1/3 /6 01 111016,		▶ [X]
h	•		•	- 4C	- 22 4/20/		
D	33 1/3% support test—2015. If the organiz box and stop here. The organization qualifie				is 33 1/3% or more	e, cneck this	
	•		_				
17a	10%-facts-and-circumstances test—2016	-					
	is 10% or more, and if the organization meet						
	Part VI how the organization meets the "fact organization	s-ano-circumstanc	es lest the organ	ization qualifies as	a publicly support	ea	. □
h	-	E If the erassization	n did not shoet - t	ev on line 42, 40-	16b or 47		
ā	10%-facts-and-circumstances test—2015 15 is 10% or more, and if the organization m						
	Part VI how the organization meets the "fact					Apiain iii	
	supported organization		o.gan				
18	Private foundation. If the organization did	not check a hov on	line 13 165 165	17a or 17h chook	this how and soc		• 🗀
	instructions	HOL CHECK & DOX OH	i inic 10, 10a, 10b,	ira, or iro, check	uno pox and see		▶□

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sac	ction A. Public Support	anny arradiction	tooto notoa pere	ov, picase com	pioto i dicii		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
		(a) 2012	(0) 2013	(6) 2014	(a) 2013	(e) 2010	(1) 10(a)
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
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	<u> </u>					0
3	Gross receipts from activities that are not an						_
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		İ		l		
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3				!		
	received from disqualified persons						0
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			ı			
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	_ 0
8	Public support (Subtract line 7c from	The same of the same	4. 5 12 1/2	1 To 1 To 1 To 1 To 1 To 1 To 1 To 1 To			
	line 6)	The Contraction		1	777		0
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
•	activities not included in line 10b, whether						
	or not the business is regularly carried on		-				0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)				ĺ		0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	o	o	o	o	ol	0
14	First five years. If the Form 990 is for the o						
	organization, check this box and stop here	3 .		, ,	, ,	, ,	▶ □
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2016 (line 8, c			f))		15	0 00%
16	Public support percentage from 2015 Sched		-	•//		16	0 00%
	ction D. Computation of Investmen					 	3 3570
17	Investment income percentage for 2016 (line			olumn (ft)		17	0 00%
18	Investment income percentage for 2015 (income percentage from 2015 S			J. G. (17)		18	0 00%
	33 1/3% support tests—2016. If the organi			4 and line 15 is m	ore than 33 1/3%		3 00 70
	not more than 33 1/3%, check this box and s						▶ □
b	33 1/3% support tests—2015. If the organi	-			-	33 1/3%, and	اسا ٠
	line 18 is not more than 33 1/3%, check this						▶ [_]
20	Private foundation. If the organization did						▶ □

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 E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

- 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
- 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)
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- c 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
- 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
- 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
- c 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
- 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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.
- 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)
- 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)
- 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**.
- **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**.
- c 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.
- 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
 - **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)

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		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			~ 1
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		<u> </u>
b	A family member of a person described in (a) above?	11b		
C Socti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		L
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	1 500	- E	-
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	3,5	7	5. -5.6
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			26
	controlled the organization's activities. If the organization had more than one supported organization,	2.5	1 '07	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	* •	4	1.
	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	5		e .d
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		3	- ,
_	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ا ما ا ا جا شما	1 2	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	- 1 gr ²	7 - 5 7 - 5	. ju
	or management of the supporting organization was vested in the same persons that controlled or managed		الأستاد	
	the supported organization(s)		L	<u> </u>
Secti	on D. All Type III Supporting Organizations			T
	Deliberary makes and the second of the secon	7.53	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	E 3*	- 25 - 25 - 25	3
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	- Region		ارتيار توماتاري
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1500	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-G.	14/27/20	ر فر غ
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	が変	43	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		1,375
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1347	رسي ريس	·
	significant voice in the organization's investment policies and in directing the use of the organization's	- 132 P	4.5°	J. 3
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-,	`	
	supported organizations played in this regard	3		<u> </u>
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 inst.	ruction	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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (se	e instrui	ctions	3)
				·
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	ł		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		İ	ļ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			١.
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			R
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		٠.	-:
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		1
3	Parent of Supported Organizations Answer (a) and (b) below.	16E.		10 To 10 To
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- 12 Mary	14.50	
-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	\	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	.4.		·
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	[´ ´	

5 Distributable Amount. Subtract line 5 from line 4, unless subject to		
emergency temporary reduction (see instructions)	6	the same of the same
Check here if the current year is the organization's first as a non-functionally	/ int	egrated Type III supporting organization (see
nstructions)		

1 Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

2 Enter 85% of line 1

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2016

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 0 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount 0 000 (ii) (iii) (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2016 Amount for 2016 Francisco Carlos States 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 Excess distributions carryover, if any, to 2016 a REALITY OF THE REAL PROPERTY. b 機能發展的音句學問題等 From 2013 From 2014 d From 2015 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, line 7 0 Applied to underdistributions of prior years 0 **b** Applied to 2016 distributable amount Remainder Subtract lines 4a and 4b from 4 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 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3 and 4c Breakdown of line 7 8 а Excess from 2013 0 b 0 Excess from 2014 С 0 Excess from 2015 ol Excess from 2016

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name (of the organization		Employer identification figuriser
DEM	OCRACY NOW! PRODUCTIONS, INC		01-0708733
Part		or Advised Funds or Other Sin	nilar Funds or Accounts.
	Complete if the organization answ		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 23.10, 23.10	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		a hold in donor advisod
5	Did the organization inform all donors and do		
_	funds are the organization's property, subject		
6	Did the organization inform all grantees, dono		
	used only for charitable purposes and not for		
	purpose conferring impermissible private ben	efit?	Yes No
Part	II Conservation Easements.		
	Complete if the organization answ	ered "Yes" on Form 990, Part IV	/, line 7
1	Purpose(s) of conservation easements held to		
	Preservation of land for public use (e.g., recr		ervation of a historically important land area
	Protection of natural habitat	· <u>=</u>	ervation of a certified historic structure
		11esc	ervation of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organizat	on held a qualified conservation cor	. 4
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation ease		2b
C	Number of conservation easements on a cert		
d	Number of conservation easements included	in (c) acquired after 8/17/06, and no	ot on a
	historic structure listed in the National Regist		2d
3	Number of conservation easements modified	, transferred, released, extinguished	I, or terminated by the organization during
	the tax year >		
4	Number of states where property subject to o		•
5	Does the organization have a written policy re	egarding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservati	on easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring,	nspecting, handling of violations, and er	nforcing conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforc	ing conservation easements during the year
	▶ \$		
8	Does each conservation easement reported	on line 2(d) above satisfy the require	ements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(II)?		Yes No
9	In Part XIII, describe how the organization re	ports conservation easements in its	revenue and expense statement, and
	balance sheet, and include, if applicable, the		
	the organization's accounting for conservation		
Par		ections of Art, Historical Treas	sures, or Other Similar Assets.
	Complete if the organization answ		
4-			
1a	If the organization elected, as permitted under	des essets held for sublic exhibition	advection or research in furtherence
	works of art, historical treasures, or other sim	liar assets neid for public exhibition,	, education, or research in furtherance
	of public service, provide, in Part XIII, the tex	t of the foothote to its financial state?	ments that describes these items
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim		, education, or research in furtherance
	of public service, provide the following amou	_	
	(i) Revenue included on Form 990, Part VIII,	line 1	> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of		
	following amounts required to be reported un	der SFAS 116 (ASC 958) relating to	these items
а	Revenue included on Form 990, Part VIII, lin	e 1	▶ \$
h	Assets included in Form 990, Part X		▶ \$

Sched	ule D (Form 990) 2016 DEMOCRACY NOW! PI		····				01-0708			age 2
Part										1)
3	Using the organization's acquisition, access	ion, and other	records, o	check any	of the follow	ng tha	t are a significant i	use of it	S	
	collection items (check all that apply)			l .						
а	Public exhibition		d	Loan o	r exchange p	orogra	ms			
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's of	collections and	explain h	ow they ful	rther the orga	anızatı	on's exempt purpo	se in Pa	art	
	XIII									
5	During the year, did the organization solicit							_		
	assets to be sold to raise funds rather than	to be maintain	ed as par	t of the org	anızatıon's c	ollection	on?	Y	es 💹	No
Part	IV Escrow and Custodial Arrange									
	Complete if the organization ans	wered "Yes"	on Form	990, Par	t IV, line 9,	or rep	oorted an amour	nt on F	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custoo	dian or other in	termediar	y for contri	ibutions or ot	her as	sets not		F	ı
	included on Form 990, Part X?							Y₁	es	No
b	If "Yes," explain the arrangement in Part XII	I and complete	the follow	wing table						
	B							mount		
C	Beginning balance					1				
d	Additions during the year Distributions during the year					1	e			
e f	Ending balance						f			
		F 000 B	. V . I	4					es X	No
2a	Did the organization include an amount on							''		140
b	If "Yes," explain the arrangement in Part XII	Check here	if the expl	anation na	s been provi	aea or	n Paπ XIII			:
Part		1.057 0	_	000 B						
	Complete if the organization ans						(A) There we have been	1 /-> 5		
4-) Current year	(0) Pfi	or year O	(c) Two years	Оаск	(d) Three years back) (e) F	our years	Dack
1a	Beginning of year balance Contributions	0				- 0		+		
b								 		
С	Net investment earnings, gains, and losses						•			
d	Grants or scholarships			-				+		
e	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0	()		(
2	Provide the estimated percentage of the cu	rrent year end	balance (line 1g, co	lumn (a)) hel	d as				
а	Board designated or quasi-endowment	>	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sh									
3a	Are there endowment funds not in the poss	ession of the c	organizatio	on that are	held and adi	ministe	ered for the		<u> </u>	
	organization by							0-13	Yes	No
	(i) unrelated organizations							3a(ı)	 	
	(ii) related organizations .	tiona lintad a		d an Cabac	dula DO		•	3a(ii)	-	
b ₄	If "Yes" on line 3a(ii), are the related organic							3b	J	
4	Describe in Part XIII the intended uses of the		is endow	HEHR IUNUS	······					
Part	Land, Buildings, and Equipme Complete if the organization ans		on Form	1990 Pai	rt IV line 11	a Se	e Form 990 Pa	rt X Ivr	e 10	
		(a) Cost or ot		1	st or other		Accumulated		look valu	
	Description of property	(investm			s (other)	"c	depreciation	(0)	JUN VAIU	-
1a	Land	 	0		258,584	-÷;	The State of the S		25	8,58
	Buildings			 	10 018 587		3 538 543			20,04

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	258,584	to the field of the	258,584
b	Buildings	0	10,918,587	3,538,543	7,380,044
С	Leasehold improvements	0	0	0	0
d	Equipment	0	1,626,722	1,458,264	168,458
е	Other	0	29,160	21,224	7,936
Tota	I. Add lines 1a through 1e (Column (d) r	nust equal Form 990, Part X,	column (B), line 10c)	•	7,815,022

(7) (8) Total (Column (b) must equal Form 990, Part X, col (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII | X

Part	· · · · · · · · · · · · · · · · · · ·	Returr	1.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	4	10,738,854
	Total revenue, gains, and other support per audited financial statements	7 X1	10,730,634
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	5 5 TA	
a	Net unrealized gains (losses) on investments 2a -67,193	1	
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII)	- t	07.400
e	Add lines 2a through 2d	2e	-67,193
3	Subtract line 2e from line 1	3	10,806,047
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>.</u>	
b	Other (Describe in Part XIII)		
_C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,806,047
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Retu	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1	7,100,320
	Total expenses and losses per audited financial statements	- -	7,100,320
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	, :]	
a	Donated services and use of facilities 2a		
b	Prior year adjustments Other losses 2b 2c		
C	——————————————————————————————————————) ja	
ď	Other (Describe in Part XIII)	1362	
e	Add lines 2a through 2d	2e	7 100 200
3	Subtract line 2e from line 1	3	7,100,320
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	7 2 2 2	
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 3 of 1 2	
b	Other (Describe in Part XIII)	4-	,
C	Add lines 4a and 4b	4c	7.400.000
5 	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	3	7,100,320
Part			4 D-+V (
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part		4, Paπ X, line
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional informa	ilon	
Part >	K Line 2 THE ORGANIZATION ADOPTED FASB GUIDANCE ON UNCERTAIN INCOME TAX POSITIONS I	<u> </u>	
ITC F	THIANGLAL STATEMENTS, THE ODG AND ATTOM DECOGNIZES THE EFFECT OF TAY DOSITIONS ONLY		
110 [INANCIAL STATEMENTS THE ORGANIZATION RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY		
WHE	N THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED MANAGEMENT IS NOT AWARE OF AN	<u> </u>	
MOI	ATION OF ITS TAY STATUS AS AN ODG ANIZATION EVENDT EDOM INCOME TAYES		
_VIOL	ATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES		

Schedule D (Form	990) 2016	DEMOCRACY N	NOW! PRODUCTION	NS, INC		01-0708733	Page 5
Part XIII	Supple	emental Inform	ation (continued)				
		·					
		·					

	••						
			· · · · · · · · · · · · · · · · · · ·				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Name of the organization					Employer identification number			
DEMOCRACY NOW! PRODUCTIONS, INC					01-0708733			
Par					ered "Yes" on For	m 990, Part IV, Iır	ne 17	
1	Form 990-EZ filers are not				a actuation Chock	all that apply		
' a	The state will be a significant training and the state and significant training and and training and training and training and training and training							
b	Internet and email solicitations		=		of government grant			
C	Phone solicitations		=		raising events	_		
d	In-person solicitations		9	poolal laria	aloning overno			
2a	Did the organization have a written	or oral agreeme	ent with any	individual	(including officers o	tirectors trustees o	r	
	key employees listed in Form 990, F	Part VII) or entit	y in connec	tion with pr	ofessional fundraisi	ng services?	Yes No	
b	If "Yes," list the 10 highest paid individual to be compensated at least \$5,000 li			ers) pursua	ant to agreements u	nder which the fund	raiser is	
	to be compensated at least \$5,000 i	by the organiza	tion.					
						(v) Amount paid to		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1		1						
			 	 	0	0	0	
					0	0	0	
3					o	0	0	
4								
5					0	0	0	
6					0	0	0	
7		<u> </u>	<u> </u>		0	0	0	
		<u></u>		-	0	0	0	
8					0	0	0	
9					0	0	0	
10					0	0.	0	
		I	_!		0		0	
Total 3	List all states in which the organizat	ion is registered	t or license	d to solicit	Contributions or has	been notified it is e	0 vempt from	
	registration or licensing	ion is registered	J OF HOOFISC	a to soncit t	contributions of flas	been notined it is c.	kempt nom	
	region and recomming							
								
- ·								
·								
 .								

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add cot (a) through Fundraising Fundraising col (c)) (event type) (event type) (total number) Revenue Gross receipts 120,350 2,910 2,620 125,880 Less Contributions 68,490 500 68,990 Gross income (line 1 minus line 2) 56,890 51,860 2,620 2,410 Cash prizes 4 0 Noncash prizes 0 Direct Expenses Rent/facility costs 18,000 500 750 19,250 Food and beverages 0 7 32,706 32,706 Entertainment 0 Other direct expenses 1,133 63 1,196 Direct expense summary Add lines 4 through 9 in column (d) 53,152) Net income summary Subtract line 10 from line 3, column (d) 3,738 11 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a Revenue (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Direct Expenses 0 Cash prizes Noncash prizes 0 Rent/facility costs Other direct expenses % Yes % Yes % Yes Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? Yes If "No," explain Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain

Schedi	LIE G (Form 990 or 990-EZ) 2016 DEMOCRACY NOW! PRODUCTIONS, INC	01-0708/33 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
a	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address ►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the	
С	amount of gaming revenue retained by the third party • \$0 If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ► \$0	
	Description of services provided •	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional part III.	s (III) and (v), and
	See instructions	

SCHEDULE M (Form 990)

11 5

Noncash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

▶ Attach to Form 990

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

Inspection Employer identification number

DEMOCRACY NOW! PRODUCTIONS, INC

01-0708733

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
1	Art—Works of art							
2	Art—Historical treasures					_		
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods		·					
6	Cars and other vehicles	<u></u>						
7	Boats and planes			<u></u>				
8	Intellectual property	L						
9	Securities—Publicly traded	X	28	101,127	FAIR MAR	KET VA	LUE	
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic	1			}			
	structures							
14	Qualified conservation	1			}			
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies		<u>-</u>					
21	Taxidermy			·				
22	Historical artifacts							
23	Scientific specimens			·				
24	Archeological artifacts							
25	Other ► (I-MAC computer)	X	1	180	RETAIL VA	LUE		
26	Other ► ()							
27	Other ► ()							
28	Other ► ()	<u> </u>			ļ			
29	Number of Forms 8283 received to							
	which the organization completed	Form 8283,	Part IV, Donee Acknowledge	jement	29	,		
							Yes	_No
30a	During the year, did the organizati						-	- ;
	28, that it must hold for at least three years from the date of the initial contribution, and which isn't required							
	to be used for exempt purposes for the entire holding period?							X
р	If "Yes," describe the arrangemen	t in Part II				\ \		,
31	Does the organization have a gift	acceptance	policy that requires the revi	ew of any nonstandard			-	•
	contributions?					31		X
32a	Does the organization hire or use	third parties	or related organizations to	solicit, process, or sell				
	noncash contributions?					32a	Х	
b	b If "Yes," describe in Part II							7, 7
33	If the organization didn't report an	amount in c	column (c) for a type of prop	erty for which column (a) is		5 .	[.]	
	checked, describe in Part II							<u>. </u>

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 (0)1 Open to Public Inspection

Employer identification number Name of the organization DEMOCRACY NOW! PRODUCTIONS, INC 01-0708733 Form 990, Part VI, Section B, Line 11b THE FINANCE COMMITTEE REVIEWS, REVISES AND APPROVES THE 990 TAX RETURN BEFORE IT IS FILED Form 990, Part VI, Section B, Line 12c THE BOARD OF DIRECTORS AND MANAGEMENT SIGNS THE CONFLICT OF INTEREST POLICY ANNUALLY AND ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE Form 990, Part VI, Section B, Line 15 THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND SETS COMPENSATION FOR OFFICERS, TAKING INTO ACCOUNT THE ORGANIZATION'S FINANCIAL POSITION AND EVALUATING AVERAGE SALARIES IN THE NEW YORK METRO MEDIA AND NON-PROFIT MARKETS OFFICERS WHOSE COMPENSATION IS UNDER REVIEW DO NOT PARTICIPATE IN THE REVIEW AND APPROVAL Form 990, Part VI, Section C, Line 19 THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST Form 990, Part IX, Line 11g FEES FOR SERVICES OTHER TRANSLATION \$110,754, FREELANCE LABOR \$605,244, PAYROLL SERVICES \$8,833 Form 990, Part IX, Line 24b PRODUCTION EXPENSES ITEMIZED SATELLITE & FIBER \$527,354, PHOTO SERVICES \$48,816, STUDIO RENTAL \$474,532, SEGMENT/FOOTAGE PURCHASES \$2,500, CLOSED CAPTIONING \$37,776, DISH/CABLE PAYMENTS \$13,402