EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	e 2021 calendar year, or tax year beginning	and	l ending			
В	Check if applicab	C Name of organization			D Employe	er identific	cation number
	Addre	THE FUTURO MEDIA GROUP					
F	Name				**_	***73	49
F	Initial returr)	Room/suite	E Telephoi	ne number	•
F	Final	361 W 125TH CTRFFT	,	6 FL			4-5559
	termii ated		code	•	G Gross recei		5,947,446.
	Amer returr	ded NIEW VODE NY 10027			H(a) Is this	a group re	
	Appli	F Name and address of principal officer: JULIO RICARDO	VARE	LA			? Yes X No
	pendi	SAME AS C ABOVE					cluded? Yes No
			947(a)(1)	or 527	lf "No,	" attach a	list. See instructions
		te: ► HTTP: //FUTUROMEDIAGROUP.ORG			H(c) Group	exemption	n number 🕨
		f organization: X Corporation Trust Association Other		L Year	of formation:	2009 n	1 State of legal domicile: MO
P	art I	Summary					
ď	1	Briefly describe the organization's mission or most significant activities:					
ŭ		PROGRAMMING CELEBRATING THE DIVERSIT	Y OF	THE AM	<u>IERICAN</u>	EXPE	RIENCE.
Governance	2	Check this box if the organization discontinued its operations	or dispo	sed of more	than 25% of	its net ass	
Š	3						9
		Number of independent voting members of the governing body (Part $\mbox{VI},$					0
es	5	Total number of individuals employed in calendar year 2021 (Part V, line					56
Activities &	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		<u></u>			
		Ocabillations and supply (Dest-VIII lies 4b)			Prior Ye 4 , 780		Current Year 4,869,030.
ne	8	Contributions and grants (Part VIII, line 1h)				,205.	1,071,483.
Revenue	9	Program service revenue (Part VIII, line 2g)			013	76.	145.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				113.	6,788.
	11 12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),			5,394		5,947,446.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			3,334	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lin			2,406		3,320,112.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.
Den	. b	Total fundraising expenses (Part IX, column (D), line 25)	389,7	39.			
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,352	,091.	2,697,256.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			3,758	,476.	6,017,368.
	19	Revenue less expenses. Subtract line 18 from line 12			1,635	,892.	-69,922.
Net Assets or	<u> </u>			Ве	ginning of Cur	rent Year	End of Year
sets	20	Total assets (Part X, line 16)			5,022		3,357,406.
t As	21	Total liabilities (Part X, line 26)				<u>,587.</u>	926,842.
<u>8</u>	22	Net assets or fund balances. Subtract line 21 from line 20			4,091	<u>,466.</u>	2,430,564.
	art II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying				-	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all inform	ation of w	hich preparer	has any knowl	edge.	
		Signature of officer			Date		
Sig		1,			Dati	5	
He	re	JULIO RICARDO VARELA, PRESIDENT Type or print name and title					
				Тг	Date	Check	PTIN
Da:	н	Print/Type preparer's name		['	- 4.00	if	
Pai Pre		Firm's name REGEN BENZ & MACKENZIE, CPA	'g p	. C .	Eiro	self-employe	**-***8163
	parer Only	Firm's address 57 WEST 38TH STREET, THIRD			<u> FIRM</u>	n's EIN 📐	0103
030	Only	NEW YORK, NY 10018	1 11001		Dho	ne no. (2	12) 661-2720
— Ma	v the I	RS discuss this return with the preparer shown above? See instructions			F 110		X Yes No

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE FUTURO MEDIA GROUP IS AN INDEPENDENT, NONPROFIT ORGANIZATION	
	PRODUCING MULTIMEDIA JOURNALISM THAT EXPLORES AND GIVES A CRITICAL	
	VOICE TO THE DIVERSITY OF THE AMERICAN EXPERIENCE. BASED IN HARLEM	
	AND FOUNDED IN 2010 BY AWARD-WINNING JOURNALIST MARIA HINOJOSA, FUTURO	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	140
3	, and the second	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4-	1 001 403	
4a	(Code:) (Expenses \$4,592,671. including grants of \$) (Revenue \$1,071,483 THE FUTURO MEDIA GROUP IS AN INDEPENDENT, NONPROFIT ORGANIZATION	
	PRODUCING MULTIMEDIA JOURNALISM THAT EXPLORES AND GIVES A CRITICAL	
	VOICE TO THE DIVERSITY OF THE AMERICAN EXPERIENCE. BASED IN HARLEM AND	
	FOUNDED IN 2010 BY AWARD-WINNING JOURNALIST MARIA HINOJOSA, FUTURO	
	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; IN THE THICK, A POLITICS	<u>, </u>
	PODCAST FROM THE PERSPECTIVE OF JOURNALISTS OF COLOR; LATINO REBELS, A	
	PIONEERING DIGITAL NEWS OUTLET FOUNDED BY JULIO RICARDO VARELA THAT	
	REACHES MILLIONS THROUGH ITS WEBSITE, RADIO PROGRAMMING AND PODCASTS;	
	THE COMMUNITY PODCAST LAB, THAT POC STORYTELLERS TO CREATE THEIR OWN	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	(Code:) (Expended #	— ′
4d		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,592,671.	

Form 990 (2021) 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		X
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>		
	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	├°		122
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?			x
	If "Yes," complete Schedule D, Part IV	9		
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	<u> </u>	
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		<u> </u>
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		X
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
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	_		_V
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (2021) THE FUTURO MEDIA G
Part 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		\vdash
	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	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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 non-cash 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			ا
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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?	000		
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 137			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	(2021)

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	o o i (continued)			г –
			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 56			
	, , , , , , , , , , , , , , , , , , , ,	-	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			, .
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Α.
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		X
L	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6h		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	70		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		<u> </u>
b		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans That the ground of progress on head			
	Enter the amount of reserves on hand Did the exemplation receive any payments for indeer temping convices during the tay year?	44-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		<u> </u>
16	le the appropriation on advertised institution asking the the section 4000 assistance as increased in access	16		х
	If "Yes," complete Form 4720, Schedule O.	.0		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves " complete Form 6069			

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Form **990** (2021)

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. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
	action and action action and action action and action acti				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9	100	110
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		inv other			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
_	of efficient diseases to other contents and the contents of th			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
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 ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b)	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\c f$ "Y	es," de	escribe			
	on Schedule O how this was done			120	_	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	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 arrangen					77
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the	-	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
Sac	exempt status with respect to such arrangements? tion C. Disclosure			16b)	
17	List the states with which a copy of this Form 990 is required to be filed ▶NY					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 000	T (section 501(c)(5	E)e only) availal	
.5	for public inspection. Indicate how you made these available. Check all that apply.	เน อฮบ	, (300tion 30 f(c)(c	,,o orny	, avallal	JiC
	X Own website Another's website X Upon request Other (explain	on Co	hodulo ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd fina	ncial	
.5	statements available to the public during the tax year.		i interest policy, a	iu iliial	ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records -			
	JULIO RICARDO VARELA - 888-314-5559	unc				
	361 W 125TH STREET, 6TH FLOOR, NEW YORK, NY 10027					

Form **990** (2021)

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, 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.

(A) Name and title	(B) Average hours per week	box	not cl	Pos heck i ss per	more rson i	than o s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	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
(1) JULIO RICARDO VARELA	40.00								_	_
PRESIDENT		Х		X				204,856.	0.	0
(2) MARIA HINOJOSA	1.00	ļ						154 100		
BOARD MEMBER	40.00	Х						174,193.	0.	0
(3) ERIKA DILDAY	40.00	-		7,7				05 100	0	0
EXECUTIVE DIR.	0.00			Х		_		85,122.	0.	0
(4) DEEPA DONDE BOARD CHAIR & SECRETARY	0.00	Х		х				0.	0.	0
(5) THERESA BARRON-MCKEAGNEY	0.00	Λ		Δ				0.	0.	0
VICE CHAIR	0.00	Х		Х				0.	0.	0
(6) PHILLIP SCHREIBER	0.00	77						0.	0.	0
BOARD MEMBER	0.00	х						0.	0.	0
(7) MARIANO DIAZ	0.00									
BOARD MEMBER		Х						0.	0.	0
(8) PRISCILLA ROJAS	0.00									
TREASURER		Х		Х				0.	0.	0
(9) JONATHON GARCIA	0.00									
BOARD MEMBER		Х						0.	0.	0
(10) ALICIA BASSUK	0.00									
BOARD MEMBER		Х						0.	0.	0
(11) CARLOS MIRANDA	0.00								_	_
BOARD MEMBER		Х						0.	0.	0
(12) PHONDA MIMS	0.00									
BOARD MEMBER		Х						0.	0.	0
		-								
		-								
		1								
		1								
		1								

Form **990** (2021)

11321114 350270 20608

	1 990 (2021) THE FUTUR	O MEDIA	A G	RC	UP)				**_**	<u> 73</u>	49	Pa	ge 8
Pa	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	, unle	Pos heck i ss per	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Estir amo	F) mated unt co ther	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		compe fror orgar and r organ	n the nization relate	e on ed
											+			
	Subtotal							<u> </u>	464,171.	C).			0.
c d	Total from continuation sheets to Part VII							▶	0. 464,171.).			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		1	, 1	2
3	Did the organization list any former officer,											3	es	No X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the sul and related organizations greater than \$150	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			x	71
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," compared to the organization?	ccrue compen	sati	on fi	rom	any	unre	elate	ed organization or individ	lual for services		5		Х
Sec 1	ction B. Independent Contractors Complete this table for your five highest cor	npensated ind	lepe	nde	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comper	 nsatic	on from	1	
	the organization. Report compensation for t					ith c	or wi	thin	(B)			(C)		
	Name and business	address	NC	ONI	3				Description of s	ervices	Coi	mpens	ation	
	Total number of independent contractors (in	icluding but p	at lin	niter	d to t	thos	e lie	ted	above) who received me	ore than				
_	\$100,000 of compensation from the organiz	· ·	J. III			(_	.50	and to the following the			orm 9 9	20 (2	001)

132008 12-09-21

Part VIII Statement of P	eve	nue
Form 990 (2021) TH	Œ	FU:

			Check if Schedule O co	ontair	ne a reenc	nee (or note to any lir	ne in this Part VIII			
			Officer if Schedule O co	Ontail	is a respe	1136	or riote to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
											Sections 512 - 514
nts ts	1	а	Federated campaigns					-			
ir our		b	Membership dues		1b						
A,o		С	Fundraising events		1c						
# Z		d	Related organizations		1d						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contrib				432,167.				
S.S.			All other contributions, gifts, g								
he i			similar amounts not included a			4,	436,863.				
ĔΦ		a	Noncash contributions included in lii				•				
Ν		_	Total. Add lines 1a-1f					4,869,030.			
0 10		••	Total: Add lines fa ff				Business Code				
	_	_	TELEVISION FE	70			512000	681,170.	681,170.		
ice			RADIO FEES	טב			512000	390,313.	390,313.		
er Te							312000	390,313.	390,313.		
n S		С									
an Sev		d									
Program Service Revenue		е									
<u>-</u>		f	All other program service re	evenu	ле						
		g	Total. Add lines 2a-2f					1,071,483.			
	3		Investment income (includi	ng di	vidends, i	ntere	st, and				
			other similar amounts)					145.	145.		
	4		Income from investment of								
	5		Royalties		-	-					
			[(i) Rea		(ii) Personal				
	6	9	Gross rents	6a	.,			1			
				6b				-			
								-			
			` '	6с							
			Net rental income or (loss)	<u></u>	(i) Securit		(ii) Other				
	′	а	Gross amount from sales of	_	(i) Securi	.163	(ii) Other	-			
			,	7a				-			
_		b	Less: cost or other basis								
Revenue			and sales expenses								
Ş.		С	Gain or (loss)	7c							
æ		d	Net gain or (loss)			<u></u>	>				
her	8	а	Gross income from fundraising	g ever	nts (not						
ŏ			including \$		of						
			contributions reported on I	ine 1	c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from for	undra	aising ever	nts					
	9	а	Gross income from gaming	activ	vities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from g								
			Gross sales of inventory, le		•	Ŭ					
	10	u	and allowances			10a					
		L						-			
			· ·			10b					
_		С	Net income or (loss) from s	ales (ot invento	ry					
<u>s</u>			MIGG THOOMS				Business Code	6 700	6 700		
Miscellaneous Revenue	11	а	MISC. INCOME				512000	6,788.	6,788.		_
an		b									
ie k		С						ļ	ļ		
Alis.		d	All other revenue								
_		е	Total. Add lines 11a-11d					6,788.			
	12		Total revenue. See instruction	ns			>	5,947,446.	1,078,416.	0.	0.

Form 990 (2021) THE FUTURO MEDIA GROUP Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		his Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 010 165	2 010 216	505 212	205 626
7	Other salaries and wages	2,910,165.	2,019,216.	595,313.	295,636.
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	409,947.	255,046.	122,270.	32,631.
9	Other employee benefits	403,347.	233,040.	122,270•	32,031.
10	Payroll taxes				
11	Fees for services (nonemployees):				
_	Management				
b					
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	0.1 (10.1 14) 1 400/ (11 05				
9	column (A), amount, list line 11g expenses on Sch 0.)	1,964,702.	1,709,259.	215,199.	40,244.
12	Advertising and promotion	1,301,7021	2770372330	213 / 133 (10/2110
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	109,068.	84,874.	16,208.	7,986.
17	Travel	101,101.	91,433.	9,447.	221.
18	Payments of travel or entertainment expenses	- ,	- ,	- ,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,293.	21,023.	6,210.	3,060.
23	Insurance	44,448.	35,908.	4,804.	3,736.
24	Other expenses. Itemize expenses not covered 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.)				
а	PRODUCTION EXPENSES	225,386.	215,770.	9,616.	
a b	ORGANIZATIONAL COSTS	155,009.	109,216.	41,683.	4,110.
C	OPERATIONAL COSTS	67,249.	50,926.	14,208.	2,115.
d		V 1 1 2 2 3 4	30,3200	11,200	2,119
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,017,368.	4,592,671.	1,034,958.	389,739.
<u>25</u> 26	Joint costs. Complete this line only if the organization	0,01,,500	_, _ , _ , _ , _ ,	_, , , ,	200,100
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,394,770.	1	983,538.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3,548,801.	3	2,292,554. 4,285.
	4	Accounts receivable, net				4	4,285.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Duran diel anno anno anno anno al alafanno al ala anno an			34,787.	9	63,625.
	10a	Land, buildings, and equipment: cost or othe	er				
		basis. Complete Part VI of Schedule D	10a	137,925. 137,834.			
	b	Less: accumulated depreciation	10b	137,834.	1,756.	10c	91.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	36,605.		7,979. 5,334.		
	15	Other assets. See Part IV, line 11	5,334.	15	5,334.		
	16	Total assets. Add lines 1 through 15 (must e			5,022,053.		3,357,406.
	17	Accounts payable and accrued expenses	828,815.	17	855,085.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su		· · · · · · · · · · · · · · · · · · ·			
<u>ia</u>		controlled entity or family member of any of t			101 770	22	71 757
_	23	Secured mortgages and notes payable to uni			101,772.	23	71,757.
	24	Unsecured notes and loans payable to unrela		[24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li				05	
	06				930,587.	25 26	926,842.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or	hook bo	·	730,3076	20	J20,042.
S		and complete lines 27, 28, 32, and 33.	check her	e P A			
Š	27				-397,237.	27	-467,159.
ala	28				4,488,703.	28	2,897,723.
Β	20	Organizations that do not follow FASB ASC		eck here	1,100,7000	20	2703777230
Ē		and complete lines 29 through 33.	J 950, CII	eck liefe			
ō	29	Capital stock or trust principal, or current fun	nds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		T T		31	
Net Assets or Fund Balances	32				4,091,466.	32	2,430,564.
Z	33	Total liabilities and net assets/fund balances			5,022,053.	33	3,357,406.
	, 55	Total habilities and not assets/fully balances		I	2,222,000	_ 55	Form 990 (2021)

Pai	t 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	5,94	7,4	<u>46.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,01	7,3	<u>68.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-6	9,9	22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,09	1,4	66.
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	-1,59	0,9	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,43	0,5	64.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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?		2b	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:				
	X 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?		2c	X	1
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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 Sin				
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** **-***7349 THE FUTURO MEDIA GROUP Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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)	(f) Total									
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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)										
include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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,										
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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,										
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,										
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,										
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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,										
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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,										
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,										
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,										
on line 1 that exceeds 2% of the amount shown on line 11,										
amount shown on line 11,										
column (f)										
column (f)										
6 Public support. Subtract line 5 from line 4.										
Section B. Total Support										
Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021	(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.)	_									
11 Total support. Add lines 7 through 10										
12 Gross receipts from related activities, etc. (see instructions)										
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)										
organization, check this box and stop here	>									
Section C. Computation of Public Support Percentage										
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	<u>%</u>									
15 Public support percentage from 2020 Schedule A, Part II, line 14	<u>%</u>									
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box	x and									
stop here. The organization qualifies as a publicly supported organization										
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
and stop here. The organization qualifies as a publicly supported organization										
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%	or more,									
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	zation									
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶□									
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is	10% or									
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the										
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction	▶□									

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	etion A. Public Support	siow, piedde comp	ioto i urt ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1648623.	2106255.	5376235.	4780974.	2845883.	16757970.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		22002000	30.02333	17003710		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	115,531.	230,835.	430,042.	613,205.	1071483.	2461096.
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	1764154.	2337090.	5806277.	5394179.	3917366.	19219066.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						19219066.
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	1764154.	2337090.	5806277.	5394179.	3917366.	19219066.
	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	regularly carried on 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.)	1764154.	2337090.	5806277.	5394179.	3917366.	19219066.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organization	on,
	check this box and stop here						>
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (li	ne 8, column (f), di	ivided by line 13, c	olumn (f))			100.00 %
	Public support percentage from 2020					16	<u>100.00 %</u>
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20		*			17	.00 %
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	-	•		•		
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organization	n did not check a l	oox on line 14 19a	or 19b check th	is box and see inst	ructions	▶

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
70		
5a		
5b		
5c		
6		
0		
7		
,		
8		
9a		
9b		
9c		
10a		
10b		
Schedule A (For	m 990)	2021

132024 01-04-21

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 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		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	11 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	super	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
Sac-	the su	pported organization(s). D. All Type III Supporting Organizations	1		
Sec	LIOIT L	5. All Type III Supporting Organizations			l
_	D: Lu			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	,	ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 ins	struction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 ti	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e 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.

Schedule	Δ	(Form	990)	2021

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	-	(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	LAGGGG II OHI LUL I				

Schedule A (Form 990) 2021

i ait vi	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	(See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

THE FUTURO MEDIA GROUP **-***7349 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

THE FUTURO MEDIA GROUP

-*7349

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	W.K. KELLOGG FOUNDATION 1 MICHIGAN AVE. EAST BATTLE CREEK, MI 49017	\$ 520,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UPPER MANHATTAN EMPOWERMENT ZONE 55 W. 125TH ST NEW YORK, NY 10027	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE ANNIE E. CASEY FOUNDATION 701 ST PAUL STREET BALTIMORE, MD 21202	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HEISING-SIMONS FOUNDATION 400 MAIN STREET STE 200 LOS ALTOS, CA 94022	- \$ 225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CALIFORNIA ENDOWMENT 1000 N. ALAMEDA STREET LOS ANGELES, CA 90012	- - - * <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-1	THE LIBRA FOUNDATION 1 LETTERMAN DRIVE, SUITE C4-420 SAN FRANCISCO, CA 94129	\$\$	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE FUTURO MEDIA GROUP

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PARK WAY OAKLAND, CA 94612	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	HISPANICS IN PHILANTHROPY 414 13TH STREET, SUITE 200 OAKLAND, CA 94612	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	COLUMBIA UNIVERSITY GRADUATE SCHOOL OF JOURNALISM 2950 BROADWAY NEW YORK, NY 10027	\$30,000.	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4 SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL, SUITE 300 MOUNTAIN VIEW, CA 94040-1498	\$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	DAVID & LUCILLE PACKARD FOUNDATION 343 2ND ST LOS ALTOS, CA 94022	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

THE FUTURO MEDIA GROUP

-*7349

(a) No. from Description of noncash property given (c) FIM (or estimate) (See instructions.) (a) (a) No. from Description of noncash property given (c) FIM (or estimate) (See instructions.) (b) FIM (or estimate) (See instructions.) (c) FIM (or estimate) (See instructions.) (d) Date received (d) Date received (e) FIM (or estimate) (See instructions.) (a) No. from Description of noncash property given (See instructions.) (a) (a) (b) FIM (or estimate) (See instructions.) (b) Date received (e) FIM (or estimate) (See instructions.) (d) Date received (e) FIM (or estimate) (See instructions.) (e) FIM (or estimate) (See instructions.) (f) FIM (or estimate) (Get instructions.) (g) Date received (e) FIM (or estimate) (See instructions.) (g) Date received (e) FIM (or estimate) (See instructions.) (g) Date received (Get instructions.)	Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
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(a) No. from Part I Description of noncash property given (c) FMV (or estimate) (See instructions.) Date received	No. from		FMV (or estimate)	1
No. from Description of noncash property given See instructions.) (d) Date received			 \$	
	No. from		FMV (or estimate)	1
			 \$	

Page 4

Name of organization **Employer identification number** **-***7349 THE FUTURO MEDIA GROUP Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21 Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE FUTURO MEDIA GROUP

Employer identification number **-***7349

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		mılar Funds or A	ccounts. Complete if the	Э
	,,	(a) Donor advised	d funds	(b) Funds and other accoun	nts
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	vriting that the assets hel	d in donor advised fur	nds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be used	only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	other purpose confer	ring	
	impermissible private benefit?			Yes	☐ No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV	/, line 7.	
1	Purpose(s) of conservation easements held by the organization		1		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a hist	torically important land area	
	Protection of natural habitat		Preservation of a cer	tified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a throu	ied conservation contribu	tion in the form of a co		
	day of the tax year.			Held at the End of the	Tax Year
а	Total number of conservation easements			2a	
b				2b	
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a	·			
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orgar	nization during the tax	
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the peri	• •	on, handling of		
	violations, and enforcement of the conservation easements it				No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and	d enforcing conservati	on easements during the yea	ar
-	Amount of aurona incomed in manifesting incomeding bond	lina of cialations and out			
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	ling of violations, and enf	ording conservation ea	asements during the year	
0	Does each conservation easement reported on line 2(d) above	a actiofy the requirements	of coation 170/b\/4\/P)\(i\	
8		•			□ No
0	and section 170(h)(4)(B)(ii)?				NO
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn		•		
	, , , , , , , , , , , , , , , , , , , ,	ote to the organization's	imanciai statements tr	iat describes trie	
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Trea	sures, or Other S	Similar Assets.	
1 0.	Complete if the organization answered "Yes" on Form	-		J	
1a	If the organization elected, as permitted under FASB ASC 95		nue statement and ba	lance sheet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education.	or research in furthera	ince of public	
	service, provide in Part XIII the text of the footnote to its finan	, ,		į.	
b	If the organization elected, as permitted under FASB ASC 956			e sheet works of	
	art, historical treasures, or other similar assets held for public	•			
	provide the following amounts relating to these items:	, 22222112.1, 01		(
	(i) Revenue included on Form 990, Part VIII, line 1			• \$	
	(m) 4			. .	
2	If the organization received or held works of art, historical trea				
~	the following amounts required to be reported under FASB A			provide	
а	Revenue included on Form 990, Part VIII, line 1	~		• \$	
	Assets included in Form 990, Part X				
	ABSOLO INGIGUEU III I OITH SSU, FAILA	• • • • • • • • • • • • • • • • • • • •		. 🚩 Ψ	

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

Schedule D (Form 990) 2021

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, o	r Other:	Similar .	Assets	(continu	ed)
3	Using the organization's acquisition, accessio	n, and other record	ls, check	any of the	following that	t make sigi	nificant us	e of its		
	collection items (check all that apply):									
а	Public exhibition	c	ı 🔲 ı	Loan or exc	hange progra	am				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how the	ey further th	ne organizatio	on's exemp	ot purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	torical trea	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be mai	intained as part of t	he organ	ization's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang	ements. Compl	ete if the	organizatio	n answered	"Yes" on F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	ın or other intermed	liary for c	ontribution	s or other as	sets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
		·	· ·						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						/?		Yes	No No
	If "Yes," explain the arrangement in Part XIII.					-				
Par										
		(a) Current year		rior year	(c) Two yea		d) Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance	-								
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end halanc	e (line 1a	column (a)) held as:	l l				
	Board designated or quasi-endowment	•	%	, column (a	jj ricia as.					
b	Permanent endowment		— ′°							
·	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses	•	ation that	are held a	nd administa	rad for the	organizati	on		
Ja		Sion of the organiza	ation that	. are rielu ai	iu auriiriistei	led for title	organizati	OII	Γ¥	es No
	by: (i) Unrelated organizations								3a(i)	- 110
	(ii) Related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizations	ione lieted as requir	red on Sc	hedule R2					3b	
4	Describe in Part XIII the intended uses of the								- GD	I
	t VI Land, Buildings, and Equipme		WITIETIC IC	arius.						
	Complete if the organization answered		D. Part IV	. line 11a. S	See Form 990). Part X. lir	ne 10.			
	Description of property	(a) Cost or o			t or other		cumulated		(d) Book	valuo
	Description of property	basis (investr			(other)		reciation		(u) BOOK	value
10	Land	<u> </u>	,	24010	(ССР	2.2.1011			
	Land									
	Buildings			າ	4,824.		24,82	4.		0.
	Leasehold improvements				3,101.		13,01			91.
	Equipment				,		<u> </u>	* 		<u> </u>
	Other		V set	··· (D) !' · · · 3	0-1	I				91.
iola	<u>. Add iii lee Ta ti ii dagii Te. (Cojumn (a) must ed</u>	iuai FUIIII 990. Part	∧. colum	ıı (b). IINE I	UC.)					<u> </u>

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE FUTURO M Part VIII Investments - Other Securities.	EDIA GROUP	**	-***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	d-of-year market value
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, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 000 Port IV line	11a Can Form 000 Port V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	Lof-vear market value
., .	(b) Book value	(c) Method of Valuation. Oost of end	1-01-year market value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	- F 000 B-+ N/ E	444 Oct Franc 200 Park V. Park 45	
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(h) Dook value
. , _	escription		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1			
Part X Other Liabilities. Complete if the organization answered "Yes" or			
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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) 2021

(9)

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

	t XI Reconciliation of Revenue per Audited Financial			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s	1	5,947,446.
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	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	5,947,446.
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	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, lin	e 12.)	5	5,947,446.
Pai	rt XII Reconciliation of Expenses per Audited Financia	·	es per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part			6 015 260
1	Total expenses and losses per audited financial statements		1	6,017,368.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses	l l		
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		0
е	Add lines 2a through 2d			6,017,368.
3	Subtract line 2e from line 1		3	0,017,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4.5	0
c	Add lines 4a and 4b			6,017,368.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.	ine 18.)	5	0,017,300.
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

THE FUTURO MEDIA GROUP

-*7349 **Questions Regarding Compensation** Yes No 1a 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 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 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 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: Х a Receive a severance payment or change-of-control payment? 4a X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4h X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2021

Regulations section 53.4958-6(c)?

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-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JULIO RICARDO VARELA	(i)	204,856.	0.	0.	0.	0.	204,856.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARIA HINOJOSA	(i)	174,193.	0.	0.	0.	0.	174,193.	0.
BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							_
	(ii)							_
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information	
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 0 (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.

Inspection

OMB No. 1545-0047

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; IN THE THICK, A POLITICS				
PODCAST FROM THE PERSPECTIVE OF JOURNALISTS OF COLOR; LATINO REBELS, A				
PIONEERING DIGITAL NEWS OUTLET FOUNDED BY JULIO RICARDO VARELA THAT				
REACHES MILLIONS THROUGH ITS WEBSITE, RADIO PROGRAMMING AND PODCASTS;				
THE COMMUNITY PODCAST LAB, THAT POC STORYTELLERS TO CREATE THEIR OWN				
PODCASTS; FUTURO STUDIOS, A NEW CREATIVE DIVISION FOCUSED ON ORIGINAL				
PODCASTS AND PROGRAMMING; AND FUTURO UNIDAD HINOJOSA (FUH) OUR NEWEST				
UNIT FOCUSED ON INVESTIGATIVE JOURNALISM				
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:				
PODCASTS; FUTURO STUDIOS, A NEW CREATIVE DIVISION FOCUSED ON ORIGINAL				
PODCASTS AND PROGRAMMING; AND FUTURO UNIDAD HINOJOSA (FUH) OUR NEWEST				
UNIT FOCUSED ON INVESTIGATIVE JOURNALISM AND SPECIAL PROJECTS				
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:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization THE FUTURO MEDIA GROUP	Employer identification number
GOVERNING DOCUMENTS, POLICIES AND OTHER INFORMATION. FINAL	NCIAL INFORMATION
(FORM 990) IS AVAILABLE ON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	1,709,259.
MANAGEMENT AND GENERAL EXPENSES	215,199.
FUNDRAISING EXPENSES	40,244.
TOTAL EXPENSES	1,964,702.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,964,702.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DECREASE IN DONOR RESTRICTED ASSETS	-1,590,980.
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE.	

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

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:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

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

2021

Open to Public Inspection

1.General Information

	For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2021 and Ending (mm/dd/yyyy) 12/31/2021					
	me of Organization:	IA GROUP		Employer Identification Number (EIN): **-**7349		
1 -	ailing Address: 61 W 125TH STI	REET, NO. 6 FI	1	NY Registration Number: 43-37-12		
·	ry / State / ZIP: IEW YORK, NY	10027		Telephone: 646 571-1220		
	ebsite: [TTP: //FUTURO]	MEDIAGROUP.ORG	}	Email:		
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com .						
2. Certification				<u></u>		
See instructions for certificati two signatories.	ion requirements. Improper	certification is a violation of	of law that may be subject	to penalties. The certification requires		
	lities of periury that we revie	ewed this report including	all attachments, and to the	best of our knowledge and belief,		
	ue, correct and complete in					
President or Authorized Office	cer:		JULIO RICAI PRESIDENT	RDO VARELA		
Signature Print Name and Title Date PRISCILLA ROJAS						
Chief Financial Officer or Treasurer: Signature TREASURER Print Name and Title Date			e and Title Date			
3. Annual Reporting Exemption						
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both						
I .				ed Char500. No fee, schedules, or		
		an exemption or are a DU	AL filer that claims only one	e exemption, you must file applicable		
schedules and attachments and pay applicable fees.						
	3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.					
exceed \$25,0	00 <u>and</u> the organization did		, , ,	•		
exceed \$25,00 contributions	00 <u>and</u> the organization did during the fiscal year. g exemption: Gross receipte	l not engage a professiona	fund raiser (PFR) or fund r	•		
exceed \$25,00 contributions 3b. EPTL filing	00 <u>and</u> the organization did during the fiscal year. g exemption: Gross receipted year.	l not engage a professiona	fund raiser (PFR) or fund r	aising counsel (FRC) to solicit		
exceed \$25,00 contributions 3b. EPTL filing during the fisce during the fisce during the fisce during page for a checklist of schedules and	00 and the organization did during the fiscal year. g exemption: Gross receipted year. chments Yes X No 4a. Did year.	I not engage a professional	fund raiser (PFR) or fund raiser (pressional fund raiser,	aising counsel (FRC) to solicit sets did not exceed \$25,000 at any time aising counsel or commercial co-venturer		
exceed \$25,00 contributions 3b. EPTL filing during the fisce the following page for a checklist of	00 and the organization did during the fiscal year. g exemption: Gross receipts cal year. chments Yes X No 4a. Did yo for fund r	I not engage a professional s did not exceed \$25,000 a	essional fund raiser, fund r	aising counsel (FRC) to solicit sets did not exceed \$25,000 at any time aising counsel or commercial co-venturer 4a.		
exceed \$25,00 contributions 3b. EPTL filing during the fisc 4. Schedules and Atta See the following page for a checklist of schedules and attachments to complete your filing.	00 and the organization did during the fiscal year. g exemption: Gross receipts cal year. chments Yes X No 4a. Did yo for fund r	I not engage a professional s did not exceed \$25,000 a our organization use a prof aising activity in NY State?	essional fund raiser, fund r	aising counsel (FRC) to solicit sets did not exceed \$25,000 at any time aising counsel or commercial co-venturer 4a.		
exceed \$25,00 contributions 3b. EPTL filing during the fisce during during the fisce durin	00 and the organization did during the fiscal year. g exemption: Gross receipts cal year. chments Yes X No 4a. Did you for fund r	I not engage a professional state of the sta	essional fund raiser, fund r If yes, complete Schedule	aising counsel (FRC) to solicit sets did not exceed \$25,000 at any time aising counsel or commercial co-venturer 4a.		
exceed \$25,00 contributions 3b. EPTL filing during the fisce during the f	00 and the organization did during the fiscal year. g exemption: Gross receipts cal year. chments Yes X No 4a. Did yo for fund r	I not engage a professional s did not exceed \$25,000 a our organization use a prof aising activity in NY State?	essional fund raiser, fund r	aising counsel (FRC) to solicit sets did not exceed \$25,000 at any time aising counsel or commercial co-venturer 4a. mplete Schedule 4b. Make a single check or money order		
exceed \$25,00 contributions 3b. EPTL filing during the fisce during during the fisce durin	00 and the organization did during the fiscal year. g exemption: Gross receipts cal year. chments Yes X No 4a. Did you for fund r	I not engage a professional state of the sta	essional fund raiser, fund r If yes, complete Schedule	aising counsel (FRC) to solicit sets did not exceed \$25,000 at any time aising counsel or commercial co-venturer 4a. mplete Schedule 4b.		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

The Exempt eategory releas to an organization 3 NTO registration status. It does not role to its into tax designation.

168451 01-10-22 1019

^{*}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 X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
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 Coldisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revent filing 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 \$250,00 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 revenue 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	0 and up to \$1,000,000 0 and the fiscal year begins on or after July 1, 2021. venue 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:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	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 Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.
Send Your Filing	Confirm your Registration Category and learn more about NY law at www.charitiesNYS.com .
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 Charities Bureau Registration Section	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PE, 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

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Page 2

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

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

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2021

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:		NY Registration Number:
THE FUTURO MEDI	A GROUP	43-37-12

2. Government Grants

Name of Government Agency	Amount of Grant
1.	1. 432,167.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 432,167.