Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	≥ 2023 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addre	YOUTHCAST MEDIA GROUP, INC.			
	Name chang	Doing business as		84-20129	00
	Initial return Final return	1350 BEVERLY ROAD DO BOX $115-404$	Room/suite	E Telephone numbe 703-216-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	423,891.
	Ameno			H(a) Is this a group re	
F	Applic			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	1 ` ′	list. See instructions
	Websit			H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other	L Year		M State of legal domicile: VA
	art I	Summary		•	<u>v</u>
	1	Briefly describe the organization's mission or most significant activities: ${ m TO}$ ${ m TI}$	RAIN D	IVERSE TEEN	S TO CREATE
Governance		MULTIMEDIA JOURNALISM & SOCIAL MEDIA ON H			
n L	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
		Number of independent voting members of the governing body (Part VI, line 1b)		4	9
တို	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			14
jŧ.	6	Total number of volunteers (estimate if necessary)			5
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		656,915.	420,716.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		697.	3,175.
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		657,612.	423,891.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		240,398.	433,406.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	b	Total fundraising expenses (Part IX, column (D), line 25) 61, 3			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		80,054.	191,660.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		320,452.	625,066.
_		Revenue less expenses. Subtract line 18 from line 12		337,160.	-201,175.
Net Assets or	9		Ве	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		467,181.	264,162.
at A	21	Total liabilities (Part X, line 26)		1,844.	0.
		Net assets or fund balances. Subtract line 21 from line 20		465,337.	264,162.
	art II				. Lorenza de al como escala la estra de de de-
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.	
<u> </u>		Signature of officer		I Date	
Sig		JAYNE O'DONNELL, CEO/FOUNDER		Duto	
Hei	re	Type or print name and title			
				Date Check C	PTIN
Pai	Н	Preparer's signature HIN CHIU LO HIN CHIU LO		3/25/24 of self-employ	
	u parer	Firm's name PRAGER METIS CPAS, LLC	ļ0		6-1667465
	Only	Firm's address 1951 KIDWELL DRIVE, SUITE 200		FITTI S EIN U	0 100/403
036	. Only	TYSONS CORNER, VA 22182		Dhone no (7	03)821-0702
Ma	v the I	RS discuss this return with the preparer shown above? See instructions		T HOUSE HO. (7	X Yes No
ivid	y	to discuss this retain with the preparer shown above? See instructions			169110

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	YOUTHCAST MEDIA GROUP (YMG) TEACHES HIGH SCHOOL STUDENTS FROM
	UNDER-RESOURCED COMMUNITIES TO PRODUCE MULTIMEDIA JOURNALISM THAT
	HIGHLIGHTS SOLUTIONS TO THE HEALTH, SAFETY, WEALTH AND SOCIAL
	DISPARITIES WHERE THEY LIVE. IN DOING SO, THEY HARNESS THE POWER OF
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	VIRTUAL WORKSHOPS/BOOT CAMPS: YMG CONDUCTS PAID TWO-WEEK BOOT CAMPS ON
	INTRODUCTION TO REPORTING AND WRITING AND ALSO ON SOCIAL MEDIA FOR
	JOURNALISM WITH GROUPS OF UP TO 12 HIGH SCHOOL STUDENTS. THE REPORTING
	AND WRITING "101" BOOT CAMP TEACHES THE BASICS OF NEWS WRITING AND
	STUDENTS WORK IN GROUPS TO COMPLETE SHORT NEWS ARTICLES, WHICH WE
	PUBLISH ON OUR WEBSITE AND OFFER TO MEDIA OUTLETS THAT HAVE INCLUDED
	THE BALTIMORE AFRO AND THE BRONX TIMES. THE SOCIAL MEDIA TRAINING
	TEACHES STUDENTS HOW TO CREATE FACTUAL, GRAMMATICAL AND ENGAGING
	JOURNALISTIC SOCIAL MEDIA POSTS USING CANVA AS WELL AS VIA TIKTOK AND
	INSTAGRAM. THEIR GRAPHICS AND VIDEO POSTS PROMOTE OUR WORK AND RAISE
	AWARENESS OF THE DISPARITIES AND SOLUTIONS TO HEALTH, CRIMINAL JUSTICE
	AND OTHER SOCIAL CHALLENGES IN STUDENTS' COMMUNITIES. WE SHARE THE
4b	(Code:) (Expenses \$102,419. including grants of \$) (Revenue \$
	IN-SCHOOL TRAINING: YMG INSTRUCTORS CONDUCT ALL-VIRTUAL AND HYBRID
	IN-PERSON/VIRTUAL REPORTING, WRITING AND SOCIAL MEDIA TRAINING FOR HIGH
	SCHOOL JOURNALISM CLASSES DURING THE SCHOOL DAY, AFTER SCHOOL AND/OR DURING SCHOOL VACATIONS. STUDENTS ARE COMPENSATED FOR WORK THAT MEETS
	MINIMUM STANDARDS FOR PUBLICATION ON OUR WEBSITE, SOCIAL MEDIA CHANNELS
	AND OTHER OUTLETS.
	AS WITH OUR EXTRACURRICULAR TRAINING, THESE STUDENTS COVER TOPICS
	INCLUDING MENTAL HEALTH, THE SOCIAL DETERMINANTS OF HEALTH, ROAD
	SAFETY, CRIMINAL JUSTICE AND HEALTH EQUITY.
	DIL DITT, CRITICAL COOTICE IND HENDIN EQUITION
4c	(Code:) (Expenses \$ 126 , 518 • including grants of \$) (Revenue \$
	INDEPENDENT CONTENT CREATION: YMG STAFF, CONTRACT
	JOURNALIST-INSTRUCTORS AND CONSULTANTS WORK INDEPENDENTLY (OUTSIDE OF
	SCHOOLS AND IN BOOT CAMPS AND WORKSHOPS) WITH HIGH SCHOOL STUDENTS AND
	COLLEGE INTERNS. WE HELP THEM PRODUCE ARTICLES, VIDEOS AND SOCIAL MEDIA
	CONTENT; HOST SCHOOL AND PUBLIC EVENTS TO SHOWCASE STUDENT WORK; AND
	PROVIDE COLLEGE AND CAREER PREPARATION TRAINING STUDENTS NEED TO
	SUCCEED IN MEDIA, COMMUNICATIONS AND RELATED FIELDS.
	TOP-PERFORMING HIGH SCHOOL STUDENTS ARE PROMOTED TO "ASSISTANT
	MENTOR-EDITORS," WHO WORK WITH JOURNALISTS AND HIGH SCHOOL STUDENTS IN
	WRITING WORKSHOPS, AND TO COLLEGE INTERNS.
	THEIR WORK HELPS KEEP THE CONTENT ON OUR WEBSITE -
	HTTPS://WWW.YOUTHCASTMEDIAGROUP.ORG/ - FRESH AND REQUIRES STUDENTS TO
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 421,726.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	•	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	•	10h		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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YOUTHCAST MEDIA GROUP, INC. 84-2012900 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38

Part V	Statem	ents Regard	ding Other	IRS Filings	and Tax	Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	27			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			10	X	

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Form 990 (2023) YOUTHCAST MEDIA GROUP, INC.

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

	i (continued)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		165	NO
Za	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
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" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.5		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	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		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		X
	excess parachute payment(s) during the year?	15		\vdash^{Δ}
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	,			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and 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		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JAYNE O'DONNELL - 703-216-4538			
	6517 HITT AVE, MCLEAN, VA 22101			

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than o	one	Reportable	Reportable	Estimated
	hours per week	box	, unles cer an	ss per ıd a d	rson i: irecto	s both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				- - -		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAYNE O'DONNELL	40.00	=	=	0		Ξ ω	4			
CEO & FOUNDER				Х				122,596.	0.	0.
(2) ROSALYN OVERSTREET GONZALEZ, ESQ	1.25									_
BOARD CHAIR		X		Х				0.	0.	0.
(3) DANZELL BUSSEY	0.15									
DIRECTOR		Х						0.	0.	0.
(4) ANNA DURAND KRAUS, ESQ	0.15								_	_
DIRECTOR		Х						0.	0.	0.
(5) MARCY OPPENHEIMER, MD	0.15									
DIRECTOR		Х						0.	0.	0.
(6) ANGELA KENNEDY ACREE	0.15	ļ								
DIRECTOR	0.15	Х						0.	0.	0.
(7) CARMEN RAMOS-WATSON	0.15								•	•
DIRECTOR	0.15	Х						0.	0.	0.
(8) DYROL JOYNER	0.15	3,7							0	0
DIRECTOR (9) JENNIFER TODLING	0.25	Х						0.	0.	0.
TREASURER	0.25	Х		х				0.	0.	0.
(10) MYLES CAGGINS III	0.15	Δ		_				0.	0.	<u> </u>
DIRECTOR	0.15	х						0.	0.	0.
(11) DR. REGINA DAVIS MOSS	0.01	77						0.	0.	<u></u>
DIRECTOR, ENDED MARCH 2023	· · · · ·	х						0.	0.	0.
		<u> </u>							0.1	
		1								
		-								
		-			_					
		-								
										- 000 (sees)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		Es	timate	ed
	hours per week	box	, unle	ss per nd a di	son i	s both	an	compensation	compensation	ו י		nount	of
	(list any							from the	from related organizations			other pensa	ition
	hours for	r director				pg G		organization	(W-2/1099-MIS			om th	
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations below	nal tru	onal t		ployee	comp		1099-NEC)				d relat	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizati	ons
	,	=	=	0	¥	王。	4			\neg			
		•											
		-											
1b Subtotal								122,596.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								122,596.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization											1	Vaa	1
O Diel the aurorimation list and former officers	alia.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.	1					la : a			ſ		Yes	No
3 Did the organization list any former officer,			-	-	•		-		•	ı	3		Х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								ner compensation from t		···	3		
and related organizations greater than \$150	•							•	•	ı	4		х
5 Did any person listed on line 1a receive or a										···			
rendered to the organization? If "Yes," com	plete Schedule	e <i>J f</i> e	or su	ıch r	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	address	NC	ONE	7.				(B) Description of s	ervices	С	(C omper		n
											•		
							\dashv						
							\dashv						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				

Form 990 (2023) YOUTHCA
Part VIII Statement of Revenue

			Check if Schedule O contains	a response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
Sυ	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues						
S S			Fundraising events						
fts,			Related organizations						
ij gi									
ons,			Government grants (contributions)						
utic		T	All other contributions, gifts, grants, an		120 716				
ĕ			similar amounts not included above		420,716.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$		120 716			
O g		n	Total. Add lines 1a-1f		B	420,716.			
					Business Code				
ce	2	а							
Program Service Revenue		b							
S		С							
ran Sev		d							
.0g		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divid	lends, intere	st, and				
			other similar amounts)			3,175.			3,175.
	4		Income from investment of tax-exe						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Not rental income or (less)						
	7		` '	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>o</u>		_	and sales expenses						
her Revenue		c	Gain or (loss) 7c						
ě			Net gain or (loss)						
푸	۰		Gross income from fundraising events	I .					
O th	Ü	u	including \$	·					
١			contributions reported on line 1c).	_					
			•	I					
		L	Part IV, line 18						
			Less: direct expenses						
	_		Net income or (loss) from fundraisi						
	9	а	Gross income from gaming activitie	I					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming a						
	10	а	Gross sales of inventory, less retur						
			and allowances						
			Less: cost of goods sold						
\rightarrow		С	Net income or (loss) from sales of i	nventory					
က္					Business Code				
e e	11	а							
Miscellaneous Revenue		b							
cell Sev		С							
Ais			All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			423,891.	0.	0.	3,175.

Secti	on 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	122,596.	73,558.	24,519.	24,519
6	Compensation not included above to disqualified				-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	280,051.	208,295.	47,957.	23,799
8	Pension plan accruals and contributions (include	,	,	, = = = =	
_	section 401(k) and 403(b) employer contributions				
9	Other employee benefits				
9	Payroll taxes	30,759.	21,531.	5,537.	3,691
1	Fees for services (nonemployees):	307.331	22,5521	3,33,1	3,032
	Management				
		1,144.		1,144.	
	Legal	20,202.		20,202.	
	Accounting	20,202.		20,2021	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	48,725.	22,614.	23,711.	2,400
	column (A), amount, list line 11g expenses on Sch 0.)	2,412.	2,242.	23,711.	170
12	Advertising and promotion	6,400.	4,316.	1,453.	631
3	Office expenses	9,583.	4,924.	3,723.	936
4	Information technology	9,303.	4,344.	3,143.	330
5	Royalties				
6	Occupancy	12 607	0 452	254	4 000
7	Travel	13,607.	8,453.	354.	4,800
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	0.60		0.60	
2	Depreciation, depletion, and amortization	862.		862.	
3	Insurance	11,498.		11,498.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	INSTRUCTORS/MENTOR EDIT	54,056.	54,056.		
b	STUDENT STIPENDS	15,660.	15,660.		
С	INTERNS	6,653.	6,077.	576.	
d	BANK CHARGES	429.			429
	All other expenses	429.		429.	
5	Total functional expenses. Add lines 1 through 24e	625,066.	421,726.	141,965.	61,375
6	Joint costs. Complete this line only if the organization	·	,		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here : (450 and 200 and				

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Part)	^	Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
Π-	1	Cash - non-interest-bearing			462,177.	1	259,095
2	2	Savings and temporary cash investments				2	
3	3	Pledges and grants receivable, net				3	
4		Accounts receivable, net		4			
5		Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
6	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	tion 4958(c)(3)(B)		6		
က္ 7	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ž 9	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		6,035.			
	b	Less: accumulated depreciation	4,979.	10c	4,117		
1.	1	Investments - publicly traded securities		11			
12	2	Investments - other securities. See Part IV, line		12			
13	3	Investments - program-related. See Part IV, line		13			
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11			25.	15	950
16	6	Total assets. Add lines 1 through 15 (must equal to 15)			467,181.	16	264,162
17	7	Accounts payable and accrued expenses		1,844.	17	0	
18	8	Grants payable		18			
19	9	Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete				21	
မ္မ 22	2	Loans and other payables to any current or for					
┋		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
20		Secured mortgages and notes payable to unre		• • • • • • • • • • • • • • • • • • • •		23	
24		Unsecured notes and loans payable to unrelate				24	
25	5	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
	_	of Schedule D			1 0 / /	25	0
26	6				1,844.	26	U
ဖွ		Organizations that follow FASB ASC 958, ch	eck ner	e X			
ဦ ္	-	and complete lines 27, 28, 32, and 33.			73,726.	07	42,266
<u>ala</u> 27					391,611.	27	221,896
<u>හි</u> 28	8	Net assets with donor restrictions			391,011.	28	221,090
들		Organizations that do not follow FASB ASC	958, CNE	eck nere			
<u></u>	^	and complete lines 29 through 33.	_			00	
29		Capital stock or trust principal, or current funds			29		
88 30		Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in			465,337.	31	264,162
		Total lightilities and not assets (fined balances			467,181.	32	264,162
33	ა	Total liabilities and net assets/fund balances			#U/, TOT.	33	Eorm 990 (20

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,0	
3	Revenue less expenses. Subtract line 2 from line 1	3	-20		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46	5,3	37.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	26	4,1	62.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

YOUTHCAST MEDIA GROUP, INC.

Employer identification number 84 - 2012900

_				H GROOT, INC.				<u> </u>	
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative		•)(b)(1)(A)(ii	ii).		
4	一	A medical research organiz					•	the hospital's name.	
•		city, and state:		7				,	
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	wernmental unit describe	ad in	
3				nege of university owned	or operati	ed by a go	Werninental unit describe	5 u III	
_		section 170(b)(1)(A)(iv). (C							
6	37	A federal, state, or local government	· ·				• •		
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general _l	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	: II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(x) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or	
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from	
		activities related to its exem	•				· ·	*	
		income and unrelated busin		•	. ,		• •	•	
		See section 509(a)(2). (Con		(1000 000 tion on the taxy in o		occo acqui	iod by the organization t	artor durie do, roro.	
11		An organization organized a	•	ivolv to tost for public sat	inty Soo	coction 5(00(0)(4)		
	H	-	· ·	•	•			nurnaces of one or	
12		An organization organized a	· ·	•	-		•		
		more publicly supported or	~					check the box on	
		lines 12a through 12d that				•	, ,		
а	ı <u>L</u>		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	me perso	ns that co	ntrol or manage the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	. [Type III functionally inte	grated. A supporting	a organization operated	in connect	tion with, a	and functionally integrate	ed with.	
	-	its supported organization	= ::				• •	,	
c		Type III non-functionally		•				zation(s)	
		that is not functionally int	•					* *	
		•	-		•			7611655	
		requirement (see instructi	·	-					
e	•						Type I, Type II, Type III		
		functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.			
f		er the number of supported of							
		vide the following information			(iv) lo the eras	nization listed			
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
Tota	al						l		

332021 12-21-23

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	91,900.	758,897.	471,846.	656,915.	420,716.	2400274.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	91,900.	758,897.	471,846.	656,915.	420,716.	2400274.	
5	The portion of total contributions				,			
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1397874.	
6	Public support. Subtract line 5 from line 4.						1002400.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	91,900.	758,897.	471,846.	656,915.	420,716.	2400274.	
	Gross income from interest,	, , , , ,	,	,	, , , , , , , , , , , , , , , , , , , ,	,		
_	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources			20.	697.	3,175.	3,892.	
9	Net income from unrelated business				02.0	0 / = / 0 0		
·	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						2404166.	
	Gross receipts from related activities,	etc (see instruction	ine)			12		
	First 5 years. If the Form 990 is for the	· · · · · · · · · · · · · · · · · · ·		fourth or fifth tax v	vear as a section 5			
10	organization, check this box and stor	-		· · · · · · · · · · · · · · · · · · ·			X	
Sec	ction C. Computation of Publi							
	Public support percentage for 2023 (I			column (f))		14	%	
	Public support percentage from 2022					15		
	33 1/3% support test - 2023. If the o							
100								
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
_								
17a								
.,,	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te					_		
h	10% -facts-and-circumstances test	· ·	•			7a and line 15 is :		
	more, and if the organization meets the	•				•	1070 OI	
	organization meets the facts-and-circu				-			
18	Private foundation. If the organization		-					
10	Trivate loundation. If the organization	ni did fiot crieck a l	50A 011 III 10 13, 10a	a, 100, 17a, 01 170	, oriect trile box at		(Form 990) 2023	

332022 12-21-23

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organization operate for the benefit of any supported organization other than the supported Linear terms of the supported arriving the supported arriving the tax year. Linear terms of the supported arriving the supported arriving the supported organization other than the supported	1		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	· · · · · · · · · · · · · · · · · · ·			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations	'		
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's</i>			
	,	3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	ruction		N 1-
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OI-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0.		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 50	09(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purport	oses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.		6	
	Total annual distributions. Add lines 1 through 6.		7	
	Distributions to attentive supported organizations to which	h the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ROBERT WOOD JOHNSON FOUNDATION	708,123.	660,040.
SOZOSEI FOUNDATION	750,000.	701,917.
EY FOUNDATION	84,000.	35,917.
Total Excess Contributions to Schedule A, Part II, Line 5		1,397,874.

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

YOUTHCAST MEDIA GROUP 84-2012900 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

YOUTHCAST MEDIA GROUP, INC.

84-2012900

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE ROAD E PRINCETON, NJ 08540	\$ 24,995.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SOZOSEI FOUNDATION 50 COLLEGE ROAD EAST PRINCETON, NJ 08540-6614	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JONATHAN ADKINS 1226 11TH ST NW, #400 WASHINGTON, DC 20001	\$ <u>10,000.</u>	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JACK R ANDERSON FOUNDATION, INC. 3340 MONARCH LANE ANNANDALE, VA 22003	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GOVERNORS HIGHWAY SAFETY ASSOCIATION 660 N. CAPITOL STREET NW SUITE 220 WASHINGTON, DC 20001-1642	\$30,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

YOUTHCAST MEDIA GROUP, INC.

84-2012900

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(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
(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
		\$	
(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
		 \$	

Name of organization **Employer identification number** YOUTHCAST MEDIA GROUP, INC. 84-2012900 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

YOUTHCAST MEDIA GROUP, INC.

Employer identification number 84-2012900

Schedule D (Form 990) 2023

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

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

Par	t III Organizations Maintaining Col	lections of Art	t, Hist	orical Tre	asures, o	r Othe	r Sim	nilar Asse	ts (contin	nued)	igo –
`	Using the organization's acquisition, accession.									idod)	
•	collection items (check all that apply).	, a	,				.9				
а	Public exhibition	d		I can or eyo	hange progra	am					
b	Scholarly research	e			nange progra						
	Preservation for future generations	•		Oti 161							
C 4		ations and avaloin	bow th	av fundbar th		an'a avan	mnt n.	umana in Da	4 VIII		
4	Provide a description of the organization's colle	•		•	•			•	t AIII.		
5	During the year, did the organization solicit or re							Г			1
Dar	to be sold to raise funds rather than to be main to IV Escrow and Custodial Arrange								Yes		No
Fai	Escrow and Custodial Arrange reported an amount on Form 990, Part >		te if the	organization	n answered "	Yes" on	Form	990, Part IV,	line 9, or		
			lion / for	a a ntribution		soto not	inalus	dad.			
та	Is the organization an agent, trustee, custodian							_	¬ v		1
	on Form 990, Part X?							L	Yes		No
р	If "Yes," explain the arrangement in Part XIII and	a complete the foll	lowing t	able:					A mount		
							\vdash	_	Amoun	L	
С	Beginning balance						—	1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
	Did the organization include an amount on Form						lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch										
Par	2011,01010111111										
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Th	iree years bac	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	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 curren	t vear end balance	e (line 1	a. column (a))) held as:				•		
а	Board designated or quasi-endowment	,	%	, , , , , , , , , , , , , , , , , , , ,	,						
b	Permanent endowment	%									
c	Term endowment %										
_	The percentages on lines 2a, 2b, and 2c should	Legual 100%									
За	Are there endowment funds not in the possessi	•	tion tha	t are held ar	nd administer	red for th	ne				
ou	organization by:	on or the organiza	tion tha	t are riola ar	ia aariiiiiotoi	100 101 11			ſ	Yes	No
									3a(i)		
	•										
L	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization	no listed so require		obodulo DO					3a(ii)		
									3 b	I	
4 Par	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipmer		willelit i	urius.							
	Complete if the organization answered "		Part I\	/ line 11a S	See Form 990	Part X	line 1	0			
				<u> </u>		<u> </u>		ulated	(d) Doo	r volu	
	Description of property	(a) Cost or of basis (investment)			or other (other)	. , ,	precia		(d) Boo	k value	,
	Land	Daois (investin	101119	Dasis	(501101)	ue ue	Piccia				
_	Land										
b	Buildings							-			
_	Leasehold improvements										
d	Equipment				6 025		1	010		1 11	1 7
	Other				6,035.			,918.	<u> </u>	$\frac{4,11}{4,11}$	<u>. / •</u>
ı otal	. Add lines 1a through 1e. (Column (d) must eau	ai Form 990. Part 🏾	x line 1	Oc column	(H))					± , ⊥ .	∟ / •

Schedule D (Form 990) 2023

Part VII Investments - Other Securities YOUTHCAST MI	EDIA GROUP, I	140.	-2012900 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(c) Welliod of Valuation. Gost of City	d of year market value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) !	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	. (B))		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			(-,
(2)			
(3)			
(4)			1
(4)			
(4) (5) (6)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2023

(8) (9)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Par	t XI	Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Totalı	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Totalı	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
Par	t XII	Reconciliation of Expenses per Audited Financial St	•	ses per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total e	expenses and losses per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donat	ed services and use of facilities	2a		
b	Prior y	year adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
а					
b	Other	(Describe in Part XIII.)			
b	Other Add li	(Describe in Part XIII.) nes 4a and 4b	4b		
b c 5	Other Add lin	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1	4b		
b c 5 Par	Other Add lii Total e	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information	4b (8.)	5	
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b (8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information	4b (8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b (8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b (8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,
b c 5 Par	Other Add line Total of T XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	(8.) 4; Part IV, lines 1b and 2b; P	5	XI,

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Internal Revenue Service

Name of the organization

YOUTHCAST MEDIA GROUP, INC.

Employer identification number 84-2012900

TOUTHCAST MEDIA GROOT, INC. 04 2012500
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOLUTIONS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEIR VOICES TO CREATIVELY REFLECT, ENGAGE AND EMPOWER THEIR
COMMUNITIES. THEY ALSO INCREASE THEIR COLLEGE AND CAREER READINESS AND
THEIR AGENCY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
POSTS ON OUR SOCIAL MEDIA CHANNELS AND OFFER THEM TO NEWS OUTLETS WITH
OUR ARTICLES.
YMG ALSO HOLDS VIRTUAL SIX-WEEK REPORTING AND WRITING WORKSHOPS FOR
MORE EXPERIENCED STUDENT JOURNALISTS, WHO WORK IN GROUPS TO CREATE
IN-DEPTH ARTICLES THAT HAVE BEEN PUBLISHED IN USA TODAY, THE MIAMI
HERALD, MIAMI NEW TIMES, THE DC LINE, THE PUBLIC RADIO SITE BILLY PENN,
THE PHILADELPHIA TRIBUNE, FRESHWATER CLEVELAND, THE WASHINGTON BLADE
AND THE LAND IN CLEVELAND.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
UNDERSTAND ARTICLE COMPONENTS INCLUDING CAPTIONS, HEADLINES AND PULL
QUOTES, SOCIAL MEDIA PROMOTION AND WEBSITE POSTING AND DESIGN.
WE ALSO PROMOTE FORMER HIGH SCHOOL PARTICIPANTS TO INTERNSHIPS ON THE
OPERATIONS SIDE OF OUR NONPROFIT.
FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION REVIEWS A DRAFT OF FORM 990 WITH THE BOARD'S FINANCE

332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization YOUTHCAST MEDIA GROUP, INC.	Employer identification number 84-2012900
COMMITTEE BEFORE FILING THE FORM.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE	WITH GOVERNING
BOARD DELEGATED POWERS ANNUALLY SIGN A STATEMENT OF CONFLI	CT OF INTEREST.
TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT	WITH CHARITABLE
PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOP	ARDIZE ITS
TAX-EXEMPT STATUS, PERIODIC REVIEWS ARE CONDUCTED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION HAS ITS GOVERNING DOCUMENTS, CONFLICT OF	INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON REQUES	т.
	Employer identification number 84-2012900 12C: D MEMBER OF A COMMITTEE WITH GOVERNING N A STATEMENT OF CONFLICT OF INTEREST. IN A MANNER CONSISTENT WITH CHARITABLE VIVITIES THAT COULD JEOPARDIZE ITS ARE CONDUCTED. 19: DOCUMENTS, CONFLICT OF INTEREST POLICY,

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	MACBOOK PRO 13" LAPTOP #FVFFM3YVQ05F	06/07/21	SL	7.00	1	16	1,511.				1,511.	342.		216.	558.
2	MACBOOK PRO COMPUTER #SC02G62GQML7L	10/04/21	SL	7.00	1	16	1,923.				1,923.	343.		275.	618.
3	NEW CAMERA	12/29/21	SL	7.00	1	16	1,073.				1,073.	153.		153.	306.
4	NEW CAMERA	12/30/21	SL	7.00	1	16	1,528.				1,528.	218.		218.	436.
	* TOTAL 990 PAGE 10 DEPR						6,035.				6,035.	1,056.		862.	1,918.

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone