Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

ΑI	For the	e 2023 calendar year, or tax year beginning	and	ending					
	Check if applicable	C Name of organization			D Employer identifi	cation number			
	Addres	e THE FUTURO MEDIA GROUP							
	Name change	Doing business as			**-***73	49			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street addr 361 W 125TH STREET	,	Room/suite 6 FL	E Telephone numbe (888) 31				
	termin ated				G Gross receipts \$ 5,925,622.				
	Ameno				H(a) Is this a group re				
	Applic tion	F Name and address of principal officer: MAKIA IIINOOO	SA		for subordinates				
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No			
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 527	If "No," attach a	list. See instructions			
J	Websit				H(c) Group exemption	n number			
	orm of	organization: X Corporation Trust Association 0	ther	L Year	of formation: 2009	M State of legal domicile: MO			
_	1	Briefly describe the organization's mission or most significant activitie	es: PROD	UCE RA	DIO, TV AND	NEW MEDIA			
Governance		PROGRAMMING CELEBRATING THE DIVERS							
rna	2	Check this box if the organization discontinued its operation	ons or dispo	sed of more	than 25% of its net as:	sets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	9			
		Number of independent voting members of the governing body (Part	VI, line 1b)		4	0			
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, I				44			
Ĭ	6	Total number of volunteers (estimate if necessary)				0			
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line	11			0.			
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Prior Year 5,487,342.	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)			1,168,826.	4,593,417. 1,332,205.			
Revenue	9	Program service revenue (Part VIII, line 2g)			72.	1,332,203.			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			3,241.	0.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e			6,659,481.	5,925,622.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0,033,401.	0.			
	1	D 51 11 5 1 (D 1) (D 1) (A) 11 A)			0.	0.			
	15	Salaries, other compensation, employee benefits (Part IX, column (A)	lines 5-10)		4,160,951.	3,778,312.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
ben	. b	Total fundraising expenses (Part IX, column (D), line 25)	529,4	23.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,252,397.	2,533,296.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line			6,413,348.	6,311,608.			
	19	Revenue less expenses. Subtract line 18 from line 12			246,133.	-385,986.			
Net Assets or	9			Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)			2,493,669.	4,888,167.			
t As	21	Total liabilities (Part X, line 26)			980,001.	1,162,018.			
	22	Net assets or fund balances. Subtract line 21 from line 20			1,513,668.	3,726,149.			
	art II	Signature Block							
	-	lties of perjury, I declare that I have examined this return, including accompan				/ knowledge and belief, it is			
true	, correc	rt, and complete. Declaration of preparer (other than officer) is based on all inf	ormation of w	hich preparer	has any knowledge.				
٠.		Signature of officer			I Date				
Sig					υαιο				
Hei	e	MARIA HINOJOSA, PRESIDENT Type or print name and title							
			-0	T	Date Check [PTIN			
Paid	4	Print/Type preparer's name JOSE ROSA Preparer's signatur	C	[]	if self-employ				
	parer	Firm's name REGEN BENZ & MACKENZIE, CP			*-***8163				
	Only	Firm's address 57 WEST 38TH STREET, THIRD		- •	THIII S LIN	<u> </u>			
	,	NEW YORK, NY 10018			Phone no. (2	12) 661-2720			
Ma	y the IF	RS discuss this return with the preparer shown above? See instruction	ns		-	X Yes No			
-									

Form **990** (2023)

Form 990 (2023) THE FUTURO MEDIA GROUP Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	•	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b		V X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?			X
14a		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 foreign investments valued at \$100,000	441		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٦,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

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Form **990** (2023)

Form	1990 (2023) THE FUTURO MEDIA GROUP **-***	7349	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	,	00	х	
•	Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
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 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	·		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
20				
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		<u>├</u> ^
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			.,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 55		
31		37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 31		1
30		00	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. u	Check if Schodule O centains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part V		Vaa	N _C
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	6	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	Did the organization comply with backap withholding falce for reportable payments to vehicles and reportable gailling			1

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1c Form 990 (2023)

(gambling) winnings to prize winners?

Form 990 (2023) THE FUTURO MEDIA GROUP

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	44							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х					
	D. I			За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).					37				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices	provided to the payor?	7a		X				
b				7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired	_		x				
	to file Form 8282?	 I -		7с						
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	'	7e						
_	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of qualified intellectual property, and the organization mere			7g 7h						
8										
Ū	sponsoring organization have excess business holdings at any time during the year?									
9										
а										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
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								
11	Section 501(c)(12) organizations. Enter:		,							
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b	•							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the									
ь	organization is licensed to issue qualified health plans	13b	1							
С	Enter the amount of reserves on hand	13c								
14a			•	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.										
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?										
	If "Yes," complete Form 4720, Schedule O.			16						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.	•								

Form **990** (2023)

THE FUTURO MEDIA GROUP Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 0 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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 purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

361

YORK,

NEW

BRENDA CAMACHO - 888-314-5559

W 125TH STREET, 6TH FLOOR,

10027

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos	itior) than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	-	fficer and a director/trustee)				tee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (420)	and related
	below	Individual trustee or director	Institutional trustee	la la	Key employee	Highest compensated employee	Je.	,		organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) MARIA HINOJOSA	1.00									
BOARD MEMBER		Х						247,431.	0.	0.
(2) JULIO RICARDO VARELA	40.00									
PRESIDENT							Х	216,280.	0.	0.
(3) DEEPA DONDE	0.00	1						_		_
BOARD CHAIR & SECRETARY		Х		Х				0.	0.	0.
(4) THERESA BARRON-MCKEAGNEY	0.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) MARIANO DIAZ	0.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(6) JONATHAN GARCIA	0.00	.,								•
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) RHONDA MIMS	0.00	٠,,							0	•
TREASURER (8) PHIL SCHREIBER	0.00	Х						0.	0.	0.
(8) PHIL SCHREIBER BOARD MEMBER	0.00	Х						0.	0.	0.
(9) BRENDA CAMACHO	0.00	Λ						0.	0.	0.
BOARD MEMBER	0.00	Х						0.	0.	0.
(10) MARIA TERESA ROJAS	0.00	Λ	\vdash					· ·	0.	0.
BOARD MEMBER	0.00	Х						0.	0.	0.
		25							0.	0.
		1								
		1								
		1								
		1								
			L	L	L					
	1	1	l	l	l	1				

Form 990 (2023)

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Form 990 (2023) 111E FOTO										Jaj rage v
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Ηiς	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal	I	ш					l	463,711.	0.	0.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								463,711.	0.	0.
Total number of individuals (including but n compensation from the organization								ceived more than \$100,	000 of reportable	2

Yes Νo Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

the organization. Report compensation for the calendar year ending with or within	Title organization s tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
FRANKLIN WEINRIB, RUDELL & VASSALLO, LLP		
488 MADISON AVENUE, NEW YORK , NY 10022	LEGAL SERVICES	127,688.
AMY BUCHER		
364 NEW TURNPIKE ROAD , COCHECTON, NY 12726	DOCUMENTARY DIRECTOR	116,190.
ARABELLA INTERMEDIATE HOLDINGS, LLC, 50 E.		
WASHINGTON STREET-SUITE 400, CHICAGO , IL	ACCOUNTING SERVICES	104,838.
2 Total number of independent contractors (including but not limited to those listed		

Form 990 (2023)

\$100,000 of compensation from the organization

	1 990 (rt VII				ME:	DIA GROU	P		**-***7	349 Page 9
		Check if Schedule O			nse (or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f g h	Membership dues Fundraising events Related organizations	butio grants	1b 1c 1d 1d ons) 1e s, and e 1f		593,417.	4,593,417.			
Program Service Revenue	2 a b c d	TELEVISION FE. RADIO FEES All other program service in Total. Add lines 2a-2f	rever	nue	_	512000	1,027,648. 304,557. 1,332,205.	1,027,648.		
Other Revenue	b c d 8 a b c 9 a b	Investment income (include other similar amounts) Income from investment or Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Cross income from fundraisir including \$ contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from the Gross income from gamine Part IV, line 19	f tax	(i) Real (i) Securiti (ii) Securiti ents (not of 1c). See raising even civities. See	es 8a 8b ts 9a 9b	st, and roceeds (ii) Personal (ii) Other				
ellaneous venue		Less: cost of goods sold Net income or (loss) from s			10b y	Business Code				

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d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See instructions

5,925,622.1,332,205.

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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 **(D)** Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,316,474. 2,452,466. 487,688. 376,320. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 345,576. 60,663. 461,838. 55,599. Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,729,789. 1,318,313. 350,659. 60,817. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 80,301. 116,993. 24,370. 12,322. 16 Occupancy 170,408. 150,048. 20,360. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,545. 1,882. 374. 289. 22 Depreciation, depletion, and amortization 42,821. 56,356. 7,640. 5,895. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 212,589. 118,350. 83,106. 11,133. ORGANIZATIONAL COSTS PRODUCTION EXPENSES 161,809. 160,510. 1,299. 36,789. 82,807. 38,970. 7,048. OPERATIONAL COSTS С d All other expenses 6,311,608. 4,709,237. 1,072,948. 529,423. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Part X | Balance Sheet

t X	Balance Sheet					
	Check if Schedule O contains a response or r	note to any lii	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			482,838.	1	497,235
2					2	
3				1,661,248.	3	4,118,384
4					4	
5						
	trustee, key employee, creator or founder, sul	ostantial con	tributor, or 35%			
	controlled entity or family member of any of the	nese persons			5	
6	Loans and other receivables from other disqu	ns (as defined				
	under section 4958(f)(1)), and persons describ	oed in section	n 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8					8	
9	Prepaid expenses and deferred charges			59,146.	9	70,187
10a	Land, buildings, and equipment: cost or other	r				
	basis. Complete Part VI of Schedule D		149,528.			
b	Less: accumulated depreciation	10b	140,817.	2,621.	10c	8,711
11	Investments - publicly traded securities			11		
12			12			
13	Investments - program-related. See Part IV, lir		13			
14				14		
15	Other assets. See Part IV, line 11			287,816.		193,650
16						4,888,167
17				756,941.		1,073,491
18						
					21	
22						
			· · · · · · · · · · · · · · · · · · ·			
		· ·		27 206		F 62E
				37,300.		5,635
					24	
25						
	(O	•	· ·	185 75/	25	82,892
26						1,162,018
20		hock boro	<u> </u>	500,001.	20	1,102,010
		HECK HEIE				
27	• , , ,			-221.026.	27	-607.012
				1.734.694.		-607,012 4,333,161
20				2,702,002		1,000,101
		7 Joo, Check				
20		de			20	
				1,513,668.	32	3,726,149
32						
	1 2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17	Check if Schedule O contains a response or	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former off trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these persons under section 4958(f)(1)), and persons described in section Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 11 Intangible assets 15 Other assets. See Part IV, line 11 11 Intangible assets 16 Grants payable and accrued expenses 18 Grants payable and accrued expenses 18 Grants payable and accrued expenses 18 Grants payable and accrued expenses 29 Escrow or custodial account liability. Complete Part IV of Scuntolled entity or family member of any of these persons 29 Secured mortgages and notes payable to unrelated third part 19 Unsecured notes and loans payable to unrelated third part 25 Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). Cof Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that follow FASB ASC 958, check here and complete lines 29 through 33. Paid-in or capital surplus, or land, building, or equipment for 20 Paid-in or capital surplus, or land, building, or equipment for 20 Paid-in or capital surplus, or land, building, or equipment for 20 Paid-in or capital surplus, or land, building, or equipment for 20 Paid-in or capital surplus, or land, building, or equipment for 20 Paid-in or capital surplus, or land, building, or equipment for 20 Paid-in or capital surplus, or land, building, or equipment for 20 Paid-in or capital surplus, o	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing	Check if Schedule O contains a response or note to any line in this Part X Reginning of year	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest bearing 482,838. 1

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>622.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2			608.				
3	Revenue less expenses. Subtract line 2 from line 1			986.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
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 on Schedule O)	9	2,5	98,	467.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	3,7	26,	149.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Υe	s No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			x				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2	b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2	С					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	а	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b					
-			Fo	_{rm} 99	0 (2023)				

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SCHEDULE A

(Form 990)

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.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

		THE	FUTURO MED	IA GROUP				*	*-***7349				
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	nization is not a private found											
1		A church, convention of ch					1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)								
3		A hospital or a cooperative)(b)(1)(A)(i	ii).						
4	一	A medical research organiz					•	. Enter	the hospital's name,				
-		city, and state:	•				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		,				
5		An organization operated for	or the benefit of a co	lleae or university owned	or operat	ed by a go	vernmental unit o	describe	ed in				
·		section 170(b)(1)(A)(iv).		g ,		, 9-							
6		A federal, state, or local go		nental unit described in	section 17	70(h)(1)(A)	(v)						
7	H	· · · · · · · · · · · · · · · · · · ·	_					eneral r	oublic described in				
•	ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	H	An agricultural research org				ed in coniu	inction with a land	d-grant	college				
Ŭ	ш	or university or a non-land-g											
		university:	grant conego or agno	artaro (000 morraonono).	21101 110 1	namo, on	, and state of the	oomogo	. 01				
10	X	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membership fe	ees, and	d aross receipts from				
		activities related to its exen											
		income and unrelated busin	-	•					-				
		See section 509(a)(2). (Co		(,			· · · · · · · · · · · · · · · · · ·		,				
11		An organization organized	•	ively to test for public saf	fetv. See	section 50	09(a)(4).						
12		An organization organized a	•	•	•			out the	purposes of one or				
		more publicly supported or	=		-		•						
		lines 12a through 12d that											
á	a 🗆	Type I. A supporting orga	* *			-		-	giving				
		the supported organization	· · · · · · · · · · · · · · · · · · ·	·	•	-							
		organization. You must o											
ŀ	, <u> </u>	Type II. A supporting org	-		ion with its	s supporte	ed organization(s)	, by hav	ring				
		control or management o											
		organization(s). You mus	t complete Part IV,	Sections A and C.	•		_						
(; [Type III functionally inte			in connect	tion with, a	and functionally in	ntegrate	ed with,				
		its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.						
(t	Type III non-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection v	vith its supported	organiz	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sati	isfy a distr	ibution red	quirement and an	attentiv	veness .				
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
•	• 🗌	Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type II, T	ype III					
		functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiz	ation.							
1	Ente	er the number of supported o	organizations										
		vide the following information											
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of mo	-	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instru	ictions)	support (see instructions)				
_													
Tot	al						I						

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	ı	1	T	ı	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		,				
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	
	Public support percentage from 2022					15	<u>%</u> %
	33 1/3% support test - 2023. If the o			n line 13, and line			
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2022. If the o		-				
~	and stop here. The organization qual	-			11110 10 10 00 17070		
17a	10% -facts-and-circumstances test	•					
	and if the organization meets the fact						
	meets the facts-and-circumstances te			=		vivion the organiz	
b	10% -facts-and-circumstances test	•	•	,			
	more, and if the organization meets the	_					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						s
			,				(Form 990) 2023

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	5376235.	4780974.	2845883.	3909391.	7191884.	24104367.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513	430,042.	613,205.	1071483.	1168826.	1332205.	4615761.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	5806277.	5394179.	3917366.	5078217.	8524089.	28720128.
7 <i>a</i>	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 amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						28720128.
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	5806277.	5394179.	3917366.	5078217.	8524089.	28720128.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	5806277.	5394179.	3917366.	5078217.	8524089.	28720128.
14	First 5 years. If the Form 990 is for the	· ·		•		. , . ,	on,
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		1	100 00 ~
	Public support percentage for 2023 (li	, (,,	,	(,,			$\frac{100.00}{100.00}$ %
	Public support percentage from 2022 ction D. Computation of Inves					16	100.00 %
	Investment income percentage for 20			ne 13 column (f)		17	.00 %
	Investment income percentage from 2			ie 13, column (i))		18	• 0 0 % %
	33 1/3% support tests - 2023. If the					•	
.56	more than 33 1/3%, check this box an						v
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, check	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Drivate foundation If the organization	n did not chack a l	nov on line 14 10a	or 10h chock th	ic hay and can incl	ructions	1 1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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.)

		Yes	No
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	3b		
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	4a		
	4b		
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	9a		
	9b		
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	10b		
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Schedule A (Form 990) 2023

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
C1	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion b. All Type III Supporting Organizations			l
_	Did the constitution and ideals and of the constitution and the last describe (file constitution)		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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 instruction	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 governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

-	*	*	*	7	3	4	9	Page 6
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	anization (see
	instructions)	, ,		•

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

	(See instructions.)		
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332028 12-21-2	٥	21	Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

THE FUTURO MEDIA GROUP

Employer identification number **-***7349

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

Schedule D (Form 990) 2023

Complete if the organization answered trest on Form 990, Part IV, line Tra. See Form 990, Part X, line To.										
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value						
1a Land										
b Buildings										
c Leasehold improvements		24,824.	24,824.	0.						
d Equipment		124,704.	115,993.	8,711.						
e Other										
Total. Add lines 1a through 1e. (Column (d) must equa	8,711.									

Schedule D (Form 990) 2023

Part VII Investments - Other Securities			-***7349 Page
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" or	n Form 000 Part IV line	11d See Form 990 Part Y line 15	
	escription	Tru. See Form 990, Fart X, line 15.	(b) Book value
··-	CSCHPRION		(b) Book value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities	1211		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			82,892
(3)			
(3) (4)			

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

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(6) (7) (8)

	rt XI Reconciliation of Revenue per Audited Financia		-	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	nts	1	1,332,205.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	. ,			
d	Other (Describe in Part XIII.)	2d		_
е	• • • • • • • • • • • • • • • • • • • •			0.
3	Subtract line 2e from line 1		3	1,332,205.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b				0
_	Add lines 4a and 4b			1 222 205
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. rt XII Reconciliation of Expenses per Audited Finance	line 12.)	s per Return	1,332,205.
ı aı	Complete if the organization answered "Yes" on Form 990, Pa	•	es per metun	•
				6,311,608.
1	Total expenses and losses per audited financial statements		1	0,311,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا		
a	Donated services and use of facilities			
b				
d	/-			
e			2e	0.
3	Subtract line 2e from line 1			6,311,608.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			.,,
a		4a		
b				
С	Add lines 4a and 4b		40	0
			4C	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part			6,311,608.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part rt XIII Supplemental Information			
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part	l. line 18.)	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part TXIII Supplemental Information	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Par	5	6,311,608.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FUTURO MEDIA GROUP

Employer identification number **-**7349

OMB No. 1545-0047

Pá	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARIA HINOJOSA	(i)	247,431.	0.	0.	0.	0.	247,431.	0.
BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JULIO RICARDO VARELA	(i)	216,280.	0.	0.	0.	0.	216,280.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							_
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE FUTURO MEDIA GROUP

Employer identification number **-***7349

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MEDIA IS COMMITTED TO TELLING STORIES FROM A POINT OF VIEW OFTEN
OVERLOOKED BY MAINSTREAM MEDIA. FUTURO MEDIA PRODUCES PEABODY
AWARD-WINNING LATINO USA, PUBLIC RADIO'S LONGEST RUNNING NATIONAL
LATINO NEWS AND CULTURAL WEEKLY RADIO PROGRAM AND PODCAST; FUTURO
UNIDAD HINOJOSA, A UNIT FOCUSED ON INVESTIGATIVE JOURNALISM AROUND
ISSUES FACING LATINOS; FUTURO STUDIOS, OUR PODCAST STUDIO FOCUSED
LONG-FORM STORYTELLING; IN THE THICK, A POLITICS PODCAST FROM THE
PERSPECTIVE OF JOURNALISTS OF COLOR; AND LATINO REBELS, A PIONEERING
DIGITAL NEWS OUTLET THAT REACHES MILLIONS THROUGH ITS WEBSITE.
TORK AND DIRECT GROWTON D. LINE 11D
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE RETURN WILL BE DISTRIBUTED TO MEMBERS FOR REVIEW PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
REVIEWS ANNUAL DISCLOSURE FORMS SUBMITTED BY COVERED INDIVIDUALS.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, POLICIES AND OTHER INFORMATION. FINANCIAL INFORMATION
(FORM 990) IS AVAILABLE ON REQUEST.
(FORE 990) IS AVAIDABLE ON REQUEST:
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTANTS:
PROGRAM SERVICE EXPENSES 1,318,313.
MANAGEMENT AND GENERAL EXPENSES 350,659.
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization THE FUTURO MEDIA GROUP	Employer identification number **-***7349
FUNDRAISING EXPENSES	60,817.
TOTAL EXPENSES	1,729,789.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,729,789.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DECREASE IN DONOR RESTRICTED ASSETS	2,598,467.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2023

PF	₹FF	Δ	R	FΓ) F	O	R٠

THE FUTURO MEDIA GROUP 361 W 125TH STREET 6 FL NEW YORK, NY 10027

PREPARED BY:

REGEN BENZ & MACKENZIE CPA'S PC 57 WEST 38TH STREET, THIRD FLOOR NEW YORK, NY 10018 TEL. (212) 661-2720

AMOUNT OF TAX:

BALANCE DUE OF \$275

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT: HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2023

Open to Public Inspection

1.General Information

1.General information						
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2023 and Ending (mm/dd/yyyy) 12/31/2023						
Check if Applicable: Address Change	Name of Organization: THE FUTURO MED	Employer Identification Number (EIN): **-***7349				
	Mailing Address: 361 W 125TH ST	NY Registration Number: 43-37-12				
	City / State / ZIP:	11221 / 1101 0 11	-	Telephone:		
Amended Filing		10027		646 571-1220		
	Website:			Email:		
	HTTP: //FUTUROMEDIAGROUP.ORG					
Check your organization's registration category: 7A only EPTL only The confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.						
2. Certification						
See instructions for certific two signatories.	ation requirements. Imprope	r certification is a violation of	of law that may be subject	to penalties. The certification requires		
We certify under pe	enalties of perjury that we revi	ewed this report, including	all attachments, and to the	best of our knowledge and belief,		
	true, correct and complete in					
President or Authorized C	Officer:		MARIA HINO PRESIDENT	JOSA		
	Signature		Print Nam	e and Title Date		
			RHONDA MIM	S		
Chief Financial Officer or	Treasurer:		TREASURER			
	Signature		Print Nam	e and Title Date		
3. Annual Reporting	Evemption					
	•	avagnization is alaiming an	avametiae undar ana aata	con / 7A or FDTI only filoro\ or both		
. , ,	,	•	•	gory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or		
				e exemption, you must file applicable		
schedules and attachment		ran oxempaen er are a bez	AE mor triat diamino d'iny diri	o oxemption, you must me applicable		
	<u> </u>	_		overnment agencies, etc. did not		
I .		d not engage a professiona	I fund raiser (PFR) or fund	raising counsel (FRC) to solicit		
contributions during the fiscal year.						
		is did not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time		
during the fiscal year.						
4. Schedules and Attachments						
See the following page						
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer						
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to						
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:			
next page to calculate you				Make a single check or money order		
fee(s). Indicate fee(s) you				payable to:		
are submitting here:	\$ 25.	\$ <u>250.</u>	\$ <u>275.</u>	"Department of Law"		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

The Exempt category released an organization and registration status. It does not releated to its into tax designation.

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$1,000,000 If the fiscal year begins before that date, an Audit Report is required if total rev No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	O and up to \$1,000,000 O and the fiscal year begins on or after July 1, 2021. enue and support is greater than \$750,000 ort is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL.
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing	Where do I find my examination of NET WORTHS
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21
Charling Bargas registration Coolin	- IRS Form 990 PF, calculate the difference between

Need Assistance?

28 Liberty Street

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

368461 04-01-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

Total Liabilities (Part II, line 23(b)).

Total Assets at Fair Market Value (Part II, line 16(c)) and