

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the **2010** calendar year, or tax year beginning **07/01, 2010**, and ending **06/30, 2011**

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>WIDE ANGLE YOUTH MEDIA, INC.</b>       |  |  | <b>D</b> Employer identification number<br><b>52-2276602</b> |  |  |
|   | Doing Business As  |  |  |  |  |  |
|   | Number and street (or P.O. box if mail is not delivered to street address) |  | Room/suite   | <b>E</b> Telephone number                                    |  |  |
|   | <b>2601 NORTH HOWARD ST</b>  |  | <b>160</b>   | <b>(443) 759-6700</b>  |  |  |
| City or town, state or country, and ZIP + 4   |  |  | <b>G</b> Gross receipts \$ <b>316,914.</b>   |  |  |  |
| <b>BALTIMORE, MD 21218</b>  |  |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |
| <b>F</b> Name and address of principal officer: <b>GENEVIEVE ROANHOUSE</b>  |  |  | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |  |  |  |
| <b>801 S. LUZERNE AVENUE BALTIMORE, MD 21224.</b>   |  |  | If "No," attach a list. (see instructions)   |  |  |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |  | <b>H(c)</b> Group exemption number ▶   |  |  |  |
| <b>J</b> Website: ▶ <b>WWW.WIDEANGLEMEDIA.ORG</b>   |  |  | <b>L</b> Year of formation: <b>2001</b> <b>M</b> State of legal domicile: <b>MD</b>                                    |  |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |  |  |  |  |  |

**Part I Summary**

|  |   |  |   |
|--|---|--|---|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>TO PROVIDE BALTIMORE YOUTH WITH MEDIA EDUCATION TO TELL THEIR OWN STORIES AND BECOME ENGAGED IN THEIR COMMUNITIES.</b> |  |   |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |   |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b> 10.   |   |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b> 10.   |   |
|  | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)   | <b>5</b> 15.   |   |
|  | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b> 45.   |   |
|  | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  |   |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b> 0.   |   |
|  | <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)                     | Prior Year: 162,149. Current Year: 188,650. |
|  |   | <b>9</b> Program service revenue (Part VIII, line 2g)                      | 98,879. 125,346.                            |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      |   | 0.   |   |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           |   | 4,989. 2,918.  |   |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |   | 266,017. 316,914.  |   |
| <b>Expenses</b>  |   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0.  |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0.   |   |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 181,986. 216,830.  |   |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0.   |   |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,991.   |  |   |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 84,228. 87,853.  |   |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 266,214. 304,683.  |   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                               | -197. 12,231.   |  |   |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year: 76,571. End of Year: 72,101.                    |   |
|  | <b>21</b> Total liabilities (Part X, line 26)   | 37,561. 20,860.  |   |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 39,010. 51,241.  |   |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                              |   |                     |
|------------------------------|---|---------------------|
| <b>Sign Here</b>             | ▶ <i>Genevieve Roanhouse</i> <b>CLIENT COPY</b> | Date <b>1/17/12</b> |
|                              | ▶ <b>Genevieve Roanhouse, Board President</b>   |                     |
| Type or print name and title |   |                     |

|                               |   |                                |      |   |                       |
|-------------------------------|---|--------------------------------|------|---|-----------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name  | Preparer's signature           | Date | Check if self-employed <input type="checkbox"/> | PTIN <b>P00252478</b> |
|                               | Firm's name ▶ <b>REZNICK GROUP, P.C.</b>  | Firm's EIN ▶ <b>52-1088612</b> |      | Phone no. <b>410-783-4900</b>                   |                       |
|                               | Firm's address ▶ <b>500 EAST PRATT STREET, SUITE 200 BALTIMORE, MD 21202-3100</b> |                                |      |   |                       |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.



# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization<br><b>WIDE ANGLE YOUTH MEDIA, INC.</b>   | Employer identification number<br><b>52-2276602</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>2601 NORTH HOWARD ST</b>                  |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>BALTIMORE, MD 21218</b> |   |
|  |  |   |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 03          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

• The books are in the care of ▶ SUSAN MALONE

Telephone No. ▶ 443 759-6700 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20\_\_\_\_ or

▶  tax year beginning 07/01, 2010, and ending 06/30, 2011.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |                   |
|---|-------------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a \$             |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$             |
| c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | 3c \$ <u>none</u> |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:  
TO PROVIDE BALTIMORE YOUTH WITH MEDIA EDUCATION TO TELL THEIR OWN  
STORIES AND BECOME ENGAGED IN THEIR COMMUNITIES.

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  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  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 273,169. including grants of \$ \_\_\_\_\_) (Revenue \$ 128,264. )

ATTACHMENT 1

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 273,169.



Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Contains 20 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 21-38. Includes questions about grants, compensation, tax-exempt bonds, and Section 501(c)(3) organizations.



Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. [ ]

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and Section 501(c)(7), (12), (11), (12a), and (29) organizations.



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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1b, 2-9 regarding governing body composition and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a-16b regarding organizational policies on chapters, conflicts of interest, whistleblower, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SUSAN MALONE 2601 N HOWARD ST. SUITE 160 BALTIMORE, MD 21218 443-759-6700



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

Check if Schedule O contains a response to any question in this Part VII.

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                       | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) GENEVIEVE ROANHOUSE<br>PRESIDENT        | 1.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) VALERIE KNIGHT YOUNG<br>TREASURER       | 1.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) HEATHER ROSENBLOOM<br>SECRETARY         | 1.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) JOHN DEAN<br>BOARD MEMBER               | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) IRVIN DEANDREI DRUMMOND<br>BOARD MEMBER | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) RACHEL ELLIOTT<br>BOARD MEMBER          | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) SHARON FLYNN<br>BOARD MEMBER            | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) JOSEPH HARRINGTON<br>BOARD MEMBER       | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) DOUGLAS LEE<br>BOARD MEMBER             | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) MARK PHELPS<br>BOARD MEMBER            | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) SUSAN MALONE<br>EXECUTIVE DIRECTOR     | 40.00  |  |                       | X       |              |                              |        | 43,138.  | 0.  | 0.  |
| (12)  |  |  |                       |         |              |                              |        |  |   |   |
| (13)  |  |  |                       |         |              |                              |        |  |   |   |
| (14)  |  |  |                       |         |              |                              |        |  |   |   |
| (15)  |  |  |                       |         |              |                              |        |  |   |   |
| (16)  |  |  |                       |         |              |                              |        |  |   |   |



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**(continued)

| (A)<br>Name and title | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                       |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (17) -----            |  |  |                       |         |              |                              |        |  |   |   |
| (18) -----            |  |  |                       |         |              |                              |        |  |   |   |
| (19) -----            |  |  |                       |         |              |                              |        |  |   |   |
| (20) -----            |  |  |                       |         |              |                              |        |  |   |   |
| (21) -----            |  |  |                       |         |              |                              |        |  |   |   |
| (22) -----            |  |  |                       |         |              |                              |        |  |   |   |
| (23) -----            |  |  |                       |         |              |                              |        |  |   |   |
| (24) -----            |  |  |                       |         |              |                              |        |  |   |   |
| (25) -----            |  |  |                       |         |              |                              |        |  |   |   |
| (26) -----            |  |  |                       |         |              |                              |        |  |   |   |
| (27) -----            |  |  |                       |         |              |                              |        |  |   |   |
| (28) -----            |  |  |                       |         |              |                              |        |  |   |   |

|  |         |    |    |
|--|---------|----|----|
| <b>1b Sub-total</b> .....  | 43,138. | 0. | 0. |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |         |    |    |
| <b>d Total (add lines 1b and 1c)</b> .....                           | 43,138. | 0. | 0. |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  0

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....   |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ..... |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  0



**Part VIII Statement of Revenue**

|  |   |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|--|---|----------------------|----------------------|--|---|---|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>                | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>            |                      |  |   |   |
|  | <b>b</b> Membership dues . . . . .  | <b>1b</b>            |                      |  |   |   |
|  | <b>c</b> Fundraising events . . . . .   | <b>1c</b>            |                      |  |   |   |
|  | <b>d</b> Related organizations . . . . .  | <b>1d</b>            |                      |  |   |   |
|  | <b>e</b> Government grants (contributions) . . . . .  | <b>1e</b>            | 71,610.              |  |   |   |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .  | <b>1f</b>            | 117,040.             |  |   |   |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |                      |                      |  |   |   |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   |                      |                      | 188,650.   |   |   |
| <b>Program Service Revenue</b>   | <b>2a</b> PROGRAM REVENUE   | <b>Business Code</b> | 119,603.             | 119,603.   |   |   |
|  | <b>b</b> PROGRAM EXPENSE REIMBURSEMENTS   |                      | 5,743.               | 5,743.   |   |   |
|  | <b>c</b>  |                      |                      |  |   |   |
|  | <b>d</b>  |                      |                      |  |   |   |
|  | <b>e</b>  |                      |                      |  |   |   |
|  | <b>f</b> All other program service revenue . . . . .  |                      |                      |  |   |   |
|  | <b>g Total.</b> Add lines 2a-2f . . . . .   |                      |                      | 125,346.   |   |   |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  |                      | 0.                   |  |   |   |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |                      | 0.                   |  |   |   |
|  | <b>5</b> Royalties . . . . .  |                      | 0.                   |  |   |   |
|  |   | (i) Real             | (ii) Personal        |  |   |   |
|  | <b>6a</b> Gross Rents . . . . .   |                      |                      |  |   |   |
|  | <b>b</b> Less: rental expenses . . . . .  |                      |                      |  |   |   |
|  | <b>c</b> Rental income or (loss) . . . . .  |                      |                      |  |   |   |
|  | <b>d</b> Net rental income or (loss) . . . . .  |                      |                      | 0.   |   |   |
|  |   | (i) Securities       | (ii) Other           |  |   |   |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory . . . . .   |                      |                      |  |   |   |
|  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .  |                      |                      |  |   |   |
|  | <b>c</b> Gain or (loss) . . . . .   |                      |                      |  |   |   |
|  | <b>d</b> Net gain or (loss) . . . . .   |                      |                      | 0.   |   |   |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>             | 2,918.               |  |   |   |
|  | <b>b</b> Less: direct expenses . . . . .  | <b>b</b>             |                      |  |   |   |
| <b>c</b> Net income or (loss) from fundraising events . . . . .                  |   | ATCH. 2.             | 2,918.               |  |   |   |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . | <b>a</b>  |                      |                      |  |   |   |
| <b>b</b> Less: direct expenses . . . . .   | <b>b</b>  |                      |                      |  |   |   |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                   |   |                      | 0.                   |  |   |   |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .    | <b>a</b>  |                      |                      |  |   |   |
| <b>b</b> Less: cost of goods sold . . . . .                                      | <b>b</b>  |                      |                      |  |   |   |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .                  |   |                      | 0.                   |  |   |   |
| <b>Miscellaneous Revenue</b>   |   | <b>Business Code</b> |                      |  |   |   |
| <b>11a</b> _____   |   |                      |                      |  |   |   |
| <b>b</b> _____   |   |                      |                      |  |   |   |
| <b>c</b> _____   |   |                      |                      |  |   |   |
| <b>d</b> All other revenue . . . . .   |   |                      |                      |  |   |   |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                      |   |                      | 0.                   |  |   |   |
| <b>12 Total revenue.</b> See instructions . . . . .                              |   |                      | 316,914.             | 125,346.   |   |   |



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .   | 0.                    |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .   | 0.                    |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .  | 0.                    |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .   | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  | 48,567.               | 43,847.                         | 4,563.                                 | 157.                        |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .  | 143,125.              | 129,217.                        | 13,447.                                | 461.                        |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .   | 0.                    |                                 |  |                             |
| 9 Other employee benefits . . . . .   | 11,460.               | 11,262.                         | 198.                                   | 0.                          |
| 10 Payroll taxes . . . . .  | 13,678.               | 11,835.                         | 1,798.                                 | 45.                         |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management . . . . .  | 0.                    |                                 |  |                             |
| b Legal . . . . .   | 0.                    |                                 |  |                             |
| c Accounting . . . . .  | 4,000.                | 3,315.                          | 685.                                   | 0.                          |
| d Lobbying . . . . .  | 0.                    |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   | 0.                    |                                 |  |                             |
| f Investment management fees . . . . .  | 0.                    |                                 |  |                             |
| g Other . . . . .   | 5,601.                | 5,601.                          | 0.                                     | 0.                          |
| 12 Advertising and promotion . . . . .  | 0.                    |                                 |  |                             |
| 13 Office expenses . . . . .  | 6,220.                | 4,427.                          | 1,732.                                 | 61.                         |
| 14 Information technology . . . . .   | 0.                    |                                 |  |                             |
| 15 Royalties . . . . .  | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .  | 27,657.               | 23,483.                         | 4,173.                                 | 1.                          |
| 17 Travel . . . . .   | 0.                    |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .   | 6,037.                | 5,462.                          | 575.                                   | 0.                          |
| 20 Interest . . . . .   | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .   | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .  | 9,900.                | 9,900.                          | 0.                                     | 0.                          |
| 23 Insurance . . . . .  | 2,734.                | 2,607.                          | 127.                                   | 0.                          |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  |                       |                                 |  |                             |
| a PAYROLL SERVICES -----  | 2,058.                | 1,762.                          | 296.                                   | 0.                          |
| b STIPENDS -----  | 3,671.                | 3,671.                          | 0.                                     | 0.                          |
| c POSTAGE & DELIVERY -----  | 1,877.                | 1,053.                          | 256.                                   | 568.                        |
| d PRINTING & PUBLICATIONS -----   | 5,254.                | 4,395.                          | 232.                                   | 627.                        |
| e PROGRAM EVENTS -----  | 11,491.               | 10,882.                         | 538.                                   | 71.                         |
| f All other expenses -----  | 1,353.                | 450.                            | 903.                                   |                             |
| 25 Total functional expenses. Add lines 1 through 24f   | 304,683.              | 273,169.                        | 29,523.                                | 1,991.                      |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . |                       |                                 |  |                             |



**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |
|---|--|--------------------------|-----------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | 10,689.                  | <b>1</b>  | 32,088.            |
|   | <b>2</b> Savings and temporary cash investments . . . . .  |                          | <b>2</b>  |                    |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 0.                       | <b>3</b>  | 6,216.             |
|   | <b>4</b> Accounts receivable, net . . . . .  | 42,485.                  | <b>4</b>  | 9,744.             |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                          | <b>5</b>  |                    |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . |                          | <b>6</b>  |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>  |                    |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>  |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . . <b>ATCH 3</b>   | 0.                       | <b>9</b>  | 1,087.             |
|   | <b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | <b>10a</b> 39,484.       |           |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 18,617.       | 21,299.   | <b>10c</b> 20,867. |
|   | <b>11</b> Investments - publicly traded securities . . . . .   |                          | <b>11</b> |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b> |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b> |                    |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b> |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 2,098.                   | <b>15</b> | 2,099.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 76,571.  | <b>16</b>                | 72,101.   |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 23,998.                  | <b>17</b> | 15,860.            |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b> |                    |
|   | <b>19</b> Deferred revenue . . . . . <b>ATCH 4</b>   | 0.                       | <b>19</b> | 5,000.             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b> |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b> |                    |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |                          | <b>22</b> |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b> |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b> |                    |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .   | 13,563.                  | <b>25</b> | 0.                 |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 37,561.                  | <b>26</b> | 20,860.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |           |                    |
|   | <b>27</b> Unrestricted net assets . . . . .  | 39,010.                  | <b>27</b> | 51,241.            |
|   | <b>28</b> Temporarily restricted net assets . . . . .  |                          | <b>28</b> |                    |
|   | <b>29</b> Permanently restricted net assets . . . . .  |                          | <b>29</b> |                    |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |           |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b> |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b> |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b> |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 39,010.  | <b>33</b>                | 51,241.   |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 76,571.  | <b>34</b>                | 72,101.   |                    |



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |          |
|---|--|---|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 316,914. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 304,683. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 12,231.  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 39,010.  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 |          |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 51,241.  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |  | Yes | No |
|----|--|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| 2c | 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis               |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     |    |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  |     |    |

Form **990** (2010)



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

|  |  |
|--|--|
| Name of the organization<br>WIDE ANGLE YOUTH MEDIA, INC. | Employer identification number<br>52-2276602 |
|--|--|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
| (A)                                |          |   |   |    |  |    |   |    |                         |
| (B)                                |          |   |   |    |  |    |   |    |                         |
| (C)                                |          |   |   |    |  |    |   |    |                         |
| (D)                                |          |   |   |    |  |    |   |    |                         |
| (E)                                |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 70,340.  | 146,914. | 209,811. | 162,149. | 188,650. | 777,864.  |
| 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 <b>Total.</b> Add lines 1 through 3 . . . . .  | 70,340.  | 146,914. | 209,811. | 162,149. | 188,650. | 777,864.  |
| 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 <b>Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 777,864.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 . . . . .  | 70,340.  | 146,914. | 209,811. | 162,149. | 188,650. | 777,864.                 |
| 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 IV.) . . . . .   | 2,784.   | 2,888.   | 10,155.  | 1,243.   |          | 17,070.                  |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .  |          |          |          |          |          | 794,934.                 |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          | 12       |          | 227,143.                 |
| 13 <b>First five years.</b> 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 <b>stop here</b> . . . . . |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |                                     |         |
|--|-------------------------------------|---------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .  | 14                                  | 97.85 % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .  | 15                                  | 91.84 % |
| 16a <b>33 1/3 % support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   | <input checked="" type="checkbox"/> |         |
| b <b>33 1/3 % support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  | <input type="checkbox"/>            |         |
| 17a <b>10%-facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .     | <input type="checkbox"/>            |         |
| b <b>10%-facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . | <input type="checkbox"/>            |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   | <input type="checkbox"/>            |         |

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

(Complete only if you checked the box on line 9 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| 6 <b>Total.</b> Add lines 1 through 5 . . . . .  |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| c Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| 8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 . . . . .   |          |          |          |          |          |           |
| 10 a 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 . . . . .                           |          |          |          |          |          |           |
| c Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .      |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                  |          |          |          |          |          |           |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |

14 **First five 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**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .                        | 18 | % |

19 a **33 1/3 % support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b **33 1/3 % support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

---

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

**2010**

**Name of the organization**

WIDE ANGLE YOUTH MEDIA, INC.

**Employer identification number**

52-2276602

**Organization type (check one):**

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization WIDE ANGLE YOUTH MEDIA, INC.

Employer identification number  
52-2276602**Part I** Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|---|--------------------------------|--|
| 1          | M & T CHARITABLE FOUNDATION<br>24 SOUTH CHARLES STREET, 22ND FLOOR<br>BALTIMORE, MD 21201   | \$ 13,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | ANNIE E. CASEY FOUNDATION<br>701 ST. PAUL ST<br>BALTIMORE, MD 21202                         | \$ 15,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | BALTIMORE COMMUNITY FOUNDATION<br>2 EAST READ ST<br>BALTIMORE, MD 21202                     | \$ 15,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | ANGELICA PEALE ALLAN AND WARDE B. ALLAN<br>2 EAST READ ST<br>BALTIMORE, MD 21202            | \$ 7,516.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | ROBERT W. DEUTSCH FOUNDATION<br>1122 KENILWORTH DRIVE, SUITE 201<br>BALTIMORE, MD 21204     | \$ 17,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | WILLIAM G. BAKER, JR. MEMORIAL FUND<br>2 EAST READ STREET, 9TH FLOOR<br>BALTIMORE, MD 21202 | \$ 10,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

Name of organization **WIDE ANGLE YOUTH MEDIA, INC.**

Employer identification number  
52-2276602

**Part I** Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 7          | MARYLAND STATE ARTS COUNCIL<br>175 WEST OSTEND ST., SUITE E<br>BALTIMORE, MD 21230 | \$ 10,721.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          | FAMILY LEAGUE OF BALTIMORE<br>2305 N. CHARLES ST, SUITE 200<br>BALTIMORE, MD 21218 | \$ 60,889.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |



**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

WIDE ANGLE YOUTH MEDIA, INC.

Employer identification number

52-2276602

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year . . . . .   |                         |  |
| 2 Aggregate contributions to (during year) . . . . .  |                         |  |
| 3 Aggregate grants from (during year) . . . . .   |                         |  |
| 4 Aggregate value at end of year . . . . .  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space  |  |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements . . . . .   | 2a                              |
| b Total acreage restricted by conservation easements . . . . .   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2010

JSA  
0E1268 1.000



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XI V and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XI V.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Term endowment ▶ \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations . . . . .   | 3a(i)  |    |
| (ii) related organizations . . . . .  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      |                                 |                              |                |
| b Buildings . . . . .  |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| d Equipment . . . . .  | 0                                    | 39,484                          | 18,617                       | 20,867         |
| e Other . . . . .  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                 |                              | 20,867         |



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives   |                |  |
| (2) Closely-held equity interests   |                |  |
| (3) Other   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (I)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Amount |
|---|------------|
| (1) Federal income taxes  |            |
| (2)   |            |
| (3)   |            |
| (4)   |            |
| (5)   |            |
| (6)   |            |
| (7)   |            |
| (8)   |            |
| (9)   |            |
| (10)  |            |
| (11)  |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) |            |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |          |
|----|--|----|----------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 316,914. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 304,683. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 12,231.  |
| 4  | Net unrealized gains (losses) on investments   | 4  |          |
| 5  | Donated services and use of facilities   | 5  |          |
| 6  | Investment expenses  | 6  |          |
| 7  | Prior period adjustments   | 7  |          |
| 8  | Other (Describe in Part XIV.)  | 8  |          |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  |          |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 12,231.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |          |
|---|---|----|----------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 316,914. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |          |
| a | Net unrealized gains on investments   | 2a |          |
| b | Donated services and use of facilities  | 2b |          |
| c | Recoveries of prior year grants   | 2c |          |
| d | Other (Describe in Part XIV.)   | 2d |          |
| e | Add lines 2a through 2d   | 2e |          |
| 3 | Subtract line 2e from line 1  | 3  | 316,914. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |          |
| b | Other (Describe in Part XIV.)   | 4b |          |
| c | Add lines 4a and 4b   | 4c |          |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 316,914. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |          |
|---|--|----|----------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 304,683. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |          |
| a | Donated services and use of facilities   | 2a |          |
| b | Prior year adjustments   | 2b |          |
| c | Other losses   | 2c |          |
| d | Other (Describe in Part XIV.)  | 2d |          |
| e | Add lines 2a through 2d  | 2e |          |
| 3 | Subtract line 2e from line 1   | 3  | 304,683. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |          |
| b | Other (Describe in Part XIV.)  | 4b |          |
| c | Add lines 4a and 4b  | 4c |          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 304,683. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5



**Part XIV** Supplemental Information (continued)

FIN 48

PART X LINE 2

WIDE ANGLE HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (IRS) TO BE TREATED AS A TAX-EXEMPT ENTITY PURSUANT TO SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2011. DUE TO ITS TAX- EXEMPT STATUS, WIDE ANGLE IS NOT SUBJECT TO INCOME TAXES. WIDE ANGLE IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES.

THE OPEN TAX YEARS FOR WIDE ANGLE ARE 2008, 2009 AND 2010.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

WIDE ANGLE YOUTH MEDIA, INC.

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

52-2276602

REVIEW OF 990

PART VI, SECTION B, LINE 11

THE FINANCE COMMITTEE WHICH INCLUDES THE PRESIDENT, VICE PRESIDENT, AND  
TREASURER OF THE BOARD OF DIRECTORS REVIEWS THE 990 FORM, AND THEN  
PRESENTS IT TO THE BOARD OF DIRECTORS. THE ACCOUNTANT ALSO IS ON HAND FOR  
QUESTIONS/COMMENTS AND PRESENTATION DURING THE DECEMBER BOARD MEETING.  
THE PRESIDENT SIGNS THE 990 ONCE APPROVAL HAS BEEN GRANTED FROM THE  
BOARD.

CONFLICT OF INTEREST

PART VI, SECTION B, LINE 12

THE BOARD MEMBERS COMPLETE PLEDGE FORMS EVERY YEAR, AND THE EXECUTIVE  
COMMITTEE OF THE BOARD MEET YEARLY WITH THE MEMBERS TO SEE IF THERE ARE  
CONFLICTS OF INTEREST. IF FOR ANY REASON, A VENDOR WAS BEING SELECTED,  
THREE QUOTES WOULD BE REQUIRED, AND IF A BOARD MEMBER WAS INTERSETED IN  
ANY TYPE OF COMPENSATION FOR SERVICES, WE WOULD SHOP OUT QUOTES ONLY IF  
THE SERVICE WAS REQUIRED.

DETERMINING DIRECTOR COMPENSATION

PART VI, SECTION B, 15A

WHEN THE BOARD HIRED SUSAN MALONE, EXECUTIVE DIRECTOR, SHE WAS WITH THE  
AGENCY FOR OVER 7 YEARS AT THE TIME, AND SUBMITTED HER RESUME FOR  
CONSIDERATION. AN EXTENSIVE TRANSITION PLAN WITH BOARD INPUT WAS CREATED  
WHEN THE FOUNDER STEPPED DOWN IN PARTNERSHIP WITH SUSAN. THE BOARD



|  |  |
|--|--|
| Name of the organization<br>WIDE ANGLE YOUTH MEDIA, INC. | Employer identification number<br>52-2276602 |
|--|--|

CREATED A JOB DESCRIPTION AND SALARY REQUIREMENTS, THEN CONDUCTED TWO LONG INTERVIEW SESSIONS TO CONFIRM THAT SUSAN WAS THE RIGHT CANDIDATE FOR THE JOB. THE JOB WOULD HAVE BEEN OPEN TO THE PUBLIC IF SUSAN WAS NOT SELECTED AS THE CANDIDATE. THE BOARD CREATED AN AGREEMENT AND SALARY REQUIREMENTS, THAT WERE AGREED UPON BY BOTH PARTIES. VOTING ON SUSAN AS THE EXECUTIVE DIRECTOR WAS RECORDED IN THE BOARD MINUTES.

#### DETERMINING PROGRAM MANAGER COMPENSATION

##### PART VI, SECTION B, 15B

WHEN WIDE ANGLE STARTED THE JOB SEARCH FOR OUR PROGRAM MANAGER, THE EXECUTIVE DIRECTOR DRAFTED A SALARY RANGE AND JOB REQUIREMENTS THAT WERE MODIFIED AND APPROVED BY THE BOARD OF DIRECTORS. THE JOB WAS POSTED ON IDEALIST, CRAIGSLIST, THE AFTERSCHOOL INSTITUTE LISTSERV, NAMAC LISTSERV, AND ON THE GBCA JOB BOARD. OVER 100 RESUMES WERE COLLECTED, AND NARROWED DOWN TO 10 TOP CANDIDATES. THOSE CANDIDATES WERE REQUIRED TO SUBMIT WRITING SAMPLES AND REFERENCES. 50% OF CANDIDATES WERE GIVEN A FIRST ROUND INTERVIEW WITH THE EXECUTIVE DIRECTOR AND AN INTERVIEW WITH ANOTHER STAFF MEMBER. 2 CANDIDATES WENT THROUGH A SECOND INTERVIEW WITH THE EXECUTIVE DIRECTOR, AN INTERVIEW WITH 2-4 YOUTH PRODUCERS (STUDENTS), AND A STAFF INTERVIEW. THESE TWO CANDIDATES WERE REQUIRED TO SUBMIT REFERENCES WHICH WERE ALL FOLLOWED UP WITH. THE EXECUTIVE DIRECTOR MADE THE FINAL DECISION, BUT WAS INFORMED BY ALL THE PARTIES THAT INTERVIEWED THE PROGRAM MANAGER.

#### OTHER EXPENSES

PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 24F

Name of the organization

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| EXPENSE       | PROGRAM | MANAGEMENT | FUNDRAISING |
|---------------|---------|------------|-------------|
| -----         | -----   | -----      | -----       |
| DUES          | \$335   | \$500      | NONE        |
| OTHER EXPENSE | \$115   | \$403      | NONE        |

ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4A

WIDE ANGLE YOUTH MEDIA SERVES BALTIMORE YOUTH IN AFTERSCHOOL PROGRAMS, AT SCHOOLS, AND IN THE COMMUNITY. MOST OF OUR WORKSHOPS ARE FREE FOR YOUTH, AND IN OUR MORE ADVANCED TRAINING PROGRAMS CAN BE PAID A STIPEND FOR THEIR PARTICIPATION AND WORK. WE ARE AN OFFICIAL SERVICE LEARNING SITE FOR BALTIMORE CITY PUBLIC SCHOOLS, GIVING YOUTH THE OPPORTUNITY TO EARN SERVICE LEARNING HOURS AS THEY LEARN NEW SKILLS AND CREATE MEDIA THAT EDUCATES AND SUPPORTS THEIR COMMUNITY.

WIDE ANGLE TRAINS MORE THAN 350 YOUTH IN CRITICAL THINKING, PUBLIC SPEAKING, AND MEDIA PRODUCTION, AND SHARES THEIR STORIES AND MESSAGES WITH MORE THAN 9,500 PEOPLE IN THE BALTIMORE METRO AREA.

THE BALTIMORE SPEAKS OUT! PROGRAM, IN PARTNERSHIP WITH THE ENOCH PRATT FREE LIBRARY, PROVIDES YOUTH AGES 11-15 WITH MEDIA EDUCATION RIGHT IN THEIR OWN COMMUNITY. THROUGH 10-WEEK AFTERSCHOOL PROGRAMS



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ATTACHMENT 1 (CONT'D)

FOCUSING ON VIDEO PRODUCTION, CRITICAL THINKING, PUBLIC SPEAKING, TEAMBUILDING, AND YOUTH DEVELOPMENT SKILLS, YOUNG PEOPLE CREATE THEIR OWN VIDEO ABOUT YOUTH AND COMMUNITY CONCERNS. STUDENTS ARE ELIGIBLE TO EARN SERVICE LEARNING HOURS FOR THEIR PARTICIPATION. OUR CURRENT BSOP WORKSHOPS ARE HELD AT THE HERRING RUN AND THE ORLEANS STREET BRANCHES OF THE ENOCH PRATT FREE LIBRARY. A TOTAL OF 48 STUDENTS PARTICIPATED IN THE BALTIMORE SPEAKS OUT! PROGRAM IN FY11.

THE MENTORING VIDEO PROJECT IS AN ADVANCED MEDIA PRODUCTION PROGRAM FOR 12 BALTIMORE CITY YOUTH AGES 14-20 YEARS OF AGE THAT EMPHASIZES STORYTELLING, CRITICAL THINKING, WRITING AND MEDIA PRODUCTION SKILLS. WORKING AS A TEAM, YOUTH PRODUCE THEIR OWN PUBLIC ACCESS TELEVISION SHOW, BEMORE TV, WHICH IS DISTRIBUTED LOCALLY AND NATIONALLY ON PUBLIC ACCESS, AND ON THE WEB. IN FY11 VIDEO TOPICS INCLUDED: TEEN PARENTING, VIDEO GAME ADDICTION, POSITIVITY IN RAP MUSIC, AND CONCERNS ABOUT PUBLIC TRANSPORTATION. ALL WIDE ANGLE STUDENTS HAVE GRADUATED FROM HIGH SCHOOL AND ALL OF OUR GRADUATING SENIORS IN FY11 ENTERED COLLEGE.

OUR ANNUAL YOUTH MEDIA FESTIVAL GIVES 300 YOUTH FROM 10-19 AN OPPORTUNITY TO SHOWCASE THEIR TALENTS IN VIDEO, PHOTOGRAPHY, POETRY, PERFORMANCE AND FINE ART WHICH CULMINATES IN A MONTH LONG CELEBRATION IN THE SPRING. FROM OCTOBER-MARCH, WORKSHOPS ARE CONDUCTED AT SCHOOLS AND AFTER SCHOOL PROGRAMS - WHILE THE 12

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ATTACHMENT 1 (CONT'D)

YOUTH FESTIVAL COMMITTEE MEMBERS DESIGN AND CURATE THE FESTIVAL.

YOUTH SPEAKS OUT! IS AN ENRICHMENT PROGRAM OFFERED AT PARTNER ORGANIZATIONS AND IN BALTIMORE CITY PUBLIC SCHOOLS. 100 STUDENTS RECEIVED INTENSIVE MEDIA TRAINING TO COMPLEMENT THE MISSION OF WIDE ANGLE'S PARTNER. YOUTH ARE TRAINED TO CREATE A VARIETY OF MEDIA FROM ANIMATION TO PHOTO COMICS TO SHORT DOCUMENTARY VIDEOS TO PHOTOGRAPHIC SELF-PORTRAITS. THE GOALS OF THE PROGRAM ARE TO HELP YOUTH THINK CRITICALLY ABOUT THEIR LIVES AND COMMUNITIES WHILE PROVIDING ACCESS TO CUTTING-EDGE MEDIA TECHNOLOGY. THIS PROGRAM OCCURS IN PARTNERSHIP WITH THE SCHOOL SYSTEM'S SUMMER AND AFTER-SCHOOL PROGRAMS.

IN ADDITION, EACH YEAR WIDE ANGLE CONDUCTS SEVERAL SMALL SCALE SPECIAL PROJECTS TO TEACH MEDIA SKILLS TO A BROAD CROSS-SECTION OF YOUTH IN BALTIMORE. IN FY11 WIDE ANGLE CONDUCTED PROGRAMMING FOR OVER 175 YOUNG PEOPLE IN PARTNERSHIP WITH GROUPS SUCH AS THE BALTIMORE CITY HEALTH DEPARTMENT, CENTER FOR URBAN FAMILIES, THE CREATIVE ALLIANCE, THE LIVING CLASSROOMS FOUNDATION, PAUL'S PACE THE WALTER'S ART MUSEUM AND MANY MORE.



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ATTACHMENT 2FORM 990, PART VIII - FUNDRAISING EVENTS

| <u>DESCRIPTION</u> | <u>GROSS<br/>INCOME</u> | <u>NET<br/>INCOME</u> |
|--------------------|-------------------------|-----------------------|
| SPECIAL EVENTS     | 2,918.                  | 2,918.                |
| TOTALS             | <u>2,918.</u>           | <u>2,918.</u>         |

ATTACHMENT 3FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u> | <u>ENDING<br/>BOOK VALUE</u> |
|--------------------|------------------------------|
| PREPAID EXPENSES   | 1,087.                       |
| TOTALS             | <u>1,087.</u>                |

ATTACHMENT 4FORM 990, PART X - DEFERRED REVENUE

| <u>DESCRIPTION</u> | <u>ENDING<br/>BOOK VALUE</u> |
|--------------------|------------------------------|
| DEFERRED REVENUE   | 5,000.                       |
| TOTALS             | <u>5,000.</u>                |