Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

м г	OI LITE	2022 Calendar year, or tax year beginning	anu	enung			
B c	Check if pplicable	C Name of organization			D Employer id	entifica	tion number
	Addres	THE FUTURO MEDIA GROUP					
	Name change	Doing business as			**_**	734	9
	Initial return Final	Number and street (or P.O. box if mail is not de	,	Room/suite			FFFO
	_return/ termin	361 W 125TH STREET		6 FL	(888)	314	
_	ated Amend	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		6,659,481.
L	return Applic	NEW IORK, NI 10027			H(a) Is this a gro		
	tion pendir	F Name and address of principal officer.	IA HINOJOSA		for subordi		
		SAME AS C ABOVE			H(b) Are all subordi		
		empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," atta	ach a lis	st. See instructions
	Nebsit				H(c) Group exer		
		organization,	ssociation Other	L Year	of formation: 200) 9 м 9	State of legal domicile: M O
Pa	art I	Summary					
ø	1	Briefly describe the organization's mission or most					
ŭ		PROGRAMMING CELEBRATING TH	HE DIVERSITY OF	THE AM	MERICAN E	<u>XPER</u>	IENCE.
rus	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its n	et asset	
Š	3	Number of voting members of the governing body	, , , , , , , , , , , , , , , , , , , ,			3	9
<u>ح</u>	4	Number of independent voting members of the gov				4	0
es 8	5	Total number of individuals employed in calendar y				5	59
ξ	6	Total number of volunteers (estimate if necessary)				6	0
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.
					Prior Year		Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			4,869,03		5,487,342.
eun	9	Program service revenue (Part VIII, line 2g)			1,071,48		1,168,826.
Revenue		Investment income (Part VIII, column (A), lines 3, 4,				15.	72.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		6,78		3,241.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		5,947,44		6,659,481.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A	.), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (F			3,320,11		4,160,951.
Expenses	16a	Professional fundraising fees (Part IX, column (A), l	ine 11e)			0.	0.
ж	b	Total fundraising expenses (Part IX, column (D), line	e 25) 412,3	<u>59.</u>			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		2,697,25		2,252,397.
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		6,017,36		6,413,348.
	19	Revenue less expenses. Subtract line 18 from line	12		-69,92		246,133.
S OF				Ве	ginning of Current		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			3,357,40		2,493,669.
t As	21	Total liabilities (Part X, line 26)			926,84		980,001.
캺	22	Net assets or fund balances. Subtract line 21 from	line 20		2,430,56	54.	1,513,668.
	art II	Signature Block					
		lties of perjury, I declare that I have examined this return,				-	nowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wl	nich preparer	has any knowledge.		
		O'mature of officers			D-1-		
Sigi		Signature of officer	_		Date		
Her	е	MARIA HINOJOSA, PRESIDEN	<u> </u>				
		Type or print name and title	<u> </u>	1 -	Data I		T DTIN
	_	Print/Type preparer's name	Preparer's signature		Date Ch	eck	PTIN
Paid		JOSE ROSA	 			f-employed	P00445855
-	arer	Firm's name REGEN BENZ & MACK		. <u>.</u>	Firm's EI	N **	-***8163
Use	Only	Firm's address 57 WEST 38TH STRE				/01	0) ((1 0000
		NEW YORK, NY 1001			Phone no). (21	2) 661-2720
May	the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No

Pa	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 CRITIC	
	VOICE TO THE DIVERSITY OF THE AMERICAN EXPERIENCE. BASED IN HAF	
		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?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services.	=
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$4,729,621. including grants of \$) (Revenue \$1, 1, 2, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	168,826.)
4a	(Code:) (Expenses \$4, 729, 621. including grants of \$) (Revenue \$1, THE FUTURO MEDIA GROUP IS AN INDEPENDENT NONPROFIT ORGANIZATION	100,020.
	PRODUCING MULTIMEDIA JOURNALISM THAT EXPLORES AND GIVES A CRITIC	<u>ΣΤ.</u>
	VOICE TO THE DIVERSITY OF THE AMERICAN EXPERIENCE. FOUNDED IN 20	
	AWARD-WINNING JOURNALIST MARIA HINOJOSA, FUTURO MEDIA IS COMMITT	
	TELLING STORIES FROM A POINT OF VIEW OFTEN OVERLOOKED BY THE MAI	
	MEDIA. FUTURO MEDIA PRODUCES PEABODY AWARD-WINNING LATINO USA, F	
	RADIO'S LONGEST RUNNING NATIONAL LATINO NEWS AND CULTURAL WEEKLY	
	PROGRAM, IN THE THICK, A POLITICS PODCAST FROM THE PERSPECTIVE C	
	JOURNALISTS OF COLOR, LATINO REBELS, A PIONEERING DIGITAL NEWS C	
	AND A REVOLVING SLATE OF CRITICALLY ACCLAIMED PODCASTS RELEASED	
	FUTURO STUDIOS, INCLUDING "LA BREGA" AND THE PULITZER PRIZE WINN	IING
	"SUAVE."	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$	
70	(Code:) (Expenses \$,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,729,621.	- 000
		Form 990 (2022)

Form 990 (2022) 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		Х
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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
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	X	
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	Х	
h	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		 ₩
	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,			37
	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			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022) THE FUTURO MEDIA GROUP
Part IV Checklist of Required Schedules (continued)

	(SOMETHORS)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
22		22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	,	23	х	
04-	Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		₩.
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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? <i>If</i>			
ŭ		28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		х
20		29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		X
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	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 84			
b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
22200	1 12 12 22	_	990	(2022)

	990 (2022) THE FUTURO MEDIA GROUP **-***7	349	Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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		<u>X</u>
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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.			

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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

Gross income from members or shareholders

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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If "Yes," complete Form 6069

Section 501(c)(12) organizations. Enter:

If "Yes," complete Form 4720, Schedule O.

11a

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
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 reached at the			
0	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	100	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21	
C	,	12c	х	
13	on Schedule O how this was done	13	X	
14		14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	17		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	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.	. 5.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BRENDA CAMACHO - 888-314-5559			
	361 W 125TH STREET, 6TH FLOOR, NEW YORK, NY 10027			

Form **990** (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Compensation from related organizations below line) Figure 1 Figure 2 Figure 2 Figure 3	(F)
Average hours per week (list any hours for related organizations below line) Day Hours for related organizations (W-2/1099-MISC/ 1099-NEC) Day Hours	
Week (list any hours for related organizations below line) 1.00 277,000. 0.00	imated
Comparizations Comp	ount of
1.00	other
1.00	ensation om the
1.00	nization
1.00	related
1.00	nizations
BOARD MEMBER	
Q	
X	0.
O.00 X 42,115. O.	
BOARD MEMBER	0.
(4) DEEPA DONDE 0.00 BOARD CHAIR & SECRETARY X X X 0.00 (5) THERESA BARRON-MCKEAGNEY 0.00 0.00 0.00 0.00 VICE CHAIR X X X 0.00 0.00 (6) MARIANO DIAZ 0.00 0.00 0.00 0.00 0.00 0.00 (7) JONATHAN GARCIA 0.00	_
BOARD CHAIR & SECRETARY X	0.
(5) THERESA BARRON-MCKEAGNEY VICE CHAIR (6) MARIANO DIAZ BOARD MEMBER (7) JONATHAN GARCIA 0.00 0.00 0.00 0.00	•
VICE CHAIR X X X 0. 0. (6) MARIANO DIAZ 0.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (7) JONATHAN GARCIA 0.00 0. 0. 0.	0.
(6) MARIANO DIAZ 0.00 BOARD MEMBER X (7) JONATHAN GARCIA 0.00	•
BOARD MEMBER X 0. 0. (7) JONATHAN GARCIA 0.00	0.
(7) JONATHAN GARCIA 0.00	^
	0.
	0
BOARD MEMBER (8) ALICIA BASSUK 0. 0.	0.
(8) ALICIA BASSUK BOARD MEMBER X 0.00 X 0.00	0.
(9) RHONDA MIMS 0.00	
TREASURER X 0.	0.
(10) PHIL SCHREIBER 0.00	
BOARD MEMBER X 0.	0.
(11) CARLOS MIRANDA 0.00	
BOARD MEMBER X 0.	0.

Form 990 (2022)

-*7349

ı aı	Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		s (continued)			
	(A)	(B)			_ (((D)	(E)		(F)
	Name and title	Average	(do		Pos		າ than ເ	ne	Reportable	Reportable	1	Estima	ated
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	8	amour	nt of
		week	_	cer ar	id a d	irecto	or/trus	tee)	from	from related		oth	er
		(list any	ector						the	organizations	со	mpen	sation
		hours for	or dir	au			ted		organization	(W-2/1099-MISC/		from	
		related	stee	ruste			Sue		(W-2/1099-MISC/	1099-NEC)	_ I	•	ation
		organizations below	al tru	onalt		loyee	E S		1099-NEC)			nd rel	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	ganız	ations
		11110)	므	Ë	, 0	χ.	± 5	요			+		
			-										
							_				_		
							_						
						L	L						
					L		L	L			\perp		
			1										
			1										
1h	Subtotal	·	l		l			l	549,056.	0	_		0.
10	Subtotal Total from continuation sheets to Part VI	L Coation A							0.	0			0.
									549,056.	0			0.
	Total (add lines 1b and 1c)								•		•		<u> </u>
2	Total number of individuals (including but n	ot ilmited to th	ose	liste	a ac	oove	e) wn	o re	eceived more than \$100,	000 of reportable			2
	compensation from the organization											Ye	
•	Did the constitution list and formation of	-Post-Arm Amount										16	3 140
	Did the organization list any former officer,	•		•		•		_		•		Х	
	line 1a? If "Yes," complete Schedule J for s										3	├ ^	
4	For any individual listed on line 1a, is the su	•							•	•		37	
	and related organizations greater than \$150										4	X	
5	Did any person listed on line 1a receive or a	•				•			•				1,7
	rendered to the organization? If "Yes, " com	plete Schedule	e J f	or st	ıch ı	oers	on .				5		X
	tion B. Independent Contractors												
	Complete this table for your five highest co										sation 1	rom	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
	(A)								(B)			(C)	
	Name and business	address	N	ONE	<u> </u>				Description of s	ervices	Comp	ensat	ion
								Ţ					
								_					
						-		\exists					
2	Total number of independent contractors (ii	ncludina but n	ot lir	niter	to t	thos	se lis	ted	above) who received mo	ore than			
_	\$100,000 of compensation from the organization					(,				
	+ . 55,555 or sompondation from the organia						-				Form	990	(2022)
											1.011	,, 550	- 12022

232008 12-13-22

Form 990 (2022)
Part VIII | 5

rt VIII	Statement of	f Revenue
---------	--------------	-----------

			Check if Schedule O conta	ine a reenor	186	or note to any lin	e in this Part \/III			
			Officer if Schedule O conta	iris a respoi	130 0	or flote to arry in	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenuè excluded
								function revenue	business revenue	from tax under
										sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a						
rar		b	Membership dues	1b						
e, E		С	Fundraising events	1c						
ifts			Related organizations							
nië,			Government grants (contribution			414,922.				
Sir			All other contributions, gifts, grants	, 						
ĒΕ		٠			5	072,420.				
들됨			similar amounts not included above			0/2,420.	-			
ğ		g	Noncash contributions included in lines 1a	a-1f 1g \$			- 405 040			
<u>റ് മ</u>		h	Total. Add lines 1a-1f				5,487,342.			
						Business Code				
ø	2	а	RADIO FEES			512000	832,131.			
Š		b	TELEVISION FEES			512000	336,695.	336,695.		
Ser		С								
Z S		d			_					
Program Service Revenue					_					
Š		e			_					
ъ.			All other program service reven				1 160 006			
		g	Total. Add lines 2a-2f				1,168,826.			
	3					st, and				
			other similar amounts)				72.	72.		
	4		Income from investment of tax-							
	5		Royalties							
			,	(i) Real		(ii) Personal				
	6	2	Gross rents 6a	.,						
							-			
			Less: rental expenses 6b				-			
			Rental income or (loss) 6c							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Securiti	es	(ii) Other				
			assets other than inventory 7a							
		b	Less: cost or other basis							
ē			and sales expenses 7b							
enr		c	Gain or (loss) 7c							
Revenue			Net gain or (loss)							
F					·····					
ther	8	а	Gross income from fundraising eve	•						
ŏ			including \$							
			contributions reported on line 1	•						
			Part IV, line 18		8a					
		b	Less: direct expenses		8b					
		С	Net income or (loss) from fundr	aising even	ts					
			Gross income from gaming act							
			Part IV, line 19		9a					
		h	Less: direct expenses		9b					
			Net income or (loss) from gamin	· ·	<u> </u>					
	10	а	Gross sales of inventory, less re							
			and allowances		10a		-			
		b	Less: cost of goods sold		10b					
		С	Net income or (loss) from sales	of inventor	y					
,						Business Code				
snc	11	а	MISC. INCOME			512000	3,241.	3,241.		
ne Tue	-	b					·	·		
Miscellaneous Revenue		c	-		_					
Sce Be			All other revenue		_					
Ξ			All other revenue				3,241.			
		<u>e</u>	Total. Add lines 11a-11d					1 172 120	^	0
	12		Total revenue. See instructions				6,659,481.	<u>μ,1/4,139.</u>	0.	0.

Form 990 (2022) 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				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)	2 662 640	2 022 500	E20 EE0	220 402
7	Other salaries and wages	3,663,640.	2,822,590.	520,558.	320,492.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	497,311.	374,089.	70,728.	52,494.
9	Other employee benefits	497,311.	3/4,009.	70,720.	52,494.
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	T				
b					
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
e •	Investment management fees				
f g	0.1 (10.1 14) 1 400/ (11 05				
9	column (A), amount, list line 11g expenses on Sch 0.)	1,484,495.	1,051,226.	428,389.	4,880.
12	Advertising and promotion	1,101,1331	1,031,2201	120,3031	1,000
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	111,443.	92,620.	10,711.	8,112.
17	Travel	188,033.	154,856.	29,325.	3,852.
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	12,557.	9,702.	1,753.	1,102.
23	Insurance	52,376.	42,383.	6,185.	3,808.
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	ODGANTEAUTONAL GOGEG	196,436.	79,339.	111,285.	5,812.
a b	OPERATIONAL COSTS	144,548.	52,810.	80,251.	11,487.
C	PRODUCTION EXPENSES	62,509.	50,006.	12,183.	320.
d		,	22,000	,	2231
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,413,348.	4,729,621.	1,271,368.	412,359.
26	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , ,	, ,	,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	983,538.	1	482,838.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	2,292,554.	3	1,661,248.		
	4	Accounts receivable, net	4,285.	4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ns		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			63,625.	9	59,146.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	140,893. 138,272.			
	b	Less: accumulated depreciation			91.	10c	2,621.
	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	7,979. 5,334.	14	007 016		
	15	Other assets. See Part IV, line 11	5,334.		287,816.		
	16	Total assets. Add lines 1 through 15 (must e			3,357,406.	16	2,493,669.
	17	Accounts payable and accrued expenses		855,085.	17	756,941.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		(O - I I - I - D		20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to uni			71,757.	23	37,306.
	24	Unsecured notes and loans payable to unrela			71,737.	24	37,300.
	25	Other liabilities (including federal income tax,				27	
		parties, and other liabilities not included on lin					
		of Schedule D	-	·	0.	25	185,754.
	26	Total liabilities. Add lines 17 through 25			926,842.	26	980,001.
		Organizations that follow FASB ASC 958, o	heck here	X	,		,
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			-467,159.	27	-221,026.
Bal	28	Net assets with donor restrictions			2,897,723.	28	1,734,694.
pu		Organizations that do not follow FASB ASC	958, che	ck here			
Fu		and complete lines 29 through 33.					
S Of	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipmen	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income, o	r other funds		31	
Net	32	Total net assets or fund balances			2,430,564.	32	1,513,668.
	33	Total liabilities and net assets/fund balances			3,357,406.	33	2,493,669.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,		3,3	
3	Revenue less expenses. Subtract line 2 from line 1	3			6,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	43	0,5	64.
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,	16	3,0	29.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	51	3,6	68.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		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?		L	2b	Х	
	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	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.	.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

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.

Open to Public Inspection

Name of the organization

Employer identification number

OMB No. 1545-0047

-*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). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and sto	~			•		
Se	ction C. Computation of Publ						
14	Public support percentage for 2022 (line 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the					nore, check this box	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2021. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to			=			
k	10% -facts-and-circumstances test	-	· ·	• • •	-		
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization						·
	<u>, </u>		,	, , , , , , , , , , , , , , , , , , , ,			(Form 990) 2022

232022 12-09-22

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

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

Sed	ction A. Public Support		•					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")	2106255.	5376235.	4780974.	2845883.	3950163.	19059510.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513	230,835.	430,042.	613,205.	1071483.	168,826.	2514391.	
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	2337090.	5806277.	5394179.	3917366.	4118989.	21573901.	
	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.)						21573901.	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2337090.	5806277.	5394179.	3917366.	4118989.	21573901.	
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	2337090.	5806277.	5394179.	3917366.	4118989.	21573901.	
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,	
_	check this box and stop here							
	ction C. Computation of Publi						100 00	
	Public support percentage for 2022 (li		•	olumn (f))			100.00 %	
	Public support percentage from 2021					16	100.00 %	
	ction D. Computation of Inves			20 12 201: (5)		47	.00 %	
	33 1/3% support tests - 2022. If the					18 3 1/3% and line 1	7 is not	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ïes as a publicly su	upported organizat	ion	X	
b	33 1/3% support tests - 2021. If the							
20	line 18 is not more than 33 1/3%, che		-	•		-		

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
0-		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
_		
7		
8		
- 0		
9a		
9b		
9с		
10a		
401		
10b		

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1		ne 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, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, 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		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
S001	super	rvised, or controlled the supporting organization.	2		
Seci	ion (C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	_		
Sect	the su	upported organization(s). D. All Type III Supporting Organizations	1		
		DITAL Type in Supporting Significations		Yes	No
4	Did #	he organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
1		nization'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			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant 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			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Chec	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	Ш	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	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	ΩL		
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. The organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	_ iu ii	no organization onergiou a capatantial acgree of ancotion evel the policies, programs, and activities of Cacil			

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

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE FUTURO MEDIA GROUP

Employer identification number **-***7349

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) 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	writing that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
			I I
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	3, 1 3,	, ,	,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Day	organization's accounting for conservation easements.	i Aut Historiaal Trassumss av O	No. 4 Cimilar Accets
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, or research in furti	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		3, p. 01.00
а	Revenue included on Form 990, Part VIII, line 1	·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

	t III Organizations Maintaining C	ollections of Ar	t, Histor	rical Tre	asures, o	r Othei	Similar	Assets	(continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	s, check a	ıny of the f	ollowing that	make si	gnificant u	se of its	(**************************************	,
	collection items (check all that apply):	·	•	•	· ·		•			
а	Public exhibition	d	ı 🗀 Lo	oan or exc	hange progra	am				
b	Scholarly research	e			9- 9					
c	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explain	n how they	/ further th	ne organizatio	n's exen	nnt nurnos	e in Part	XIII	
5	During the year, did the organization solicit o							o iiii ait	,	
_	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par			9				, ,	,	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for co	ntribution	s or other ass	sets not i	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII								_	
	3	,	3						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•		_	
Par										
	·	(a) Current year		or year	(c) Two yea		(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a.	column (a)) held as:					
a	Board designated or quasi-endowment	,	%		,,					
b	Permanent endowment	%								
C		<u></u> , - %								
_	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posses	•	ation that a	are held ar	nd administer	ed for th	е			
	organization by:						_		[Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	nedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr		` '	or other (other)		ccumulate preciation	d	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements			2	4,824.		24,82	24.		0.
d	Equipment				6,069.	-	113,44		2	,621.
	Other				-					
	. Add lines 1a through 1e. (Column (d) must e		X. column	(B). line 1	0c.)				2	,621.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 THE FUTURO Mark Part VII Investments - Other Securities.	MEDIA GROUP	* *	-***/349 Page
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h 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 en	d-of-vear market value
(1) Financial derivatives	(a) Dook raids	(c) meaned or randament desires on	<u> </u>
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(),	(,	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		1	
(9) Tatal (Col. /h) must equal Form 000 Port V col. (P) line 12)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1) RIGHT OF USE			282,482
(2) SECURITY DEPOSIT			5,334
			3,334
(3)			
(4)			
(5) (6)			
1-7			
(7)			
(8) (9)			
	15 \		287,816
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		207,010
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5
(a) Description of liability	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110 01 1111 000 1 01111 000, 1 41171, 11110 20	(b) Book value
(1) Federal income taxes			(2) Book value
(2) LEASE LIABILITY			185,754.
(3)			103,734
(4)			
(5)			
(6)			
(7)			
(8)			+
(9)	25.)		185,754.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide t			

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) 2022

Pai	t XI Reconciliation of Revenue per Audited Financial Sta		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	1 1	C CEO 401
1			1	6,659,481.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	, , , , , , , , , , , , , , , , , , , ,	2d		•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	6,659,481.
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				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	(i)	5	6,659,481.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	-	ses per Returr	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, li		1.1	6 112 210
1	Total expenses and losses per audited financial statements		1	6,413,348.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1		
a	Donated services and use of facilities	l l		
b	Prior year adjustments			
С	Other losses	I I		
d	,			0
е	•			6,413,348.
3	Subtract line 2e from line 1		3	0,413,340.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b				0
	Add lines 4a and 4b			6,413,348.
D ₂	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line ret XIII Supplemental Information.	<u>18.) </u>	5	0,413,340.
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

THE FUTURO MEDIA GROUP

Employer identification number **-**7349

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

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MARIA HINOJOSA	(i)	277,000.	0.	0.	0.	0.	277,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JULIO RICARDO VARELA	(i)	229,941.	0.	0.	0.	0.	229,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PRISCILLA ROJAS	(i)	42,115.	0.	0.	0.	0.	42,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(ii)							
	(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 O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

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 VI, SECTION B, LINE 11B:						
A DRAFT OF THE RETURN WILL BE DISTRIBUTED TO MEMBERS FOR REVIEW PRIOR TO						
FILING.						
FORM 990, PART VI, SECTION B, LINE 12C:						
REVIEWS ANNUAL DISCLOSURE FORMS SUBMITTED BY COVERED INDIVIDUALS.						
FORM 990, PART VI, SECTION C, LINE 19:						
GOVERNING DOCUMENTS, POLICIES AND OTHER INFORMATION. FINANCIAL INFORMATION						
(FORM 990) IS AVAILABLE ON REQUEST.						

CONSULTANTS:

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022Name of the organizationEmployer identification number
-*7349PROGRAM SERVICE EXPENSES1,051,226.MANAGEMENT AND GENERAL EXPENSES428,389.FUNDRAISING EXPENSES4,880.TOTAL EXPENSES1,484,495.

<u>FORM</u>	990,	P.	ART 2	XI,	LIN	ΙΕ 9,	, CI	HANGES	IN	NET	ASSET	'S:				
DECR	EASE	IN	DON	OR	REST	RICT	red	ASSET	rs					-1,1	.63,0	29.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

Schedule O (Form 990) 2022

1,484,495.