Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 20 13 D Employer identification number C Name of organization B Check if applicable WIDE ANGLE YOUTH MEDIA, INC. 52-2276602 Address Doing Business As E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change 160 (443) 759-6700 2601 NORTH HOWARD ST Inklat seture City, town or post office, state, and ZIP code Terminated G Gross receipts \$ 325,636. Amended return BALTIMORE, MD 21218 H(a) Is this a group return for Application pending F Name and address of principal officer: X No HEATHER ROSENBLOOM H(b) Are all affiliates included? 1116 WILLIAM STREET BALTIMORE, MD 21230 If "No," attach a list. (see instructions) X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or Website: ► WWW.WIDEANGLEMEDIA.ORG H(c) Group exemption number L Year of formation: 2001 M State of legal domicile: MDForm of organization: X Corporation Other > Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE BALTIMORE YOUTH WITH MEDIA EDUCATION TO TELL THEIR OWN ctivities & Governance STORIES AND BECOME ENGAGED WITH THEIR COMMUNITIES if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box ▶ 11. 3 Number of voting members of the governing body (Part VI, line 1a) 11. 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 15. 58. 6 Total number of volunteers (estimate if necessary) 6 O 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Prior Year 260,308. 247,170. 8 Contributions and grants (Part VIII, line 1h) 49,192. 59,098. 9 Program service revenue (Part VIII, line 2g) 14 5. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 1,592 6,225. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 325**,**636. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 178,249 230,673. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _____4, 272 118,920. 100,923. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 279,172. 349,593. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 18,796. -23,957.Revenue less expenses. Subtract line 18 from line 12. . End of Year Beginning of Current Year 91,818. 101,219. 20 Total assets (Part X, line 16) 21,781 55,139. Total liabilities (Part X, line 26) 70,037. 46,080 Net assets or fund balances. Subtract line 21 from line 20. 22 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 bellef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 3/19/14 Sign Signature of Here KUSENBLOOM Type or print name and title Print/Type preparer's name Preparer's signature Check Paid 3/12/14 PHILIP H. CORNBLATT, self-employed P00252478 CPA Preparer 22-1478099 Firm's name ► COHNREZNICK LLP Firm's EIN **Use Only** 410-783-4900 Phone no Firm's address ► 500 EAST PRATT STREET, SUITE 200 BALTIMORE, MD 21202-3100 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Cumulative e-File History 2012						
FED - EXT						
Locator:	1054CS					
Taxpayer Name:	WIDE ANGLE YOUTH MEDIA, INC.					
Return Type:	990, 990 & 990T (Corp)					
Submitted Date:	11/06/2013 09:39:41					
Acknowledgement Date:	11/06/2013 09:56:11					
Status:	Accepted					
	27100420133105000001					

Form 886	68 (Rev. 1-2013)				Page 2			
	u are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part I	I and check this box	▶ X			
Note (Only complete Part II if you have already been gran	nted an au	tomatic 3-month extension	on a previously filed Form 8868	•			
	u are filing for an Automatic 3-Month Extension, o			•				
Part		tension o	of Time. Only file the original	inal (no coples needed).				
, arei	, , , , , , , , , , , , , , , , , , , ,			nter filer's identifying number, see	Instructions			
	Name of exempt organization or other filer, see in	structions.		Employer identification number (E	IN) or			
Туре	, <u>-</u>							
print	WIDE ANGLE YOUTH MEDIA, INC.			52-2276602				
princ	Number, street, and room or suite no. If a P.O. box							
File by th due date	8 OCO1 NODBU HORADD CE							
filing you	City, town or post office, state, and ZIP code. For	a foreign ad	ldress, see instructions.					
retum, Se instructio	20 110 01010							
	he Return code for the return that this application	is for (file a	a separate application for ea	ach return)	. 01			
Applica		Return	Application		Return			
ls For		Code	is For		Code			
	90 or Form 990-EZ	01						
Form 9		02	Form 1041-A		08			
	1720 (individual)	03	Form 4720		09			
Form 9		04	Form 5227		10			
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
	990-T (trust other than above)	06	Form 8870		12			
STOPI	Do not complete Part II if you were not already	granted as		nsion on a previously filed For	n 8868.			
	books are in the care of ▶ SUSAN MALONE							
Tele	phone No. ▶ 443 759-6700		FAX No. ►					
• If the	e organization does not have an office or place of	 business ir	the United States, check t	his box	▶∐			
	s is for a Group Return, enter the organization's for				is is			
for the	whole group, check this box ▶	fit is for pa	art of the group, check this	box ▶ and att	ach a			
	the names and EINs of all members the extension							
4	request an additional 3-month extension of time up	ntil		05/15 , 20 14 .				
5 F	or calendar year, or other tax year beginni	ing	07/01 , 20 12 , ar	nd endi <u>ng 06/30</u> ,	20 13 .			
6 If	the tax year entered in line 5 is for less than 12 m Change in accounting period	onths, che	ck reason: Initial re	eturn Final return				
7 S	tate in detail why you need the extension _INFOR	MATION	FROM A THIRD PART	Y HAS NOT BEEN				
	ECEIVED. THIS INFORMATION IS NEC	ESSARY	IN ORDER TO FILE P	COMPLETE				
Ā	ND ACCURATE RETURN.							
-								
8a If	this application is for Form 990-BL, 990-PF, 99	30-T, 4720), or 6069, enter the ten	tative tax, less any				
	onrefundable credits. See instructions.			8a \$				
	this application is for Form 990-PF, 990-T,	4720, o	r 6069, enter any refur	ndable credits and				
е	stimated tax payments made. Include any pri	ior year o	overpayment allowed as	a credit and any				
	mount paid previously with Form 8868.	-		8b \$				
c B	alance Due. Subtract line 8b from line 8a. Include	your paym	nent with this form, if requi	red, by using EFTPS				
	Electronic Federal Tax Payment System). See instru			8c \$				
	Signature and Verifica		st be completed for F	Part II only.				
	enalties of perjury, I declare that I have examined this form, correct, and complete, and that I am authorized to prepare this form.	including ac			fge and belief,			
	1		ant	/	/.			
Signature	· //~		Title >	Date > d-/12/	14			
				Form 8868	(Rev. 1-2013)			

orm 990 (2012)				Page 2
	tement of Program Service A eck if Schedule O contains a r	accomplishments esponse to any question in this Part III		
	ribe the organization's mission			
prior Form 9		icant program services during the yea		
Did the or	ganization cease conducting	, or make significant changes in h	ow it conducts, any progra	m Yes X No
If "Yes," des 4 Describe th expenses. S	cribe these changes on Scheo e organization's program se Section 501(c)(3) and 501(c)	ule O. rvice accomplishments for each of it (4) organizations are required to reported.	s three largest program serv	vices, as measured b
la (Code:) (Expenses \$	298,402, including grants of \$) (Revenue \$	59,098.
				
			\/Devenue ¢	
lb (Code:) (Expenses \$	including grants of \$) (Meveline &	
				
				
lc (Code:) (Expenses \$	including grants of \$) (Revenue \$)
1100	Describe to Oct	odulo O)		
d Other progi Expenses (ram services (Describe in Scho \$ including gr		\$)	
(12,4501,000 (209 402	·	

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
••	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable.		illavele:	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u>L</u>

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art	Checklist of Required Schedules (continued)		Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		
	employees? If "Yes," complete schedule 3			
а	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	\$100,000 as of the last day of the year, that was issued after Boschiber 61, 2002. We through 24d and complete Schedule K. If "No," go to line 25	24a		1_
	through 24d and complete Schedule K. If No, go to line 23	24b		
b	Did the organization invest any proceeds of tax-exempt bonus beyond a temporary period exception.			Г
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
а	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a	1	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			T
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		ļ
	If "Yes," complete Schedule L, Part I			T
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.		 	╁
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			1
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a	+	$^{+}$
b	A family member of a current or former officer, director, trustee, or key employee? If Yes, complete	28b		
	Schodula I Part IV	200	' -	╁
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
	was an officer director trustee or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280	}	+
l	Did the experization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule W	29	+	╁
}	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	and the contributions? If "Ves" complete Schedule M	30	-	╁
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Dowl.	31	+	╬
!	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1		1
•		32	\vdash	+
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	and 304 7704 2 and 304 7701-32 If "Yes" complete Schedule R. Part I	33	—	+
1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Scredule R, Part II, III,	Į.		
•	or IV and Part V line 1	34		+
j a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	1	4
b	If "Voe" to line 35a, did the organization receive any payment from or engage in any transaction with a	1		ļ
٠	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	351	<u> </u>	4
,	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	
3	and the degraphication? If "Ves." complete Schedule R. Part V. line 2	36	1	_
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
7	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	_ _	_
_	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		ļ	
8	19? Note. All Form 990 filers are required to complete Schedule O	. 38	. .	Χ

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Par	Statements Regarding Other IRS Filings and Tax Compliance Chack if Schodulo O contains a response to any question in this Part V			
	Check if Schedule O contains a response to any question in this Part V	• • •	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	IVU
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 15		*/********	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.		v
_	account)?	4a	(1000 miles)	X
þ	If "Yes," enter the name of the foreign country:			i energia
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).		Service.	5-1722
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		e e e e e e e e e e e e e e e e e e e	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		Х
	required to file Form 8282?	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	7e	(884,95%	Х
e e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ,	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	sagen)		
	organization, have excess business holdings at any time during the year?	8	200000000000000000000000000000000000000	
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	(Karenzotz)	Britisesi
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
		116531000		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	raine.		
a	Gross income from members or shareholders			
b	against amounts due or received from them.)		GU 46	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		gwyniur General	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to Issue qualified health plans in more than one state?	13a		~~~~
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			3.000
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X.
<u>b</u> Jsa	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	900	(2012)
~~~		L OLU	330	16014

r				
	90 (2012) WIDE ANGLE YOUTH MEDIA, INC. 52-2276			Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in	and etruci	tor a	"No"
	Check if Schedule O contains a response to any question in this Part VI			Х
Coot				
Seci	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year.	Tigil vy.		73/15/24
1a	Enter the number of voting members of the governing body at the end of the tax year.			
	If there are material differences in voting rights among members of the governing body, or if the governing	12.07.1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	2.00		
	the year by the following:			
а	The governing body?	8a	X	<del> </del>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
04	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Code	. 1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	Yes	No
		10a		Х
	Did the organization have local chapters, branches, or affiliates?	IVA		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	ļ
14	Did the organization have a written document retention and destruction policy?	14	Х	3272 11.7
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	5 12.55
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-	1171114	X
	with a taxable entity during the year?	16a	14774	A
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		777741
Sent	ion C. Disclosure	1100	l	<u> </u>
17 10	List the states with which a copy of this Form 990 is required to be filed ► MDr Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6			nlv)
18	available for public inspection. Indicate how you made these available. Check all that apply.	(0)	,_,_ 0	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest r	olicv.
	and financial statements available to the public during the tax year.		[	,1

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

Form 990 (2012)

20

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

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

- 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)  Name and Title	(B) Average hours per week (list any	(do n	l ot ch untes:	(C Posit eck t s per	i) tion more rson i	than o s both or/trust	ne an	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee		Officer Officer Institutional trustee Individual trustee or director		the organizations (W-2/1099-MISC)		from the organization and related organizations	
CHMENTENE DOWNLOUSE	1.00							į		
(1) GENEVIEVE ROANHOUSE BOARD MEMBER		Х					1		0	0
(2) VALERIE KNIGHT YOUNG	1.00									_
BOARD MEMBER		Х				L	_	(	0	0
(3) HEATHER ROSENBLOOM	3.00									
BOARD PRESIDENT		Х	_	Х			<u> </u>		) <u> </u>	0
(4) IRVIN DEANDREI DRUMMOND	1.50	1						<u> </u>		0
BOARD MEMBER		X			<u> </u>		<u> </u>			
(5) RACHEL ELLIOTT	1.00	]							) )	0
BOARD MEMBER		Х			<u> </u>		<b>↓</b> –	1		
(6) SHARON FLYNN	1.00	4			ļ				n) (	
BOARD MEMBER		X	<del> </del> —	ļ	┢	-	╁		<u> </u>	
(7) MARK PHELPS	2.00	١		.,					n (	o] c
BOARD TREASURER		X	ļ.—	X	╁	<b>-</b>	╁	<del>                                     </del>	<u> </u>	
(8) KATE BLADOW	3.00	-1		Х					nl (	ol c
BOARD SECRETARY	3.00	X		^	╁─	<u> </u>	+		1	
(9) GINA DAVIS		X		Х			1		o	
BOARD VICE PRESIDENT	1.50		╫		+-	+	+			
(10) PABLO JUSEM		$\frac{1}{x}$					1		o	ol
BOARD MEMBER	1.50		$\vdash$	<del> </del>	$\vdash$	† —				
(11) SEDICA SAWEZ		$\mathbf{x}$							0	
BOARD MEMBER	40.00		+-	†	$\top$	<del>                                     </del>	+			
(12) SUSAN MALONE EXECUTIVE DIRECTOR	<del> </del>	1		X			1	46,412		8,749.
(13)		<u> </u>	†	T	1					
1101		1	$\perp$	_	_	<u> </u>	_			<u> </u>
(14)		4								
			1							Form <b>990</b> (2012)

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(A) Name and business address	(B) Description of services	(C) 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

Form 990 (2012)

rogram Service Revenue and Other Similar Am	b N C F A A A A A A A A A A A A A A A A A A	Membership dues	1a	(A) Total revenue  260, 308, 52, 168. 6, 930.	(B) Related or exempt function revenue  52,168. 6,930.	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Program Service Revenue	b N C F A A A A A A A A A A A A A A A A A A	Membership dues  Fundraising events  Related organizations  Government grants (contributions)  In other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f.  Fotal. Add lines 1a-1f.  PROGRAM REVENUE  PROGRAM EXPENSE REIMBURSEMENTS	1b   1c   1d   1d   1e   16,211.   1f   244,097.   \$ 18,200.	52,168.			
Program Service Revenue	b N C F A A A A A A A A A A A A A A A A A A	Membership dues  Fundraising events  Related organizations  Government grants (contributions)  In other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f.  Fotal. Add lines 1a-1f.  PROGRAM REVENUE  PROGRAM EXPENSE REIMBURSEMENTS	1b   1c   1d   1d   1e   16,211.   1f   244,097.   \$ 18,200.	52,168.			
Program Service Revenue	c F A A B B B B B B B B B B B B B B B B B	cundraising events	1c   1d   1e   16,211.  1f   244,097.  \$   18,200.   ▶  Business Code   711190	52,168.			
Program Service Revenue	d F P P P P P P P P P P P P P P P P P P	Related organizations	1d   1e   16,211.   1f   244,097.   \$   18,200.   ▶   Business Code   711190	52,168.			
Program Service Revenue	e C f A a a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Government grants (contributions)	1f 244,097. \$ 18,200. • Business Code 711190	52,168.			
Program Service Revenue	f A  g N  h T  a E  d -  f A  g N	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f:  Fotal. Add lines 1a-1f	\$ 18,200.  Business Code 711190	52,168.			
Program Service Revenue	g N h 7 a <u>1</u> b <u>1</u> c - d - e -	Noncash contributions included in lines 1a-1f.  Fotal. Add lines 1a-1f	\$ 18,200.  Business Code 711190	52,168.			
Program Service Revenue	h 7 a 4 b 5 d - e - f 7	PROGRAM REVENUE PROGRAM EXPENSE REIMBURSEMENTS	Business Code 711190	52,168.			
Program Service Revenue	a <u>l</u> b <u>l</u> c _ d _ e _	PROGRAM REVENUE PROGRAM EXPENSE REIMBURSEMENTS	Business Code 711190	52,168.			
	b E d . e . f / g	PROGRAM EXPENSE REIMBURSEMENTS	711190				
	b E d . e . f / g	PROGRAM EXPENSE REIMBURSEMENTS			6,930.	·	1
	c _ d _ e _ f /						
	d _ e _ f / g _	All other program service revenue					
	e f / g	All other program service revenue					
	g	All other program service revenue					<del> </del>
	g	an outer program solviou totolido				Maria de Carta de Ca	
3	, ,	Total. Add lines 2a-2f	<u> </u>	59,098.			STAGEN COM LINE WAS TO BE SEE
	۱ ۱	nvestment income (including dividend	s, interest, and				
		other similar amounts) ATTACHME	NT 3	5.			
4	1	Income from investment of tax-exempt	bond proceeds	0			
5	5	Royalties · · · · · · · · · · · · · · · · · · ·	al (ii) Personal				100.000 50.000
	_	· · · · · ·					THE SHOP ASSESSED.
		Gross rents					
		Less: rental expenses Rental income or (loss)					
		Net rental income or (loss)	<u></u>	0			
_		Gross amount from sales of (i) Secu	rities (ii) Other				(125 - 51 NG - 31 EU)
'	7a	assets other than inventory					
		Less: cost or other basis					
		and sales expenses					
	C	Gain or (loss)		- 1		200	
		Net gain or (loss)				Elicarati di Liabana	
a   4		Gross income from fundraising					
ě		events (not including \$ of contributions reported on line 1c).	·			Z Prince z Spiral	e da es cuesa a
Re		See Part IV, line 18	. a6,225.				
ē	h	Loop: direct evenness	b	Section 2015 19 Section 2015 1			
Other Revenue	c	Net income or (loss) from fundraising e	vents ATCH 4.	6,225			6,22
~		Gross income from gaming activities.					
		See Part IV, line 19				Short of the second of the sec	
	þ	Less: direct expenses	b		0	340,000,000,000	
İ	C	Net income or (loss) from gaming activ					a in Aristania
11	0a	Gross sales of inventory, less returns and allowances	1				
	1.	Less: cost of goods sold				res de la companya del companya de la companya del companya de la	
	b	Net income or (loss) from sales of inve	ntory	<b>&gt;</b>	0		
		Miscellaneous Revenue	Business Code				
1	1a					<u> </u>	
	b		<b>I</b>	<del> </del>		+	
	C				<del> </del>	<del>                                     </del>	-1
	d	All other revenue			0		
	e 2	Total, Add lines 11a-11d Total revenue. See instructions		325,636	59,098		6,2

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Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX						
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1 Grants and other assistance to governments and	0					
organizations in the United States. See Part IV, line 21 .						
2 Grants and other assistance to individuals in	0					
the United States. See Part IV, line 22	0					
3 Grants and other assistance to governments,						
organizations, and individuals outside the	0					
United States. See Part IV, lines 15 and 16						
4 Benefits paid to or for members				<u>12. (1.0.10.0 l.), N. a mediameta (1.661.), M.</u>		
5 Compensation of current officers, directors, trustees, and key employees	46,412.	40,668.	5,224.	520		
6 Compensation not included above, to disqualified	10,1221		- <b>,</b>			
persons (as defined under section 4958(f)(1)) and						
persons described in section 4958(c)(3)(B)	0					
7 Other salaries and wages	144,690.	126,785.	16,286.	1,619		
8 Pension plan accruals and contributions (include section		• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·		
401(k) and 403(b) employer contributions)	0					
9 Other employee benefits	20,391.	16,995.	3,396.			
0 Payroll taxes	19,180.	16,206.	2,753.	221		
1 Fees for services (non-employees):						
a Management	0					
b Legal	0					
c Accounting	12,800.	4,290.	8,510.			
d Lobbying	0					
e Professional fundraising services. See Part IV, line 17	0					
f Investment management fees	0					
g Other. (If line 11g amount exceeds 10% of line 25, column						
(A) amount, list line 11g expenses on Schedule O.).	24,475.	21,725.	2,570.	180		
2 Advertising and promotion	0					
3 Office expenses	6,620.	6,095.	506.	19		
4 Information technology	0					
5 Royalties	0					
6 Occupancy	0					
7 Travel	0					
8 Payments of travel or entertainment expenses						
for any federal, state, or local public officials	0					
9 Conferences, conventions, and meetings	3,453.	3,258.	195.			
0 Interest	0					
1 Payments to affiliates,	0	15.00	4 070	050		
2 Depreciation, depletion, and amortization	19,142.	17,804.	1,079.	259		
3 Insurance	2,129.	1,348.	781.			
4 Other expenses. Itemize expenses not covered						
above (List miscellaneous expenses in line 24e. If						
line 24e amount exceeds 10% of line 25, column						
(A) amount, list line 24e expenses on Schedule O.)	1 053	1 021	826.	ut wat to protect upon a consider the second		
a PAYROLL SERVICES	1,857.	1,031.	020.			
b STIPENDS	8,926.	8,926.	182.			
c TELEPHONE	3,512.	3,330.	3,271.			
d RENT EXPENSE	27,441.	24,168. 5,773.	1,340.	1,452		
e All other expenses	8,565.	298,402.	46,919.	4,272		
Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and functional ca	349,593.	298,402.	40,919.	4,212		
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0			Form <b>990</b> (201		

JSA 2E1052 1.000

Page 11

Pai	rt X	Balance Sheet			<u> </u>
		Check if Schedule O contains a response to any question in this F	1 1		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	. 25,457.	1	23,728.
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	27,586.	3	22,748.
	4	Accounts receivable, net	2,384.	4	9,413.
	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	C
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employer and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar organizations (see instructions). Complete Part II of Schedule L	s y O	6	
e e	7	Notes and loans receivable, net	0	7	(
Assets	8	Inventories for sale or use	. 0	8	C
`	9	Prepaid expenses and deferred charges ATCH. 5	. 632.	9	2,915.
	10 a	Land, buildings, and equipment: cost or			
				15	
	d	Less: accumulated depreciation	33,660.		40,316.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	• -	12	
	13	Investments - program-related. See Part IV, line 11	. 0		(
	14	Intangible assets			0.000
	15	Other assets. See Part IV, line 11			2,099
	16	Total assets. Add lines 1 through 15 (must equal line 34)			101,219
	17	Accounts payable and accrued expenses			28,378.
	18	Grants payable	• —————————————————————————————————————	18	26,761
	19	Deferred revenue	•		20,701
	20	Tax-exempt bond liabilities		20 21	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		<u> </u>	e de reservation de la company
Liabilities	22	Loans and other payables to current and former officers, directors			
ë		trustees, key employees, highest compensated employees, an	- I	22	and the server MEETING A STATE of the server
_		disqualified persons. Complete Part II of Schedule L	•	23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related thir			
	25	parties, and other liabilities not included on lines 17-24). Complete Part	x		
		of Schedule D	ά	25	
	20	Total liabilities. Add lines 17 through 25	•	26	55,139
	26	Organizations that follow SFAS 117 (ASC 958), check here X an complete lines 27 through 29, and lines 33 and 34.			
Ş	27	•	54,951.	27	18,466.
<u>a</u>	28	Unrestricted net assets Temporarily restricted net assets		28	27,614.
an To	29	Permanently restricted net assets	•	29	(
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here an complete lines 30 through 34.	TVF Marking very ed. (1994) and a 4.5		
Š	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ę	33	Total net assets or fund balances		33	46,080.
_	34	Total liabilities and net assets/fund balances.	91,818.	34	101,219.
_					Form <b>990</b> (2012

	WIDE ANGLE YOUTH MEDIA, INC.			-	D	₀ 12	
orm 99	D (2012)				Pag	8 12	
Part )	Reconciliation of Net Assets			Г			
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>		26-	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		32	5,6		
-	Total expenses (must equal Part IX, column (A), line 25)	2			9,5		
2	Revenue less expenses. Subtract line 2 from line 1	3			3,9		
3	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	70,0	<u>37.</u>	
4	Net unrealized gains (losses) on investments	5				0	
5	Donated services and use of facilities	6				0	
6	Donated services and use of facilities	7				0	
7	Investment expenses	8				0	
8	Prior period adjustments	9				0	
9	Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	10		ź	46,0	80.	
	33, column (B))	110	<u></u>				
Part_	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			!			
	Check if Schedule O contains a response to any question in this reference			<del></del>	Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," e	explair	n in				
	Schedule O.			2a		X	
	2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis						
	b Were the organization's financial statements audited by an independent accountant?						
	c 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						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as so	et for	in in	3a		X	
	the Single Audit Act and OMR Circular A-1337			Ja		<del>                                     </del>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	dergo udits	the	3b			

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

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 52-2276602 WIDE ANGLE YOUTH MEDIA, INC. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. d Type III-Non-functionally integrated b Type II c Type III-Functionally integrated 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No Yes 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (vii) Amount of monetary (vi) Is the (iii) Type of organization (lv) is the ganization in (v) Did you notify (ii) EIN (i) Name of supported organization in the organization (described on lines 1-9 organization col. (I) listed in col. (i) organized in col. (1) of above or IRC section your governing your support? in the U.S.? (see instructions)) document? Nο No Yes Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2012

Total

Page 2

	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.)								
Sec	tion A. Public Support								
•	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	209,811.	162,149.	188,650.	290,529.	260,305.	1,111,444.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge				,		0		
4	Total. Add lines 1 through 3	209,811.	162,149.	188,650.	290,529.	260,305.	1,111,444.		
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						0		
6	shown on line 11, column (f)  Public support. Subtract line 5 from line 4.					A control of the south of the s	1,111,444.		
	tion B. Total Support	Marie Company of the							
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4	209,811.	162,149.	188,650.	290,529.	260,305.	1,111,444.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				14.	5.	19.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	10,155.	1,243.		Assayo sa ana sa ana sa		11,398.		
11	Total support. Add lines 7 through 10	The state of the s			::::\SI\:::::::::::::::::::::::::::::::	40	1,122,861.		
12	Gross receipts from related activities, etc. (	•				12	343,250.		
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	tion's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)		
Sac	tion C. Computation of Public Sup				* * * * * * * * * * * * * * * * * * * *				
14	Public support percentage for 2012 (I	<u> </u>		11 column (f))		14	98.98%		
15	Public support percentage from 2011	Schadula A. Pa	ort II line 14	11, column (1))		15	98.59%		
	331/3% support test - 2012. If the o	ochedule A, Fe arganization did	not check the	hox on line 13.	and line 14 is	331/3 % or mor			
ıva	this box and <b>stop here</b> . The organizati								
b	331/3% support test - 2011. If the								
	check this box and stop here. The org								
17a									
	a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	10%-facts-and-circumstances test -								
	15 is 10% or more, and if the org Explain in Part IV how the organizate supported organization	ion meets the "	facts-and-circur	nstances" test.	The organization	on qualifies as a	publicly ▶		
18	Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	, ▶□		

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sect	ion A. Public Support			(-) 0040	(d) 2011	(e) 2012	(f) Total
	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(a) 2011	(6) 2012	(,)
	Gifts, grants, contributions, and membership fees		· ·				
	received. (Do not include any "unusual grants.")				<del></del>	<del>                                     </del>	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities					Į.	
	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				}	]	
4	organization's benefit and either paid	i		į		ł	
	to or expended on its behalf					<u> </u>	
_	The value of services or facilities			ļ			
5	furnished by a governmental unit to the						
	organization without charge			<u></u>			
	Total. Add lines 1 through 5						
6							
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons					<u> </u>	<u></u>
h	Amounts included on lines 2 and 3					1	
~	received from other than disqualified		1		<u> </u>		ļ
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	<u> </u>					
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						:
_	line 6.)	The control of the co	121,14111111111111111111111111111111111	1			
	tion B. Total Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale	ndar year (or fiscal year beginning in)	(4/=	T				
9	Amounts from line 6						
10 a	navments received on securities loans,				ļ		
	rents, royalties and income from similar	}			i		
	sources					]	
b	Unrelated business taxable income (less				1		ļ
	section 511 taxes) from businesses						
	acquired after June 30, 1975		<u> </u>	-			
C	Add lines 10a and 10b		<del></del>				
11	Net income from unrelated business activities not included in line 10b,			1			}
	whether or not the business is regularly						_
	carried on						
12							
	loss from the sale of capital assets		Į.				
	(Explain in Part IV.)		<del></del>	+	+		
13	Total support. (Add lines 9, 10c, 11,					- }	
	and 12.)				or fifth tay year	as a section 50	1(c)(3)
14	First five years. If the Form 990 is for	or the organizati	on's first, secon	d, third, tourth,	or milit tax year	as a section of	▶
	organization, check this box and stop here	<u> </u>	4				
Se	ction C. Computation of Public Su	ipport Percen	tage	(f)		15	%
15	Public support percentage for 2012 (line	8, column (f) divi	ded by line 13, co	um (1))		. 16	%
16	Public support percentage from 2011 Sci	hedule A, Part III,	line 15			. 10	
Se	ction D. Computation of Investme	ent Income Pe	ercentage			17	%
17	Investment income percentage for 2012	(line 10c, columr	ı (f) divided by lin	e 13, column (f))		•	
		Cohadula A Ps	rt III line 17			. 10 }	
19	second comment tests 2842 If the (	bib noitezinenne	not check the b	ox on line 14, a	and line 15 is ii	note that sams it	, and mie
		thic hav and si	ion here. The O	roanization quali	ties as a banio	il ambboured and	
		raanization did ne	ot check a box 0	n line 14 of Hine	19a, and me n	o is more than ee	·/o /o,
		ck this hav and	stop here. The	organization qua	illites as a public	ay supported eige	
00		n did not check	k a box on line	e 14, 19a, or 1	19b, check this	DOX and boo in	34,424,411
20	FILLAGE LANGINGTON IL 110 ALBERTA					Schedule A (Forn	n 990 or 990-EZ) 20

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

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization		Employer identification number				
WIDE ANGLE YOUTH ME	EDIA, INC.	En 2276602				
Organization type (check o	ne):	52-2276602				
-						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a priva	ate foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private f	oundation				
	501(c)(3) taxable private foundation					
Check if your organization i Note. Only a section 501(c) instructions.	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$ ny one contributor. Complete Parts I and II.	5,000 or more (in money or				
Special Rules						
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % su 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, du \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii and II.	ring the year, a contribution of				
during the year, t	I(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received otal contributions of more than \$1,000 for use <i>exclusively</i> for religious, or the prevention of cruelty to children or animals. Complete Pa	charitable, scientific, literary,				
For a section 501(c)(7), (8), or (10) organization filling 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 total 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 the	nat is not covered by the General Rule and/or the Special Rules does not nust answer "No" on Part IV, line 2 of its Form 990; or check the box or 0-PF, to certify that it does not meet the filing requirements of Schedule	ot file Schedule B (Form 990, n line H of its Form 990-EZ or on				
For Paperwork Reduction Act No	otice, see the Instructions for Form 990, 990-EZ, or 990-PF.	hedule B (Form 990, 990-EZ, or 990-PF) (2012)				

Employer identification number 52-2276602

Pall	Contributors (see instructions). Use duplicate copies of Par	1 " " "	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	M & T CHARITABLE FOUNDATION  24 SOUTH CHARLES STREET, 22ND FLOOR	\$13,290.	Person Payroll Noncash (Complete Part II if there is
	BALTIMORE, MD 21201		a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANNIE E. CASEY FOUNDATION		Person X
	701 ST. PAUL ST	\$14,486.	Payroll Noncash
	BALTIMORE, MD 21202		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	BALTIMORE COMMUNITY FOUNDATION		Person X
	2 EAST READ ST	\$29,500.	Payroll Noncash
	BALTIMORE, MD 21202		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	OPEN SOCIETY INSTITUTE		Person X Payroll
	201 N. CHARLES STREET	\$65,000.	Noncash
	BALTIMORE, MD 21201		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HARRY & JEANETTE WEINBERG FOUNDATION INC	. [	Person X
<del></del>	7 PARK CENTER COURT	\$25,000.	Payroll Noncash
	OWINGS MILLS, MD 21117	-	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	HOFFBERGER FOUNDATION INC	_	Person
	101 WEST MOUNT ROYAL AVENUE	\$10,000.	Payroll Noncash
	_ <del> </del>	i	(Complete Part II if there is

Employer identification number 52-2276602

Partl	Contributors (see instructions). Use duplicate copies of Pr		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7-	CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT  3211 FOURTH STREET NE  WASHINGTON, DC 20017	\$13,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE MIAMI FOUNDATION  200 S BISCAYNE BLVD #505  MIAMI, FL 33131	- \$10,000. -	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	NATIONAL ENDOWMENT FOR THE ARTS  1100 PENNSYLVANIA AVENUE, NW  WASHINGTON, DC 20506	\$12,500.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	STEVENSON UNIVERSITY  1525 GREENSPRING VALLEY RD  STEVENSON, MD 21153	\$18,200.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		   \$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

52-2276602

art II No	ncash Property (see instructions). Use duplicate copies		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u></u>	OMPUTERS AND EQUIPMENT		
-		\$18,200.	6/5/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u></u>	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$   	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ <b></b>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- <b>-</b>		  \$	
			990, 990-EZ, or 990-PF

Employer identification number 52–2276602

_		the first term to postion 501(c)(7) (8) or (10) organizations
Part III	Exclusively religious,	charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations
	that total more than	\$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$_

Use d	uplicate copies of Part III if additional spac	e is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gil	ift					
ļ		(e) Hallslei ol gii	Relationship of transferor to transferee					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to maistered					
(a) No. from		(c) Use of gift	(d) Description of how gift is held					
from Part I	(b) Purpose of gift	(0) 000 01 9						
		(e) Transfer of g	nift					
ľ		Relationship of transferor to transferee						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferor					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t (d) Description of how gift is held					
ļ <u> </u>	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4	1	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	ft (d) Description of how gift is held					
-								
-		(e) Transfer of	fgift					
	Transferee's name, address, and ZIP +	4	Relationship of transferor to transferee					
-								
-								
-		1						

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

2012

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

	of the organization			Employer Identification number
	DE ANGLE YOUTH MEDIA, INC.			52-2276602
Par		Funds or Other S Part IV, line 6.	Similar Funds o	
		(a) Donor advis	ed 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 advis	sors in writing that	the assets held in	n donor advised
	funds are the organization's property, subject to the org Did the organization inform all grantees, donors, and do	anization's exclusiv	e legal control? .	Yes 📖 No
6	only for charitable purposes and not for the benefit of	the denot or denot	advisor or for an	v other purpose
	conferring impermissible private benefit?	ine donor or donor		Yes No
	rt II Conservation Easements. Complete if the	organization ansi	wered "Yes" to I	
1	Purpose(s) of conservation easements held by the org	anization (check all t	hat apply).	
•	Preservation of land for public use (e.g., recreation		Preservation	of an historically important land area
	Protection of natural habitat	,, or outdation,		of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	qualified conserva	tion contribution	in the form of a conservation
2	easement on the last day of the tax year.	<b>, ,</b>		
	,			Held at the End of the Tax Year
а	Total number of conservation easements	<i></i>		. 2a
b	Total acreage restricted by conservation easements .			
C	Number of conservation easements on a certified histo	oric structure include	ed in (a)	
ď	Number of conservation easements included in (c) acc	uired after 8/17/06	, and not on a	
u	historic structure listed in the National Register			
3	Number of conservation easements modified, transfer	red, released, extir	guished, or term	inated by the organization during the
Ū	tax year ▶			
4	Number of states where property subject to conservat	ion easement is loca	ated ▶	
5	Does the organization have a written policy regarding	the periodic monito	ring, inspection, i	nandling of
	violations, and enforcement of the conservation easen	ents it holds?		
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing	g conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspecting	, and enforcing cor	nservation easem	ents during the year
-	<b>▶\$</b>			
8	Does each conservation easement reported on line 2(	d) above satisfy the	e requirements of	section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports con	servation easemen	ts in its revenue a	and expense statement, and
	balance sheet, and include, if applicable, the text of the	e footnote to the o	ganization's finar	ncial statements that describes the
	organization's accounting for conservation easements.	A ( 10) ( 3 -1 To		er Similar Aparts
Pa	Organizations Maintaining Collections of Complete if the organization answered "You	es" to Horm 990, I	art IV, line 8.	
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar a public service, provide, in Part XIII, the text of the footr	116 (ASC 958), n ssets held for pub note to its financial s	ot to report in it lic exhibition, ed statements that d	s revenue statement and balance shee ducation, or research in furtherance o escribes these items.
b	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar and the following amounts relating	S 116 (ASC 958), issets held for pub to these items:	to report in its olic exhibition, e	revenue statement and balance snee ducation, or research in furtherance o
	(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,	nistorical treasures	, or other simila	r assets for financial gain, provide the
	following amounts required to be reported under SFAS	3 116 (ASC 958) re	lating to these ite	ms:
а	Poyonues included in Form 990, Part VIII, line 1			· · · · · · · · ▶ \$ · · · ·
b	Assets included in Form 990, Part X	<u> </u>	<u> </u>	<u></u> \$

PAGE 22

Par	ule D (Form 990) 2012  Organizations Maintaining Colle	ections of	Art, Hist	orical 1	reasur	es,	or Ot	her Simila	r Asse	ts (con	tinued)
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and o	ther record	•					a sign	ificant us	se of its
а	Public exhibition		d	(	r excha						
b	Scholarly research		е	Other			<b>-</b> -				
C	Preservation for future generations							! 4! !			in Dord
4	Provide a description of the organization's	collections	and expla	in how t	hey turi	iner	tne org	janization's	exemp	purpose	ın Pan
	XIII.							. 11			
5	During the year, did the organization solicit cassets to be sold to raise funds rather than to	o be mainta	ined as pai	rt of the c	rganiza	tion'	s collec	tion?	<u>. l</u>	Yes	No
Par	Escrow and Custodial Arranger line 9, or reported an amount on	ments. Co Form 990	omplete if , Part X, li	the org ne 21.	janizati	on a	answei	ed "Yes" to			art IV,
4.5	Is the organization an agent, trustee, custod	ian or other	intermedia	ary for co	ntributio	ons o	or other	assets not			
ıa	included on Form 990, Part X?								Г	Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII	and comple	ete the follo	wing tab	 le:						
D	ii 165, explain the arrangement are are	and compa			ſ			Am	ount		
r	Beginning balance				t	1c					-
d	Additions during the year	. <i>.</i>	. <b></b> .		]	1d					
e	Distributions during the year										
f	Ending balance					1f					
2a	Did the organization include an amount on F	Form 990, F	art X, line	21?					[	Yes	U No
b	If "Yes," explain the arrangement in Part XIII.	. Check her	e if the exp	lanation	has be	en pr	rovided	in Part XIII.	<u></u>		
Par		the organ	ization an	swered '	"Yes" to	o Fo	rm 990	), Part IV, li	ne 10.		
		rrent year	(b) Prio		(c) Two			(d) Three yea	rs back	(e) Four	ears back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year e	nd balance	(line 1g,	column	(a))	held as	:			
а	Board designated or quasi-endowment ▶_		_%								
þ	Permanent endowment ▶%										
С	Temporarily restricted endowment ▶	·%									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 10	00%.			.1	t t-				
3a	Are there endowment funds not in the poss	ession of th	ne organiza	uon that	are nek	u an	u aumii	iistered for ti	IC .	Ī,	es No
	organization by:									3a(i)	69 140
	(i) unrelated organizations	· · · · · · ·								3a(ii)	
	(ii) related organizations	a listed on	 roquirod on	 Schodule	 . D2					3b	
_	Describe in Part XIII the intended uses of the	o organizati	ion'e andov	umant fill	nye					<u> </u>	
4											
Par			other basis		or other ba	eie T	(c) Ac	cumulated		d) Book valu	ie.
	Description of property		tment)		other)	1010		reciation	,,		
1a	Land										
b	Buildings										
C	Leasehold improvements										
d	Equipment				87,6	03.		47,287.		4	0,316.
е	Other	<u></u>		<u> </u>							0 216
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Forn	n 990, Part	X, colum	n (B), lir	ie 10	<i>(c).)</i>	▶	0.1.		0,316
									Scned	lule D (For	ກາ ອອບງ 201

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's Schedule D (Form 990) 2012 JSA 2E1270 1.000

(10)(11)

	WIDE ANGLE FOUTH MEDIA, INC.				Page <b>4</b>
	(	h Re	venue per Returi	1	
Part 2	Total revenue, gains, and other support per audited financial statements			1	339,781.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			4.4.4	
2		2a			
а	Net util ealized gains of involutions	2b	14,145.		
b	Donated services and use of lagrandes	2c	<u> </u>		
C	Recoveries of prior year granto	2d			
d	Official (Describe in Landam)			2e	14,145.
е	Add lines 2a through 2d			3	325,636.
3	Subtract line 2e from line 1	;			3207 555
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	.			
а	investment expenses not molecod on the source of the sourc	4a_			
b	Other (Describe in Fait Aiii.)	4b			
c	Add lines 4a and 4b			4c	325,636.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	323,030.
Part	Reconciliation of Expenses per Audited Financial Statements Wi	th E	xpenses per Rett	ırn	363,738.
1	Total expenses and losses per audited financial statements			1	303,730.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	14,145.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	14,145.
3	Subtract line 2e from line 1		,	3	349,593.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
·		4a			
b		4b		- And and	
c				4c	
5	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	349,593.
	van a living tallufammetion				
	the state of the s	t III, I	ines 1a and 4; Part	IV, lines	lb and 2b;
Part V	lete this part to provide the descriptions required for Part II, lines 3, 3, and 3, 1 art, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also	com	plete this part to pr	ovide any	/ additional
inform	ation.				
Q1	E PAGE 5				
	in than o				
		<b></b>			
				Sched	ule D (Form 990) 2012

## Part XIII Supplemental Information (continued)

FIN 48

PART X LINE 2

WIDE ANGLE 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, 2013. 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. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR ANY OPEN TAX RETURNS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS, TAX YEARS SINCE 2010 REMAIN OPEN.

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

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

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization WIDE ANGLE YOUTH MEDIA, INC. Employer identification number

52-2276602

Part							_	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of	d) determining ibution amounts	3	
1	Art - Works of art							
_	Art - Historical treasures							
3	Art - Fractional interests						_	
4	Books and publications					<del></del>	_	
5	Clothing and household							
•	goods						—	
6	Cars and other vehicles	ι					—	
7	Boats and planes					·	—	
8	Intellectual property						_	
9	Securities - Publicly traded	1					_	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous	l .						
13	Qualified conservation							
	contribution - Historic				<u> </u>			
	structures	Ĺ						
14	Qualified conservation							
	contribution - Other				<u> </u>		<del></del>	
15	Real estate - Residential	1			<del> </del>			
16	Real estate - Commercial							
17	Real estate - Other				ļ — · · · ·			
18	Collectibles				<u> </u>	<u> </u>		
19	Food inventory	I .			ļ	<del></del>		
20	Drugs and medical supplies							
21	Taxidermy	1						
22	Historical artifacts				<del>                                     </del>			
23	Scientific specimens				<del></del>			
24	Archeological artifacts	1			<del></del>			
25	Other ►(_ATCH 1)		2.	18,200.	<del>                                     </del>	<u> </u>	_	
26	Other ►()				<del></del>			
27	Other ►()				<del>-</del>			
28	Other ►(	<b> </b>			<u> </u>			
29	Number of Forms 8283 received	l by the ord	janization during the tax y	ear for contributions for				
	which the organization completed	Form 8283	, Part IV, Donee Acknowled	gement	29		_	
					4 00 15-4	Yes I	No.	
30 a	During the year, did the organization	ation receive	e by contribution any prop	erty reported in Part I, III	es 1-28 that			
	it must hold for at least three ye	ars from the	e date of the initial contrib	oution, and which is not re	equiled to be		37	
	used for exempt purposes for the	entire holdir	ng period?			30a	X	
h	If "Vec " describe the arrangement	i in Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any non-standard							
	stributions?	and with ution 2						
32 2	Does the organization hire or u	se third pa	rties or related organization	ons to solicit, process, of	Sell Honicasii		.,	
	contributions?					32a	X	
ŧ	contributions?							
33	If the organization did not report	an amount i	n column (c) for a type of p	roperty for which column (	a) is checked,			
	describe in Part II.						- 19	

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

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Schedule M (Form 990) (2012)

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part II

	ATTACHMENT 1			
PERMITE	(D) METHOD OF			
REVENUES	DETERMINING			

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

(B) NUMBER OF (C) CONTRIBUTIONS (A) CHECK DESCRIPTION 2. 18,200. COMPUTERS AND EQUIPMENT Х 18,200. 2. TOTALS

# SCHEDULE O

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WIDE ANGLE YOUTH MEDIA, INC.

Employer identification number 52-2276602

REVIEW OF 990

PART VI, SECTION B, LINE 11

THE EXECUTIVE DIRECTOR AND BOOKKEEPER REVIEW THE 990 FIRST. THEN 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 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 POLICY IS DISCUSSED WITH NEW STAFF MEMBERS AND BOARD MEMEBRS. IF A SITUATION ARISES IT WOULD BE DISCUSSED BY THE EXECUTIVE COMMITTEE AND IF NECESSARY VOTED ON BY THE GOVERNING BOARD.

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.

THE BOARD MEMBERS MONITOR CONFLICT OF INTEREST AND SO DOES THE EXECUTIVE DIRECTOR. IF ANY VENDOR WAS BEING USED THAT WAS RELATED TO A BOARD MEMBER OR EMPLOYEE A BIDDING PROCESS WOULD BE 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
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 DIRECTOR COMPENSATION

PART VI, SECTION B, 15B

WHEN WIDE ANGLE STARTED THE JOB SEARCH FOR OUR PROGRAM DIRECTOR, 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

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THE FINAL DECISION, BUT WAS INFORMED BY ALL THE PARTIES THAT INTERVIEWED THE PROGRAM DIRECTOR.

ATTACHMENT 1

## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOUNDED IN 2000, WIDE ANGLE YOUTH MEDIA PROVIDES BALTIMORE YOUTH WITH MEDIA EDUCATION TO TELL THEIR OWN STORIES AND BECOME ENGAGED WITH THEIR COMMUNITIES. WE DELIVER FREE AND ACCESSIBLE AFTERSCHOOL AND OUT-OF-SCHOOL TRAINING IN MEDIA PRODUCTION AND LITERACY TO MORE THAN 350 YOUNG PEOPLE AGES 10-20 EACH YEAR. BECAUSE THESE YOUTH HAVE LIMITED ACCESS TO TECHNOLOGY RESOURCES, WIDE ANGLE'S PROGRAMS BRIDGE THE DIGITAL DIVIDE AND PROMOTE THEIR ACADEMIC AND WORKFORCE-READINESS SKILLS. TO DATE, WIDE ANGLE HAS SERVED NEARLY 3,000 BALTIMORE CITY YOUTH IN INTENSIVE MEDIA LEARNING EXPERIENCES. THESE YOUNG PEOPLE HAVE CREATED MORE THAN 120 VIDEOS ABOUT YOUTH AND COMMUNITY ISSUES, SUCH AS GANG VIOLENCE, YOUTH IDENTITY, COMMUNITY SAFETY, AND THE ENVIRONMENT. THEIR WORK HAS BEEN SHARED WITH TENS OF THOUSANDS OF PEOPLE EVERY YEAR IN COMMUNITY SCREENINGS, ON CABLE TELEVISION, AT FILM FESTIVALS, AND ON THE INTERNET. YOUTH IN OUR PROGRAMS HAVE COMPLETED HIGH SCHOOL, ATTENDED COLLEGE, AND FOUND MEANINGFUL WORK EXPERIENCES IN A VARIETY OF DISCIPLINES -- TO DATE, EVERY YOUTH WHO HAS STAYED IN OUR PROGRAM HAS GRADUATED HIGH SCHOOL.

ATTACHMENT 2

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

WIDE ANGLE SERVES MORE THAN 350 YOUTH EACH YEAR THROUGH FIVE CORE PROGRAMS, ALL OF WHICH ARE FREE FOR PARTICIPANTS, SOME OF WHICH

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ATTACHMENT 2 (CONT'D)

OFFER SERVICE LEARNING HOURS OR STIPENDS FOR REGULAR ATTENDANCE AND ENGAGEMENT. ALTHOUGH OUR PROGRAMS ARE OPEN TO ALL BALTIMORE CITY YOUTH AGES 10-20, OUR TARGET POPULATION IS YOUTH FROM TRADITIONALLY UNDERSERVED DEMOGRAPHIC GROUPS AND NEIGHBORHOODS. IN FY12, 78% OF YOUTH PARTICIPATING IN OVER 32 HOURS OF WAYM PROGRAMMING WERE ELIGIBLE FOR FREE OR REDUCED LUNCH, 95% WERE AFRICAN AMERICAN OR MULTIRACIAL, AND MOST CAME FROM SINGLE PARENT HOUSEHOLDS AND/OR ATTENDED TITLE 1 SCHOOLS.

WIDE ANGLE CONDUCTS FIVE CORE PROGRAMS EACH YEAR:

IN 2003 WAYM ANGLE BEGAN THE BALTIMORE SPEAKS OUT! PROGRAM (BSOP) WITH THE ENOCH PRATT FREE LIBRARY. BSOP OFFERS 90 MIDDLE-SCHOOL STUDENTS, AGED 10-15, INTRODUCTORY VIDEO PRODUCTION AND ARTS EDUCATION AT THREE LIBRARY BRANCHES/SCHOOLS. DESIGNED BY YOUNG PEOPLE IN 2002, THE MENTORING VIDEO PROJECT (MVP) OFFERS 12 YOUTH AGED 14-20 THE OPPORTUNITY TO GAIN ADVANCED VIDEO AND AUDIO PRODUCTION TRAINING, AND DEVELOP THEIR CRITICAL THINKING, STORY-TELLING AND CREATIVE SKILLS BY PRODUCING SHORT ORIGINAL FILMS THAT ARE DISTRIBUTED NATIONALLY. THE SOCIAL MEDIA DESIGN TEAM IS AN AFTER-SCHOOL PROGRAM THAT OFFERS 12 HIGH SCHOOL YOUTH THE OPPORTUNITY TO GAIN ADVANCED GRAPHIC DESIGN AND MEDIA TRAINING WHILE DEVELOPING THEIR PUBLIC SPEAKING, LEADERSHIP, AND MARKETING SKILLS. OUR RECENT CAMPAIGN ENCOURAGED STUDENTS TO TEXT ABOUT THEIR BUS RIDE - HELPING ADDRESS

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ATTACHMENT 2 (CONT'D)

TRANSPORTATION BARRIERS TO SCHOOL ATTENDANCE

THE TRAVELING PHOTOGRAPHY EXHIBITION IS A PROGRAM THAT PROVIDES 120 YOUTH (AGES 10-20) WITH FREE OR LOW COST PHOTOGRAPHY WORKSHOPS AT CITY SCHOOLS AND LOCAL ORGANIZATIONS TO GENERATE WORK TO BE DISPLAYED AT A RANGE OF VENUES IN BALTIMORE CITY. THE WORK IS DISPLAYED IN SCHOOLS, FARMERS MARKETS AROUND BALTIMORE, GALLERIES, AND IN LARGE-SCALE PUBLIC INSTALLATIONS. IN THE SPRING, A TEAM OF 6 HIGH SCHOOL STUDENTS USE CREATIVE CURATION OF IMAGES FROM THESE WORKSHOPS TO SPARK INTEREST IN LARGE AND DIVERSE AUDIENCES TO LEARN MORE ABOUT POSITIVE ATTRIBUTES OF BALTIMORE YOUTH. INTENSIVE MEDIA SUMMER CAMP PROVIDES 24 YOUTH IN BALTIMORE CITY WITH VIDEO PRODUCTION OR GRAPHIC DESIGN TRAINING. IN PARTNERSHIP WITH STEVENSON UNIVERSITY STUDENTS ARE TRANSPORTED ON CAMPUS TO PARTICIPATE IN THE MEDIA CAMP FOR TWO WEEKS AND OVER 80 HOURS OF TRAINING. A MIDDLE SCHOOL OPTION IS ALSO IN THE PLANNING STAGE FOR FY15.

IN ADDITION TO OUR FIVE CORE PROGRAMS, WE RECENTLY STARTED A SOCIAL ENTERPRISE TO BUILD ORGANIZATIONAL CAPACITY. WIDE ANGLE PRODUCTIONS PRODUCES VIDEOS FOR CLIENTS YEAR ROUND ON A FEE-FOR-SERVICE BASIS. WIDE ANGLE PRODUCTIONS PAYS 8 HIGH SCHOOL STUDENTS AN HOURLY WAGE OR STIPENDS TO PRODUCE MULTIMEDIA PROJECTS FOR CLIENTS UNDER THE DIRECTION OF OUR ADULT STAFF, STUDENTS WHO PARTICIPATE IN OUR PRODUCTION PROJECTS GET VALUABLE WORK EXPERIENCE WHILE GENERATING INCOME FOR THEMSELVES AND THEIR FAMILIES. CLIENTS INCLUDE ANNIE E. CASEY FOUNDATION, THE OPEN

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ATTACHMENT 2 (CONT'D)

SOCIETY INSTITUTE, WOMEN'S EDUCATION ALLIANCE, GREEN STREET

ACADEMY, AND MANY MORE. MARKETING MATERIALS AND BUSINESS PLANS ARE

CURRENTLY IN DEVELOPMENT.

ANTICIPATED RESULTS -- ENHANCING CAPACITY AND SUSTAINABILITY WIDE ANGLE AIMS TO ACCOMPLISH THE FOLLOWING GOALS IN FY14:

- " PROVIDE 350 YOUTH AGES 10-20 WITH FREE AFTERSCHOOL MEDIA WORKSHOPS EACH YEAR
- " SUSTAINING OUR EXPANSION OF BALTIMORE SPEAKS OUT PROGRAM TO
  A THIRD SITE SERVING 30 YOUTH A YEAR, OR 90 TOTAL YOUTH AT 3
  SITES, IN 6 WORKSHOPS.
- " SOLIDIFY THE SOCIAL DESIGN WORKSHOP AS AN ONGOING PROGRAM SERVING 12 YOUTH A YEAR, AND CREATING 2 NEW SOCIAL MEDIA CAMPAIGNS
  WITH AN OUTPUT OF 5 PRODUCTS A YEAR THAT MEET THOSE CAMPAIGN
  GOALS.
- " SUPPORT THE HEALTH AND CAPACITY BUILDING OF OUR STAFF OF
  MEDIA EDUCATORS PROVIDING FULL-TIME STAFF WITH HEALTH BENEFITS
  AND ALL STAFF WITH PROFESSIONAL DEVELOPMENT OPPORTUNITIES.
- " INCREASE THE DISTRIBUTION OF OUR YOUTH-MADE MEDIA ONLINE
  WITH AN ENHANCED WEBSITE PORTFOLIO AND SOCIAL MEDIA ENGAGEMENT INCREASING OUR ONLINE VIEWERS BY 20% ANNUALLY.
- " INCREASE OUR LIVE AUDIENCES BY 20% EACH YEAR.

THESE GOALS AND OBJECTIVES ARE BUILT UPON OUR OVERALL MISSION: TO HELP BALTIMORE YOUTH TELL THEIR STORIES AND BECOME ENGAGED IN

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ATTACHMENT 2 (CONT'D)

THEIR COMMUNITIES. BY MAINTAINING, STRENGTHENING AND EXPANDING OUR MEDIA WORKSHOPS, PUBLIC EVENTS, AND DISTRIBUTION STRATEGIES, WE HOPE TO SERVE MORE YOUNG PEOPLE, AND INCREASE THE IMPACT OF THEIR STORIES ON THE COMMUNITY. BY SUPPORTING THE STAFF THAT MENTOR AND TRAIN OUR STUDENTS, WE BUILD OUR INTERNAL CAPACITY, AND GROW A HEALTHY ORGANIZATION THAT CAN ACHIEVE OUR MISSION.

### MEASURING SUCCESS OVERALL

MANY OF WIDE ANGLE'S ORGANIZATIONAL GOALS ARE QUANTIFIABLE,
INCLUDING THE NUMBER OF STUDENT'S SERVED, AUDIENCES REACHED, AND
EVENTS LAUNCHED. ATTENDANCE AND COMPLETION MEASUREMENTS HELP US
EXPAND OUR REACH, BUT MAINTAINING HIGH QUALITY EXPERIENCES ARE
CRITICAL FOR SUSTAINING PARTICIPATION, AND ACHIEVING OUR MISSION.
THEREFORE, PROGRAM EVALUATION IS CRITICAL FOR MEASURING OVERALL
ORGANIZATIONAL SUCCESS.

WIDE ANGLE STAFF COMPLETE OBSERVATIONAL SURVEYS OF THE YOUTHS'

SKILL DEVELOPMENT USING THE VERIFIED RESUME EVALUATION TOOL, WHICH

MEASURES A SELECT GROUP OF SKILLS BASED ON THE SKILLS FOR SUCCESS

AND THE SCANS SKILLS FOR WORKFORCE DEVELOPMENT. MEASURED ARE FOUR

INDICATORS: TEAMWORK; CREATIVITY; TECHNICAL MEDIA SKILLS; AND

INTERPRETING INFORMATION - WITH THE GOAL OF SEEING A 20% INCREASE

IN ALL SKILLS. FREQUENCY MEASURES INCLUDE OBSERVING GOOD TEAMWORK

80% OF THE TIME, AND A 100% COMPLETION RATE FOR MEDIA PROJECTS.

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ATTACHMENT 2 (CONT'D)

STUDENT PRE/ POST SURVEYS HELP US TO UNDERSTAND STUDENT

MOTIVATIONS FOR PARTICIPATION AND ALLOW US TO ENSURE THAT STUDENTS

HAVE A SAY IN OUR PROGRAM DESIGN. PARENT SURVEYS GIVE US INSIGHT

INTO THE PARENTS' GOALS FOR THEIR CHILDREN. AUDIENCE SURVEYS ARE

USED AT LIVE COMMUNITY EVENTS TO ASSESS THE SUCCESS OF EACH

PROJECT AND TO PROVIDE VALUABLE FEEDBACK TO THE YOUTH PRODUCERS.

### ORGANIZATIONAL TRACK RECORD

WIDE ANGLE YOUTH MEDIA HAS BECOME KNOWN AS A PROFESSIONAL ORGANIZATION THAT PROVIDES HIGH-QUALITY WORKSHOPS AND EVENTS FOR THE COMMUNITY. OUR YOUTH ARE RECOGNIZED AS THOUGHTFUL, TALENTED INDIVIDUALS WHO HAVE BEEN INVITED TO SPEAK AT CONFERENCES AND PUBLIC EVENTS ON YOUTH ISSUES, WHILE THE MEDIA THEY PRODUCE HAS WON AWARDS AND BECOME INCORPORATED INTO BROADER COMMUNITY DIALOGUES. WE INTEND TO MAINTAIN OUR QUALITY OF SERVICE, WHILE THOUGHTFULLY EXPANDING OUR REACH IN THE YEARS TO COME.

### SOME OF OUR ACCOMPLISHMENTS:

- " 100% OF YOUTH WHO REMAIN IN WIDE ANGLE PROGRAMS THROUGH HIGH SCHOOL GRADUATE.
- " WIDE ANGLE'S STUDENTS HAVE TRAVELED TO NINE STATES TO SHOW THEIR VIDEOS AND SHARE WHAT THEY KNOW WITH PEERS FROM ACROSS THE COUNTRY.
- " FROM 2011-2013, TWENTY DIFFERENT FILM FESTIVALS ACCEPTED
  FIFTEEN OF OUR FILMS FROM STATES ALL ACROSS AMERICA, AND AUSTRALIA

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ATTACHMENT 2 (CONT'D)

AND SINGAPORE. ELEVEN OF OUR STUDENTS' FILMS HAVE ALSO RECEIVED AWARDS AT FILM FESTIVALS.

- OVER THE PAST 3 YEARS (FY11-FY13), YOUNG PEOPLE PARTICIPATING IN THE BALTIMORE SPEAKS OUT! PROGRAM HAVE ACCUMULATED A TOTAL OF 2,180 SERVICE LEARNING HOURS
- IN FY11, CONGRESSMAN ELIJAH CUMMINGS STATED AT A WIDE ANGLE EVENT: "THIS IS THE KIND OF TALENT THAT WE MUST APPLAUD AND THAT WE MUST SUPPORT. I THANK YOU WIDE ANGLE, AND I AM GOING TO TELL ALL OF YOUR SPONSORS THAT THEIR MONEY WAS WELL SPENT."
- " IN FY15 STARTED A SOCIAL ENTERPRISE TO PROVIDE PRODUCTION SERVICES TO CIVIC MINDED ORGANIZATIONS.

FORM 990, PART VIII - INVESTMENT INCOME	_		ATTACHMENT 3	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT REVENUE	5.			5.
TOTALS	THE	5.	=	5.
FORM 990, PART VIII - FUNDRAISING EVENTS	<u>s</u>		ATTACHMENT 4	
DESCRIPTION	GROSS INCOME		NET INCOME	
SPECIAL EVENTS	6,2	25.		6,225.
TOTALS =	6,2	<u>125.</u>		6,225.

Schedule O (Form 990 or 990-EZ) 2012 Page 2 Name of the organization Employer identification number WIDE ANGLE YOUTH MEDIA, INC. 52-2276602 ATTACHMENT 5 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES ENDING DESCRIPTION BOOK VALUE 2,915. PREPAID EXPENSES TOTALS 2,915. ATTACHMENT 6 FORM 990, PART X - DEFERRED REVENUE ENDING DESCRIPTION BOOK VALUE DEFERRED REVENUE 26,761. TOTALS 26,761.