Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A F                            | or the 2          | 2010 calendar year, or tax year beginning $$ JUL $1$ , $2010$ and $$                           | ending J   | UN 30, 2011                    |  |  |  |  |  |
|--------------------------------|-------------------|--|--|--------------------------------|--|--|--|--|--|
| Вс                             | heck if           | C Name of organization   |  | D Employer identifie           | cation number  |  |  |  |  |
| a                              | oplicable:        | THE PUBLIC BROADCASTING COUNCIL OF CNY   | Υ,   | Ch (80)                        |  |  |  |  |  |
|                                | Address<br>change | INC.   | - 100  |                                |  |  |  |  |  |
|                                | Name<br>change    | Doing Business As  |  | 16-0                           | 876277   |  |  |  |  |
|                                | Initial return    | Number and street (or P.O. box if mail is not delivered to street address)                     | Room/suite   | E Telephone number             | r  |  |  |  |  |
|                                | Termin-<br>ated   | PO BOX 2400  |  | 315-453-2424                   |  |  |  |  |  |
|                                | Amended           | City or town, state or country, and ZIP + 4  |  | G Gross receipts \$ 6,577,773. |  |  |  |  |  |
|                                | Applica-          | SYRACUSE, NY 13220-2400  |  | H(a) Is this a group re        | eturn  |  |  |  |  |
|                                | pending           | F Name and address of principal officer: ROBERT J. DAINO                                       |  | for affiliates?                | Yes X No   |  |  |  |  |
|                                |                   | PO BOX 2400, SYRACUSE, NY 13220-2400   |  | H(b) Are all affiliates inc    | luded? Yes No  |  |  |  |  |
| ΙT                             | ax-exen           | npt status: X 501(c)(3)  | or 527   | If "No," attach a              | list. (see instructions)   |  |  |  |  |
| J۷                             | Vebsite:          | :▶ WWW.WCNY.ORG  |  | H(c) Group exemption           | n number 🕨   |  |  |  |  |
| K F                            | orm of o          | rganization: X Corporation Trust Association Other   | L Year   | of formation: 1965 N           | State of legal domicile: NY  |  |  |  |  |
| Pa                             | rt I              | Summary  |  |                                |  |  |  |  |  |
| d)                             | 1 B               | riefly describe the organization's mission or most significant activities: ${ m THE}$ .        | PUBLIC   | BROADCASTI                     | NG COUNCIL   |  |  |  |  |
| ü                              | 0                 | F CENTRAL NEW YORK, INC. IS A NOT-FOR-PH   | ROFIT  | NEW YORK CO                    | RPORATION  |  |  |  |  |
| rna                            | 2 C               | heck this box 🕨 🔲 if the organization discontinued its operations or dispos                    | sed of more  | than 25% of its net as         | ssets.   |  |  |  |  |
| ove                            | 3 N               | umber of voting members of the governing body (Part VI, line 1a)                               |  |                                | 13   |  |  |  |  |
| S<br>S                         | 4 N               | umber of independent voting members of the governing body (Part VI, line 1b)                   |  |                                | 13   |  |  |  |  |
| es                             | 5 To              | otal number of individuals employed in calendar year 2010 (Part V, line 2a)                    |  | 5                              | 112  |  |  |  |  |
| viti                           | 6 To              | otal number of volunteers (estimate if necessary)  |  | 6                              | 2500   |  |  |  |  |
| Activities & Governance        | 7 a To            | otal unrelated business revenue from Part VIII, column (C), line 12                            |  | 7a                             | 537,057.   |  |  |  |  |
| _                              | b N               | et unrelated business taxable income from Form 990-T, line 34                                  |  | 7b                             | 0.   |  |  |  |  |
| Revenue                        |                   |  |  | Prior Year                     | Current Year   |  |  |  |  |
|                                | 8 C               | ontributions and grants (Part VIII, line 1h)   |  | 5,245,417.                     | 5,784,670.   |  |  |  |  |
|                                |                   | rogram service revenue (Part VIII, line 2g)  | (3/6/6/9/4/Me/4/)  | 0.                             | 0.   |  |  |  |  |
| 3ev                            |                   | vestment income (Part VIII, column (A), lines 3, 4, and 7d)                                    |  | 27,195.                        | 46,380.  |  |  |  |  |
| _                              |                   | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                        |  | 933,176.                       |  |  |  |  |  |
|                                |                   | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)              |  | 6,205,788.                     | 6,410,963.   |  |  |  |  |
|                                | 11/2-01/2         | rants and similar amounts paid (Part IX, column (A), lines 1-3)                                | STATE OF THE STATE | 0.                             | 0.   |  |  |  |  |
|                                |                   | enefits paid to or for members (Part IX, column (A), line 4)                                   |  | 0.                             |  |  |  |  |  |
| es                             |                   | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)               |  | 2,921,943.                     | 3,152,680.   |  |  |  |  |
| Expenses                       |                   | rofessional fundraising fees (Part IX, column (A), line 11e)                                   |  | 0.                             | 0.   |  |  |  |  |
| Ξxb                            |                   | otal fundraising expenses (Part IX, column (D), line 25) 811, 32                               |  | 3,872,304.                     | 2 250 225  |  |  |  |  |
| _                              |                   | ther expenses (Part IX, column (A), lines 11a·11d, 11f·24f)                                    |  | 6,794,247.                     |  |  |  |  |  |
|                                |                   | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                       |  | -588,459.                      | -100,052.  |  |  |  |  |
| _ s                            | <b>19</b> R       | evenue less expenses. Subtract line 18 from line 12  |  | ginning of Current Year        | End of Year  |  |  |  |  |
| Net Assets or<br>Fund Balances |                   | 1 1 2 2 1 V 1 2 2 1 V 1 2 2 1 C V  |  | 6,273,988.                     | 6,139,342.   |  |  |  |  |
| SSE                            |                   | otal assets (Part X, line 16)  |  | 2,010,303.                     | 1,956,744.   |  |  |  |  |
| Jund Jund                      |                   | otal liabilities (Part X, line 26) et assets or fund balances. Subtract line 21 from line 20   |  | 4,263,685.                     | 4,182,598.   |  |  |  |  |
|                                |                   | Signature Block  |  | 4,205,005.                     | 4,102,330.   |  |  |  |  |
|                                |                   | es of perjury, I declare that I have examined this return, including accompanying schedules    | s and statem   | ents, and to the hest of m     | v knowledge and belief, it is  |  |  |  |  |
|                                |                   | and complete. Declaration of preparer (other than officer) is based on all information of wh   |  |                                | y miomodgo and bonon, mio  |  |  |  |  |
| uu,                            | 1                 | and complete, becautation of property (office than officer) to become on an information of the | поп ртораго.   | l ger                          |  |  |  |  |  |
| Sigi                           | ,                 | Signature of officer   |  | Date                           |  |  |  |  |  |
| Her                            |                   | ROBERT J. DAINO, PRESIDENT & CEO   |  |                                |  |  |  |  |  |
|                                | ·                 | Type or print name and title   |  |                                |  |  |  |  |  |
|                                | F                 | Print/Type preparer's name Preparer's signature  | esocra.  | Date Check if                  | PTIN   |  |  |  |  |
| Paid                           |                   | KEVIN E. NASS KEVIN E. NASS  | VCPA.  | 5 - ? - / 2 "self-employed     |  |  |  |  |  |
| Prep                           |                   | irm's name FUST CHARLES CHAMBERS LLP   |  | Firm's EIN                     |  |  |  |  |  |
|                                |                   | Firm's address 5784 WIDEWATERS PARKWAY   |  |                                | and the state of t |  |  |  |  |
|                                |                   | SYRACUSE, NY 13214   |  | Phone no. 3                    | 15-446-3600  |  |  |  |  |
| May                            | the IRS           | S discuss this return with the preparer shown above? (see instructions)                        |  |                                | X Yes No   |  |  |  |  |

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|-----------|--|
| Par       | t III Statement of Program Service Accomplishments   |
|           | Check if Schedule O contains a response to any question in this Part III   |
| 1         | Briefly describe the organization's mission:   |
|           | THE PUBLIC BROADCASTING COUNCIL OF CENTRAL NEW YORK, INC. IS A   |
|           | NOT-FOR-PROFIT NEW YORK CORPORATION WHICH OPERATES A NON-COMMERCIAL  |
|           | PUBLIC TELEVISION STATION (WCNY) AND A NON-COMMERCIAL PUBLIC FM RADIO  |
|           | STATION (WCNY) IN SYRACUSE, NEW YORK AND AIMS TO EDUCATE, INSPIRE AND  |
| 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?                             |
|           | If "Yes," describe these changes on Schedule O.  |
| 4         | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.                      |
|           | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and              |
|           | allocations to others, the total expenses, and revenue, if any, for each program service reported.                                       |
| 4a        | (Code:) (Expenses \$ 4,248,689. including grants of \$) (Revenue \$)   |
|           | TELEVISION- AFFILIATE OF PBS SERVING 19 COUNTIES. THE PUBLIC   |
|           | BROADCASTING COUNCIL ALSO PRODUCES ORIGINAL PROGRAMMING THAT INSPIRES,   |
|           | EDUCATES, AND ENTERTAINS, AND OFFERS AWARD-WINNING VIDEO PRODUCTIONS.  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
| 415       | (Code: ) (Expenses \$ 494,034 • including grants of \$ ) (Revenue \$)  |
| 4b        | (Code:) (Expenses \$494, U34. including grants of \$) (Hevenue \$)  RADIO- CLASSIC FM CONNECTS LISTENERS TO LIVE MUSIC PERFORMERS, GREAT |
|           | ENTERTAINERS AND OPPORTUNITIES TO EXPERIENCE THEM, FEATURING LOCAL   |
|           | MUSIC ORGANIZATIONS PLUS THE WORLD'S BEST ORCHESTRAS, CHAMBER GROUPS   |
|           | AND SOLOISTS, AND TO THE MUSIC, COMPOSERS, STORIES, RELATIONS AND  |
|           | INTRIGUES THEREIN OF THE LAST 500 YEARS. THE VISUALLY IMPAIRED   |
|           | AUDIENCES CAN ACCESS "READ-OUT", A RADIO READING SERVICE.  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
| 4c        | (Code:) (Expenses \$197,613. including grants of \$) (Revenue \$)  |
|           | EDUCATIONAL OUTREACH- THE PUBLIC BROADCASTING COUNCIL CONNECTS   |
|           | EDUCATORS AND STUDENTS TO A WIDE VARIETY OF ENGAGING MULTIMEDIA  |
|           | CONTENT, RESOURCES AND INTERVIEWS.   |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
| 4d        | Other program services. (Describe in Schedule O.)  |
|           | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| <u>4e</u> | Total program service expenses ► 4,940,336.  |
|           | 1-0111 330 (2010)  |

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INC.

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# 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?   | 2          | X        |          |
| 3         | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |            |          |          |
|           | public office? If "Yes," complete Schedule C, Part I   | 3          |          | X        |
| 4         | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |            |          |          |
|           | during the tax year? If "Yes," complete Schedule C, Part II  | 4          |          | X        |
| 5         | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |            |          |          |
|           | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5          |          |          |
| 6         | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to  |            |          |          |
|           | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6          |          | X        |
| 7         | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |            |          | l        |
|           | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7          |          | X        |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |            |          |          |
|           | Schedule D, Part III   | 8          |          | X        |
| 9         | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide  |            |          |          |
|           | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9_         |          | X        |
| 10        | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?   |            | ,,       |          |
|           | If "Yes," complete Schedule D, Part V  | 10         | X        |          |
| 11        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |            |          |          |
|           | as applicable.   | Massa      |          |          |
| а         | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |            | v        |          |
|           | Part VI  | 11a        | X        | <u> </u> |
| b         | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  | 446        |          | v        |
|           | 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   | 44.        |          | x        |
|           | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c        |          |          |
| đ         | 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   | 444        | х        |          |
|           | Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11d<br>11e | X        |          |
| _         |  | 116        | <u> </u> |          |
| 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        |          |
| 10-       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 111        | - 22     |          |
| 12a       |  | 12a        |          | х        |
| _         | Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?   | 120        | <u> </u> |          |
| D         | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional   | 12b        | x        |          |
| 42        | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13         |          | Х        |
| 13<br>14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a        |          | X        |
| ı4a<br>b  | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |            |          |          |
| J         | and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV  | 14b        |          | x        |
| 15        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization  |            |          |          |
|           | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  | 15         |          | Х        |
| 16        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals   |            |          |          |
|           | located outside the United States? If "Yes," complete Schedule F, Parts III and IV   | 16         |          | X        |
| 17        | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |            |          |          |
| ••        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17         |          | X        |
| 18        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |            |          |          |
|           | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         | X        |          |
| 19        | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |            |          |          |
|           | complete Schedule G, Part III  | 19         |          | X        |
| 20a       | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20a        | <u> </u> | X        |
| b         | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that   |            |          |          |
|           | operate one or more hospitals must attach audited financial statements (see instructions)  | 20b        | <u> </u> | <u> </u> |
|           |  | Earm       | 990      | ついっつい    |

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| Га          | try   Checklist of Required Schedules (continued)   |          |     |             |
|-------------|---|----------|-----|-------------|
|             |   |          | Yes | No          |
| 21          | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the            |          |     |             |
|             | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                     | 21       |     | X           |
| 22          | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,    |          |     |             |
|             | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22       |     | <u>X</u>    |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |          |     |             |
|             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |          |     |             |
|             | Schedule J  | 23       | X   |             |
| 24a         | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |          |     |             |
|             | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |          |     |             |
|             | Schedule K. If "No", go to line 25  | 24a      |     | X           |
| 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      |     |             |
|             | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a              | 240      |     |             |
| <b>2</b> 5a | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a      |     | X           |
|             |   | 20a      |     |             |
| D           | 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           |          |     | 37          |
|             | Schedule L, Part I  | 25b      |     | <u>X</u>    |
| 26          | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  |          |     |             |
|             | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                         | 26       |     | <u>X</u>    |
| 27          | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |          |     |             |
|             | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete            |          |     |             |
|             | Schedule L, Part III  | 27       |     | <u>X</u>    |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |          |     |             |
|             | instructions for applicable filing thresholds, conditions, and exceptions):   |          |     |             |
| а           | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a      |     | X           |
| b           | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b      |     | X           |
| С           | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |          |     |             |
|             | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c      |     | X           |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29       |     | X           |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |          |     |             |
| -           | contributions? If "Yes," complete Schedule M  | 30       |     | X           |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations?  |          |     |             |
| ٥.          | If "Yes," complete Schedule N, Part I   | 31       |     | X           |
| 20          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                | <u> </u> |     |             |
| 32          |   | 32       |     | х           |
|             | Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32       |     |             |
| 33          |   |          |     | х           |
|             | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33       |     |             |
| 34          | Was the organization related to any tax-exempt or taxable entity?   |          | 37  |             |
|             | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34       | X   | <del></del> |
| 35          | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                       | 35       |     | X           |
| а           | 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 Yes X No  |          |     |             |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      |          |     |             |
|             | If "Yes," complete Schedule R, Part V, line 2   | 36_      |     | X           |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |          |     |             |
|             | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37       |     | X           |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?                   |          |     | 1           |
|             | Note. All Form 990 filers are required to complete Schedule O   | 38       | X   | <u> </u>    |
|             |   | Form     | 990 | 2010)       |

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| Pai    | Check if Schedule O contains a response to any question in this Part V   |                  |     | $\overline{}$                           |
|--------|--|------------------|-----|---|
|        | Chock is Contiduate Cooperate to any question in the Fart V  |                  | Yes | No                                      |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1                | 103 | 110                                     |
| ь      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b   | ן ו              |     |   |
| c      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   | 1                |     |   |
|        | (gambling) winnings to prize winners?  | 1c               | X   | 100000000000000000000000000000000000000 |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |                  |     |   |
|        | filed for the calendar year ending with or within the year covered by this return 2a 112   | <u>}</u>         |     |   |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b               | X   |   |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)   |                  |     |   |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a               | X   | <u> </u>                                |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | _3b              | X   |   |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |                  |     |   |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a               |     | X                                       |
| b      | If "Yes," enter the name of the foreign country: ▶   |                  |     |   |
|        | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |                  |     |   |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a               |     | X                                       |
| þ      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b               |     | X                                       |
|        | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c               |     | <u> </u>                                |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |                  |     | 1                                       |
|        | any contributions that were not tax deductible?  | 6a               | X   | Ь—                                      |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |                  |     |   |
|        | were not tax deductible?   | 6b               | X   | <b></b>                                 |
| 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?  |                  |     | X                                       |
|        |  | 7b               |     | <del></del>                             |
| C      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |                  |     | v                                       |
|        | to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year  7d  | 7c               |     | X                                       |
|        |  |                  |     | x                                       |
| e      |  | 7e<br>7f         |     | X                                       |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g               |     | <u> </u>                                |
| g<br>h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7 <u>9</u><br>7h |     | x                                       |
| 8      | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting  |                  |     |   |
| •      | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  | 8                |     | X                                       |
| 9      | Sponsoring organizations maintaining donor advised funds.  | 1                |     |   |
| а      | Did the organization make any taxable distributions under section 4966?  | 9a               |     | X                                       |
| b      | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b               |     | X                                       |
| 10     | Section 501(c)(7) organizations. Enter:  |                  |     |   |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   |                  |     |   |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |                  | ٠.  |   |
| 11     | Section 501(c)(12) organizations. Enter:   |                  |     | 1.                                      |
| а      | Gross income from members or shareholders  |                  |     | Į                                       |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against   |                  | . : |   |
|        | amounts due or received from them.)  |                  |     | 1 4 7                                   |
| 12a    | , , , ,  | 12a              |     |   |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 4                |     |   |
| 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 13b   | -                |     |   |
|        | Enter the amount of reserves on hand   | 144-             |     | X                                       |
|        | Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14a              |     | <del>  ^</del>                          |
| Q      | II Tes, Has it lieu a Form 720 to report these payments (ii No, provide an explanation in Schedule O   |                  | 990 | (2010)                                  |

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Form 990 (2010) INC.

16-0876277

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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 in Schedule O. See instructions.

| a Enter the number of voting members of the governing body at the end of the tax year 1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |            | Check if Schedule O contains a response to any question in this Part VI                                   | **************         |               |              | $\mathbf{x}$ |
|---|------------|---|------------------------|---------------|--------------|--------------|
| table the trumber of voting members included in line 1s, above, who are independent 1st 1st 1st 1st 1st 1st 1st 1st 1st 1s  | Sec        | tion A. Governing Body and Management   |                        |               |              |              |
| b Enter the number of voting members included in line 1a, above, who are independent 1b 13 2  2 Did any officer, director, trustee, or key employee?  3 Did the organization deligate control over management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was field?  4 X S Did the organization have make any significant changes to its governing documents since the prior Form 990 was field?  5 X C Does the organization have members or stockholders?  6 X X C Does the organization have members and control of the organization assets?  6 X X C Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  9 Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 Ta X Dester organization makes any significant diversion of the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 Ta X Dester organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  10 Ta X Dester organization part of the governing body?  11 Section B. Policios (Tibs Section B. Prequests information about policios not required by the Internal Revenue Code).  12 Ta X Dester organization have local chapters, branches, or affiliates?  13 Dester organization have written policios and procedures governing the activities of such chapters, affiliates.  14 Dester organization have a written policios and procedures governing body before fling the form?  15 Dester organization have a written organization to review this Form 990.  16 Dester organization from the organization thave t |            |   |                        |               | Yes          | No           |
| 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustes, or key employees to a management company or other person?  3 Did the organization belongs system or 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 change to the prior Form 990 was filed?  5 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7 D X  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 B X  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's melling address? If Yes, 'provide the names and addresses in Schedule O  9 I X  Section B. Policles (This Section B requests information about policies not required by the internal Revenue Code.)  10a Does the organization have local chapters, branches, or affiliates?  10b Describe in Schedule O the propension are consistent with those of the organization?  10c Describe organization have a written policies and procedures governing the activities of such chapters, effiliates, and branches to ensure their operations are consistent with those of the organization?  10c Describe organization have a written policies and procedures governing the activities of such chapters, effiliates, and branches to ensure their operations are consistent with those of the organization?  10b Describe in Schedule O the process. If any, used by the organization to review this Form 990.  11c Describe organization have a written policy or p | 1a         | Enter the number of voting members of the governing body at the end of the tax year                       | 1a                     | 13            |              |              |
| officer, director, tustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization have make aware during the year of a significant diversion of the organization's assests?  6 Dess the organization have members of stockholders, or other persons who may elect one or more members of the governing body?  7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7b X  6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fotowing:  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  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 in Schedule O  7 Section B. Policies (This Section B request information about policies not required by the Internal Revenue Code)  7 Yes, "No  10 Does the organization have verified not provide soperening the activities of such chapters, affitistes, and branches to ensure their operations are consistent with hese of the organization and branches to essure their operations are consistent with these of the organization and branches to essure their operations are consistent with these of the organization and branches to essure their operations are consistent with these of the organization and branches to essure their operations are consistent with these of the organization and branches to essure their operations are consistent with three of the organizatio | b          | Enter the number of voting members included in line 1a, above, who are independent                        | 1b                     | 13            |              |              |
| 3 Did the organization delegate control over management durities customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 980 was filed?  5 Does the organization have members or stockholders?  7 Does the organization have members or stockholders?  7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  5 Did the organization champens one stockholders, or other persons who may elect one or more members of the governing body?  5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  6 The governing body?  7 Did the powerning body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  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 in Schedule O  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a  | 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with any other         |               | i lianin     | 1.4          |
| 3 Did the organization delegate control over management durities customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 980 was filed?  5 Does the organization have members or stockholders?  7 Does the organization have members or stockholders?  7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  5 Did the organization champens one stockholders, or other persons who may elect one or more members of the governing body?  5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  6 The governing body?  7 Did the powerning body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  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 in Schedule O  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a  |            | officer, director, trustee, or key employee?  |                        | 2             | X            |              |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 980 was filed?  5 Did the organization have members or stockholders?  7 Does the organization have members or stockholders?  7 Does the organization have members or stockholders?  8 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  9 Does the organization on the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 The governing body?  9 Is there any officer, director, trustee, or key employee isted in Part VII. Section A, who cannot be reached at the organization's mailting address? If "Yes," provide the names and addresses in Schedulo O  8 Section B. Politicies (This Section B reguests information about policies not required by the Internal Revenue Code.)  10a Does the organization have local chapters, branches, or affiliates?  10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  10b Describe in Schedulo O the process, if any, used by the organization to review this Form 990.  11a Has the organization have a written policies and procedures governing body before filling the form?  11a Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?  11a Describe in Schedulo O the process, if any, used by the organization to review this Form 990.  12a Does the organization have a written ocument retention and destruction policy?  12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give restoconflicts?  12c Describe organization have a written ocument retention and destruction policy?  13 The organization have a  | 3          | Did the organization delegate control over management duties customarily performed by or under the        | e direct supervision   | ŀ             | 1            |              |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Does the organization have members or stockholders?  7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  B Is there any officer, director, fustes, 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 in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Does the organization have local chapters, branches, or affiliate?  10 If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11a Has the organization have a written conflict of interest policy? If "No," go to line 13  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Does the organization have a written conflict of interest policy? If "No," go to line 13  b Are officers, clirectors or trustess, and key employees required to disclose annually interests that could give rise to conflict?  1 Does the organization have a written whistleblower policy?  1 Does the organization have a written whistleblower policy?  1 Does the organization have a written organization of the organization of the organization in have a written organization in have a written policies in Schedule O, the writes of determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the delivers.  1 If "Yes," has the organization have a written policy or procedure requiring the organ |            | of officers, directors or trustees, or key employees to a management company or other person?             |                        | 3             |              | X            |
| 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5 Aver any decisions of the governing body subject to approval by members, stockholders, or other persons?  5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  6 Each committee with authority to act on behalf of the governing body?  8 Each committee with authority to act on behalf of the governing body?  8 Each committee with authority to act on behalf of the governing body?  8 Each committee with authority to act on behalf of the governing body?  8 Each committee with authority to act on behalf of the governing body?  8 Each committee with authority to act on behalf of the governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?  10 Does the organization have local chapters, branches, or affiliates?  10 Does the organization have local chapters, branches, or affiliates?  10 Does the organization have a written conflict of interest policy? If You, 'go to line 13  11 Has the organization the repress, if any, used by the organization to review this Form 990.  12 Does the organization have a written conflict of interest policy? If You, 'go to line 13  12 Does the organization regularly and consistently monitor and enforce compliance with the policy?  | 4          | Did the organization make any significant changes to its governing documents since the prior Form 9       | 90 was filed?          | 4             |              | X            |
| Ta Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  A re any decisions of the governing body subject to approval by members, stockholders, or other persons?  7b X  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  Bak X  Bak X  Bak X  Section Bregore or files, director, fustee, 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 in Schedule O.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes No  10a Does the organization have local chapters, branches, or affiliates?  10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11a X  12b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12c Does the organization have a written conflict of interest policy? If "Yos," go to file 13  12c Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule On with its do note in Schedule On with its down and the following persons include a revi | 5          | Did the organization become aware during the year of a significant diversion of the organization's ass    | ets?                   | 5             |              | X            |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  A B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  B The governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body before filing the form to govern the governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  B Poescribe in Schedule O the process, if any, used by the organization?  B D Bescribe in Schedule O the process, if any, used by the organization to review this Form 990.  B D Bescribe in Schedule O the process, if any, used by the organization to review this Form 990.  B D Bescribe in Schedule O the process, if any, used by the organization to review this Form 990.  B D Bescribe organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  D D Bescribe organization have a written document retention and destruction policy?  D D Bescribe organization have a written document retention and destruction policy?  The organization's CEO, Executive | 6          | Does the organization have members or stockholders?   |                        | 6             | X            |              |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Each committee with authority to act on behalf of the governing body?  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 in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Does the organization have local chapters, branches, or affiliates?  10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11a Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  12b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Does the organization have a written conflict of interest policy? If "No." go to line 13  12a Des the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  13 Does the organization have a written whistleblower 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?  16a The organization have a written document retention and destruction policy?  16b Other officers or key employees of the organization  17c Section C. Discolosure  18c Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990 | 7a         | Does the organization have members, stockholders, or other persons who may elect one or more me           | mbers of the           |               |              |              |
| B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  list here any officer, director, fustese, 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 in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes No  10a Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  10b Lat Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11a Has the organization have a written conflict of interest policy? If "Yo," go to line 13  b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12b X  10c Stee organization have a written whistleblower policy?  11 Does the organization have a written whistleblower policy?  12 Does the organization are a written whistleblower policy?  13 Does the organization are a written whistleblower policy?  14 Does the organization are a written wind destruction policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization in year to proceed use requiring th |            | governing body?   |                        | 7a            |              |              |
| by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body?  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes No 10a Des the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11a Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11b Has the organization have a written ordifict of interest policy? If "Yes," do such chapters, affiliates, and branches to ensure their operations are consistent with their policy? If "No," go to line 13  12a X  12b Des the organization have a written conflict of interest policy? If "No," go to line 13  12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c Des the organization have a written document retention and destruction policy? If "Yes," describe in Schedule O how this is done  13 Does the organization have a written document retention and destruction policy? If "Yes," describe in Schedule O how this is done  14c Des the organization and a written whistleblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independ | b          |   |                        | 7b            | <u> </u>     |              |
| a The governing body? b Each committee with authority to act on behalf of the governing body? b 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 in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes No 10a Does the organization have local chapters, branches, or affiliates?  If Yes,* does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11a Has the organization have a written even organization to review this Form 990.  12a Does the organization have a written drough use to conflict of interest policy? If *No,* go to line 13  12b Ar officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflict?  12b Cobes the organization regularly and consistently monitor and enforce compliance with the policy? If *Yes,* describe in Schedule O how this is done  12c X  13 Does the organization ave a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  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?  15a X  16b Other officers or key employees of the organization in the deliberation and decision?  15a X  16y Yes, has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect | 8          | Did the organization contemporaneously document the meetings held or written actions undertaken           | during the year        |               |              |              |
| b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address // provide the names and addresses in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Does the organization have local chapters, branches, or affiliates?  10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11a X  12b Describe in Schedule O the process, if any, used by the organization review this Form 990.  12c Does the organization have a written conflict of interest policy? If "No." go to line 13  12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written whistleblower policy?  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?  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?  16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax kan and taxable entity during the year?  16a X  16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements un |            |   |                        |               |              | 1            |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses in Schedule O.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Ves No.  10a Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  10a Describe in Schedule O the process, if any, used by the organization to review this Form 990.  11a Is a the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12c Does the organization have a written conflict of interest policy? If "No," go to line 13  12a Variable O flow this is done  12b Variable O how this is done  12c Variable O how this is done  12d Does the organization have a written whistleblower policy?  13 Variable O how this is done  14 Variable O how this is done  15b Variable O how this is done  16c 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?  16c Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable antity during the year?  16d Variable Variable Variable Variable Policy or procedure requiring the organization to evaluate its participation in joint venture arrangeme |            |   |                        |               |              | 1            |
| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Yes   No   | b          |   |                        | 8b            | <u> </u>     | ļ            |
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| 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  □ Own website □ Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ MINDY CAPORIN - 315-453-2424  | D          |   |                        |               | 1            |              |
| taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ MINDY CAPORIN - 315-453-2424   | 160        |   | nent with a            |               | ļ            |              |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  ☐ Own website ☐ Another's website ☒ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ MINDY CAPORIN - 315-453-2424  | IUa        | <del>-</del>  |                        | 16:           |              | x            |
| in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's  exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ MINDY CAPORIN - 315-453-2424   | h          |   |                        |               |              |              |
| exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ■ MINDY CAPORIN - 315-453-2424  |            |   |                        |               |              |              |
| Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ■  MINDY CAPORIN - 315-453-2424   |            |   |                        | 168           |              |              |
| <ul> <li>List the states with which a copy of this Form 990 is required to be filed ►NY</li> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.</li> <li>☐ Own website ☐ Another's website X Upon request</li> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MINDY CAPORIN - 315-453-2424</li> </ul>   | Sec        |   |                        |               | •            |              |
| Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  MINDY CAPORIN - 315-453-2424  |            |   |                        | -             |              |              |
| public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  MINDY CAPORIN - 315-453-2424   |            |   | (501(c)(3)s only) av   | ailable for   |              |              |
| Own website Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  MINDY CAPORIN - 315-453-2424  |            |   |                        |               |              |              |
| <ul> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MINDY CAPORIN - 315-453-2424</li> </ul>   |            |   |                        |               |              |              |
| statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  MINDY CAPORIN - 315-453-2424  | 19         | <del></del> , , ,   | onflict of interest po | licy, and fir | nancial      |              |
| State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►   | -          |   | ·                      |               |              |              |
| MINDY CAPORIN - 315-453-2424  | 20         |   | nd records of the or   | ganization:   | ▶_           |              |
| 506 OLD LIVERPOOL RD LIVERPOOL NY 13088   |            |   |                        |               |              |              |
| 500 CHD HIVERIOUS RD, HIVERIOUS, WI 15000   |            | 506 OLD LIVERPOOL RD, LIVERPOOL, NY 13088   |                        |               |              |              |

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Form **990** (2010)

Form 990 (2010) INC. 16-0876277 Page

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A)<br>Name and Title | (B)<br>Average<br>hours per                                   | (cl                            |                       | Pos      | ition        | app                          | ly)  | <b>(D)</b> Reportable compensation             | (E) Reportable compensation                      | (F)<br>Estimated<br>amount of   |  |
|-----------------------|---|--------------------------------|-----------------------|----------|--------------|------------------------------|--|--|--|---|--|
|                       | week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former   | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |  |
| SHIU-KAI CHIN         |   |                                |                       |          |              |                              |  |  |  |   |  |
| ASSISTANT TREASURER   | 1.00  | X                              |                       | X        |              |                              |  | 0.   | 0.   | 0.  |  |
| ELIZABETH R. MARTIN   |   |                                |                       |          |              |                              |  |  |  |   |  |
| SECRETARY             | 1.00  | X                              |                       | X        |              | <u> </u>                     |  | 0.   | 0.   | 0.  |  |
| ELLEN MITCHELL        |   |                                |                       |          |              |                              |  |  |  |   |  |
| TRUSTEE               | 1.00  | X                              |                       |          |              | <u> </u>                     |  | 0.   | 0.   | 0.  |  |
| SANDI TAMS MULCONRY   |   |                                |                       |          |              |                              |  |  |  |   |  |
| TRUSTEE               | 1.00  | X                              |                       | ļ        | <u> </u>     | <u> </u>                     |  | 0.   | 0.   | 0   |  |
| JEFFREY B. SCHEER     |   |                                |                       |          | ļ            |                              |  |  |  |   |  |
| FREASURER             | 1.00  | X                              |                       | X        | <u> </u>     | <u> </u>                     |  | 0.   | 0.   | 0   |  |
| JAMES BURNS           |   | l                              |                       |          |              |                              |  |  |  |   |  |
| CHAIRPERSON           | 1.00  | X                              |                       | X        |              | <u> </u>                     |  | 0.   | 0.   | 0   |  |
| DAVID RUBIN           |   | l                              |                       |          |              |                              |  |  |  |   |  |
| VICE CHAIRPERSON      | 1.00  | X                              | -                     | X        |              | -                            |  | 0.   | 0.   | 0   |  |
| ROBERT DRAKER         | 1 1 00  |                                |                       |          | ļ            |                              |  |  | •  | ,   |  |
| TRUSTEE               | 1.00  | X                              | ├                     | _        |              | ├                            |  | 0.   | 0.   | 0   |  |
| J. DANIEL PLUFF       | 1 1 1   |                                |                       |          |              |                              |  |  | ^  | _   |  |
| TRUSTEE               | 1.00  | X                              | ⊢                     |          | -            | ╄                            | _  | 0.   | 0.   | 0   |  |
| RICHARD HEZEL         | 1 00  | 37                             |                       |          | i            |                              |  | 0.   | 0.   | 0   |  |
| TRUSTEE               | 1.00  | X                              |                       |          |              | -                            |  | U •  | 0.   | 0   |  |
| JASON WALLACE         | 1.00  | ٠,                             |                       |          |              |                              |  | 0.   | 0.   | 0   |  |
| TRUSTEE               | 1.00  | ^                              | ┢                     | -        |              | ╁                            | _  | 0.   | 0.   | 0   |  |
| EVELYN CARTER         | 1.00  | x                              | 1                     |          |              |                              |  | 0.   | 0.   | 0   |  |
| TRUSTEE               | 1.00  | <u> </u>                       |                       | ├        | ├            | +                            | $\vdash$   | 0.   | 0.   |   |  |
| NEIL RUBE             | 1.00  | v                              |                       |          |              |                              | l  | 0.   | 0.   | 0   |  |
| TRUSTEE               | 1.00  | ^                              | ┢                     |          | $\vdash$     | ╁                            |  | 0.   |  |   |  |
| BOB DAINO             | 40.00   |                                |                       | x        |              | Ì                            | ì  | 146,100.                                       | 0.   | 3,600   |  |
| PRESIDENT             | 40.00   | $\vdash$                       |                       | ^        |              | +                            | <del>                                     </del> | 140,100·                                       | •  | 3,000   |  |
| BRIAN GREENHOUSE      | 40.00   |                                |                       | X        |              |                              |  | 32,000.  | 0.   | 1,600   |  |
| CFO                   |   |                                |                       | 127      | $\vdash$     | $\vdash$                     | $\vdash$   | 32,000.  |  |   |  |
| RICHARD RUSSELL       |   |                                |                       |          |              |                              | x  | 55,000.  | 0.   | 0   |  |
| FORMER OFFICER        |   | $\vdash$                       | T                     | $\vdash$ | t            | $\dagger$                    |  | 33,000.  |  | 1   |  |
|                       |   | 1                              | 1                     | 1        | 1            | 1                            | l  | 1  | 1  | l .   |  |

Form 990 (2010)

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|         | _ |  |

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| Part VII Section A. Officers, Directors, Tru   | stees, Key Er   | nplo                                | yee                   | s, a         | nd I         | High                         | est               | Compensated Employ                             | ees (continued)                          |          |                               |  | age C                     |  |
|--|---|-------------------------------------|-----------------------|--------------|--------------|------------------------------|-------------------|--|--|----------|-------------------------------|--|---------------------------|--|
| (A)<br>Name and title  | (B) Average hours per week  | (C) Position (check all that apply) |                       |              |              | 1                            |                   | (D) Reportable compensation from               | (E) Reportable compensation from related |          | (F) Estimated amount of other |  | of                        |  |
|  | (describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | Individual trustee or director      | Institutional trustee | Officer      | Кеу етріоуее | Highest compensated employee | Former            | the<br>organization<br>(W-2/1099-MISC)         | organizations<br>(W-2/1099-MIS           | s        | fi<br>org<br>an               | pensa<br>rom th<br>janizat<br>d relat<br>anizati | ation<br>e<br>tion<br>ted |  |
|  |   |                                     |                       |              |              |                              |                   |  |  |          |                               |  |                           |  |
|  |   |                                     |                       |              |              |                              |                   |  |  |          |                               |  |                           |  |
|  |   |                                     |                       |              |              |                              |                   |  |  |          |                               |  |                           |  |
|  |   |                                     |                       |              |              |                              |                   |  |  | :        |                               |  |                           |  |
|  |   |                                     |                       |              |              |                              |                   |  |  |          |                               |  |                           |  |
|  |   |                                     |                       |              |              |                              |                   |  |  |          |                               |  |                           |  |
|  |   |                                     |                       |              |              |                              |                   |  |  |          |                               |  |                           |  |
|  |   |                                     |                       |              |              |                              |                   |  |  |          |                               |  |                           |  |
| 1b Sub-total  c Total from continuation sheets to Part VI  | I, Section A  |                                     |                       |              |              |                              |                   | 233,100.                                       |  |          |                               |  | 0.                        |  |
| d Total (add lines 1b and 1c)  |   |                                     |                       |              |              |                              | o re              | 233,100. eceived more than \$100               |  | 0. <br>e |                               | 5,2  | 1                         |  |
| compensation from the organization  3 Did the organization list any former officer,                                  | director or tru   | stee                                | . kev                 | / em         | olar         | vee.                         | or h              | ighest compensated er                          | nplovee on                               | ſ        |                               | Yes  | No                        |  |
| line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su                      | uch individual  |                                     |                       |              | ••••         |                              |                   |  |  |          | 3                             | Х  |                           |  |
| <ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul> | 0,000? <i>If "Yes,</i><br>accrue compe                                  | " <i>co</i><br>nsati                | <i>mple</i><br>ion f  | ete S<br>rom | Sche<br>any  | e <i>dule</i><br>/ unr       | <i>Jf</i><br>elat | or such individual<br>ed organization or indiv | idual for services                       |          | 4                             |  | Х                         |  |
| rendered to the organization? If "Yes," com<br>Section B. Independent Contractors                                    |   |                                     |                       |              |              |                              |                   |  |  |          | 5                             |  | X                         |  |
| Complete this table for your five highest co<br>the organization.     NONE   | mpensated inc   | depe                                | ende                  | nt c         | onti         | racto                        | rs t              |  | \$100,000 of com                         | pensa    |                               |  |                           |  |
| (A)<br>Name and business   | address   |                                     |                       |              |              |                              |                   | (B)<br>Description of s                        | ervices                                  | C        |                               | C)<br>nsatio                                     | n                         |  |
|  |   |                                     |                       |              |              |                              | _                 |  |  |          |                               |  |                           |  |
|  |   |                                     |                       |              |              |                              | $\dashv$          |  |  |          |                               |  |                           |  |
|  |   |                                     |                       |              |              |                              |                   |  |  |          |                               |  |                           |  |
|  |   |                                     |                       |              |              |                              |                   |  |  |          |                               |  |                           |  |
| Total number of independent contractors (i \$100,000 in compensation from the organization)                          |   | ot li                               | mite                  | d to         |              | se li:                       | sted              | above) who received n                          | nore than                                |          |                               | 990  |                           |  |

Form 990 (2010) INC.

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Related or Total revenue Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns ,581,115 b Membership dues 291,458 c Fundraising events 1c d Related organizations ..... 127,864 e Government grants (contributions) f All other contributions, gifts, grants, and 784,233 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 784,670 Total. Add lines 1a-1f **Business Code** Program Service 2 a f All other program service revenue Total, Add lines 2a-2f Investment income (including dividends, interest, and 9,850 9,850. other similar amounts) Income from investment of tax-exempt bond proceeds 4 3,185 3,185. (i) Real (ii) Personal 108,232 6 a Gross Rents b Less: rental expenses ...... 108,232 Rental income or (loss) ..... 108,232 108,232 d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 36,530 assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 36,530. 36,530 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 291,458. of contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_\_ a 166,810 b Less: direct expenses b 166,810. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_ a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ...... a b Less: cost of goods sold \_\_\_\_\_ b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 541900 310,648 310,648 11 a FILM PRODUCTION INCOME 118,177 541800 118,177 **b PREVIEW INCOME** 541900 39,671 39,671 c MISCELLANEOUS All other revenue 468,496. e Total, Add lines 11a-11d 76,201. 537,057. 13,035. 410,963. Total revenue. See instructions.

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Form 990 (2010)

INC. Part IX | Statement of Functional Expenses

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

|    | All other organizations must composit include amounts reported on lines 6b,  |                       |                                    | (C)                             |   |
|----|--|-----------------------|------------------------------------|---------------------------------|---|
|    | 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | Management and general expenses | (D)<br>Fundraising<br>expenses          |
| 1  | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  |                       |                                    |                                 |   |
| 2  | Grants and other assistance to individuals in the U.S. See Part IV, line 22  |                       |                                    |                                 |   |
| 3  | Grants and other assistance to governments,  |                       |                                    |                                 |   |
| _  | organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   |                       |                                    |                                 |   |
| 4  | Benefits paid to or for members  |                       |                                    |                                 |   |
| 5  | Compensation of current officers, directors,   |                       |                                    |                                 |   |
| •  | trustees, and key employees  | 233,100.              | 233,100.                           | ľ                               |   |
| 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   | 2,498,631.            | 1,859,686.                         | 438,067.                        | 200,878.                                |
| 8  | Pension plan contributions (include section 401(k)   | , _ , , , , , , ,     | ,                                  |                                 |   |
| -  | and section 403(b) employer contributions)   |                       |                                    |                                 |   |
| 9  | Other employee benefits  | 180,877.              | 147,675.                           | 8,584.                          | 24,618.                                 |
| 10 | Payroll taxes  | 240,072.              | 183,576.                           | 44,484.                         | 12,012.                                 |
| 11 | Fees for services (non-employees):   |                       |                                    |                                 |   |
| а  | Management   |                       |                                    |                                 |   |
| b  | Legal  |                       |                                    |                                 |   |
| С  | Accounting   |                       |                                    |                                 |   |
| d  | Lobbying   |                       |                                    |                                 |   |
| е  | Professional fundraising services. See Part IV, line 17  |                       |                                    | .*                              |   |
| f  | Investment management fees   |                       |                                    |                                 |   |
| g  | Other  | 209,229.              | 99,381.                            | 86,106.                         | 23,742.                                 |
| 12 | Advertising and promotion  | 168,985.              | 20,061.                            | 1,190.                          | 147,734.                                |
| 13 | Office expenses  | 40,850.               | 19,964.                            | 2,156.                          | 18,730.                                 |
| 14 | Information technology   |                       | -                                  |                                 |   |
| 15 | Royalties  |                       |                                    |                                 |   |
| 16 | Occupancy  |                       |                                    |                                 |   |
| 17 | Travel   |                       |                                    |                                 |   |
| 18 | Payments of travel or entertainment expenses   |                       |                                    |                                 |   |
|    | for any federal, state, or local public officials  |                       |                                    |                                 |   |
| 19 | Conferences, conventions, and meetings   |                       |                                    |                                 |   |
| 20 | Interest   | 62,062.               | 11,190.                            | 50,872.                         |   |
| 21 | Payments to affiliates   | ·                     |                                    |                                 |   |
| 22 | Depreciation, depletion, and amortization  | 596,320.              | 596,320.                           |                                 | <del></del>                             |
| 23 | Insurance  |                       |                                    |                                 |   |
| 24 | Other expenses, Itemize expenses not covered   |                       |                                    |                                 |   |
|    | above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)                |                       |                                    |                                 |   |
| a  | PUBLIC BROADCASTING DUE  | 987,145.              | 987,070.                           | 0.                              | 75.                                     |
| h  | UTILITIES  | 247,508.              | 247,396.                           | 0.                              | 112.                                    |
| c  | MAILING SERVICE  | 178,921.              | 8,086.                             | 2,861.                          | 167,974.                                |
| ď  | PRINTING EXPENSES  | 110,718.              | 4,342.                             | 35.                             | 106,341.                                |
| e  | LEASE EXPENSE  | 102,810.              | 102,810.                           |                                 |   |
| f  | All other expenses SEE SCH O   | 653,787.              | 419,679.                           | 125,000.                        | 109,108.                                |
| 25 | Total functional expenses. Add lines 1 through 24f   | 6,511,015.            | 4,940,336.                         | 759,355.                        | 811,324.                                |
| 26 | Joint costs. Check here if following SOP   |                       |                                    | Aug Tara Tara Tara Tara         | , |
|    | 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | <u>.</u>              |                                    |                                 |   |
|    | 0. 12-21-10  |                       |                                    |                                 | Form <b>990</b> (2010)                  |

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Form **990** (2010)

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INC. 16-0876277 Page 11

Form 990 (2010)

Part X Balance Sheet

|                      |    |  |                   |                                       | (A)<br>Beginning of year |            | (B)<br>End of year   |
|----------------------|----|--|-------------------|---------------------------------------|--------------------------|------------|--|
| 1                    | 1  | Cash - non-interest-bearing  |                   |                                       | 238,107.                 | 1          | 465,828.   |
| 2                    |    | Savings and temporary cash investments                               |                   |                                       |                          | 2          |  |
| 3                    |    | Pledges and grants receivable, net                                   |                   |                                       | 235,434.                 | 3          | 374,500.   |
| 4                    |    | Accounts receivable, net   |                   |                                       | 270,709.                 | 4          | 369,452  |
| 5                    |    | Receivables from current and former officers, di                     |                   |                                       |                          |            |  |
|                      |    | employees, and highest compensated employee                          |                   |                                       |                          |            |  |
|                      |    | of Schedule L  |                   |                                       | 5                        |            |  |
| 6                    | 3  | Receivables from other disqualified persons (as                      | d under section   |                                       |                          |            |  |
|                      |    | 4958(f)(1)), persons described in section 4958(c)                    |                   |                                       |                          |            |  |
|                      |    | employers and sponsoring organizations of sect                       | 1(c)(9) voluntary |                                       |                          |            |  |
|                      |    | employees' beneficiary organizations (see instru                     | ctions)           |                                       |                          | 6          |  |
| 7                    | 7  | Notes and loans receivable, net                                      |                   |                                       |                          | 7          |  |
| <u>ا</u>             | 3  | Inventories for sale or use  |                   |                                       |                          | 8          |  |
| 9                    | Э  | Prepaid expenses and deferred charges                                | 860,339.          | 9                                     | 746,619                  |            |  |
| 10                   | )a | Land, buildings, and equipment: cost or other                        |                   | ANTICLE OF COLORS (Species) (Species) |                          |            |  |
|                      |    | basis. Complete Part VI of Schedule D                                |                   | 15,831,039.<br>12,658,644.            |                          |            |  |
|                      | b  | Less: accumulated depreciation                                       | 3,704,374.        | 10c                                   | 3,172,395                |            |  |
| 11                   |    | Investments - publicly traded securities                             |                   | 11                                    |                          |            |  |
| 12                   | 2  | Investments - other securities. See Part IV, line 1                  | 353,435.          | 12                                    | 6,851                    |            |  |
| 13                   | 3  | Investments - program-related. See Part IV, line                     |                   | 13                                    |                          |            |  |
| 14                   | 1  | Intangible assets  |                   | 14                                    |                          |            |  |
| 15                   | 5  | Other assets. See Part IV, line 11                                   | 611,590.          | 15                                    | 1,003,697                |            |  |
| 16                   |    | Total assets. Add lines 1 through 15 (must equa                      | 6,273,988.        | 16                                    | 6,139,342                |            |  |
| 17                   |    | Accounts payable and accrued expenses                                | 567,989.          | 17                                    | 616,766                  |            |  |
| 18                   |    | Grants payable   |                   | 100 000                               | 18                       | 165 600    |  |
| 19                   |    | Deferred revenue   |                   |                                       | 199,887.                 | 19         | 165,690  |
| 20                   | )  | Tax-exempt bond liabilities  |                   |                                       |                          | 20         |  |
| 21                   |    | Escrow or custodial account liability. Complete F                    |                   |                                       |                          | 21         |  |
| 22                   |    | Payables to current and former officers, director                    |                   |                                       |                          |            |  |
| 21                   |    | highest compensated employees, and disqualification                  |                   |                                       |                          | TESTOS III | action.  |
|                      |    | of Schedule L  |                   |                                       | F40 760                  | 22         | 126 220  |
| 23                   |    | Secured mortgages and notes payable to unrela                        |                   |                                       | 548,760.                 | 23         | 436,329  |
| 24                   |    | Unsecured notes and loans payable to unrelated                       |                   |                                       | 602 667                  | 24         | 737,959  |
| 25                   |    | Other liabilities. Complete Part X of Schedule D                     |                   |                                       | 693,667.                 | 25         |  |
| 26                   | 3  | Total liabilities. Add lines 17 through 25                           |                   |                                       | 2,010,303.               | 26         | 1,956,744  |
|                      |    | Organizations that follow SFAS 117, check he                         | ere 🕨             | and complete                          |                          |            |  |
| 27 28 29 30 31 32 32 |    | lines 27 through 29, and lines 33 and 34.                            |                   |                                       | 4,040,679.               | 27         | 3,910,511  |
| 27                   |    | Unrestricted net assets  |                   |                                       | 223,006.                 | 28         | 272,087  |
| 28                   |    | Temporarily restricted net assets  Permanently restricted net assets |                   |                                       | 225,000.                 | 29         | 272,007  |
| 29                   | 9  | Organizations that do not follow SFAS 117, cl                        |                   | ere Dand                              |                          | 25         | SELECTION OF THE PARTY OF THE P |
|                      |    | complete lines 30 through 34.  |                   |                                       |                          |            |  |
| 20                   | _  | Capital stock or trust principal, or current funds                   |                   |                                       | 30                       |            |  |
| 30                   |    | Paid-in or capital surplus, or land, building, or ed                 |                   |                                       | 31                       |            |  |
| 31                   |    | Retained earnings, endowment, accumulated in                         |                   |                                       |                          | 32         |  |
| 33                   |    | Total net assets or fund balances                                    |                   |                                       | 4,263,685.               | 33         | 4,182,598  |
| 34                   |    | Total liabilities and net assets/fund balances                       |                   |                                       | 6,273,988.               | 34         | 6,139,342  |

Form 990 (2010)

Form 990 (2010) 16-0876277 INC. Page 12 Part XI | Reconciliation of Net Assets  $\mathbf{x}$ Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 6,410,963. 1 Total expenses (must equal Part IX, column (A), line 25) 6.511.015. 2 2 -100,052. Revenue less expenses. Subtract line 2 from line 1 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4,263,685. 4 18,965. Other changes in net assets or fund balances (explain in Schedule O) 4,182,598. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes X Accrual Other Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements audited by an independent accountant? 2b 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 in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X Consolidated basis Both consolidated and separate basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? X За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2010)

3b

# **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

2010

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

THE PUBLIC BROADCASTING COUNCIL OF CNY.

Employer identification number

|            |   | INC.                       |  |   |               |              |              |  | 16                      | -0876                   | 277        |      |
|------------|---|----------------------------|--|---|---------------|--------------|--------------|--|-------------------------|-------------------------|------------|------|
| Part I     | Reason  | for Public Chai            | <b>rity Status</b> (All organiz  | ations mus                                      | st complet    | e this part  | t.) See inst | ructions.                                    |                         |                         | -          |      |
| he organ   | ization is not a  | private foundation         | because it is: (For lines  | 1 through 1                                     | 1, check      | only one b   | ox.)         |  |                         |                         |            |      |
| 1 🖳        | A church, cor   | nvention of churche        | s, or association of chur  | ches desci                                      | ribed in se   | ction 170    | (b)(1)(A)(i) | ١.   |                         |                         |            |      |
| 2          | A school des  | cribed in section 17       | <b>70(b)(1)(A)(ii).</b> (Attach Sc                                       | hedule E.)                                      |               |              |              |  |                         |                         |            |      |
| 3 🖳        |   |                            | ital service organization o  |   |               |              |              |  |                         |                         |            |      |
| 4 📖        | A medical res   | search organization        | operated in conjunction  | with a hos                                      | pital descr   | ibed in se   | ction 170    | (b)(1)(A)(ii                                 | i). Enter th            | ne hospital             | 's nam     | e,   |
|            | city, and stat  | e:                         |  |   |               |              |              |  |                         |                         |            |      |
| 5 <u> </u> | section 170   | (b)(1)(A)(iv). (Compl      | benefit of a college or un<br>ete Part II.)<br>nent or governmental unit | -   |               |              | _            | nental uni                                   | t describe              | d in                    |            |      |
| 7 X        | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in |                            |  |   |               |              |              |  |                         |                         |            |      |
|            | section 170(  | b)(1)(A)(vi). (Comple      | ete Part II.)  |   |               |              |              |  |                         |                         |            |      |
| 8 <u> </u> | A community   | trust described in s       | section 170(b)(1)(A)(vi).  | (Complete                                       | Part II.)     |              |              |  |                         |                         |            |      |
| 9 🔲        | An organizati   | on that normally red       | eives: (1) more than 33  | 1/3% of its                                     | support fr    | om contril   | butions, m   | nembershi                                    | p fees, and             | d gross red             | eipts 1    | irom |
|            | activities rela   | ted to its exempt fu       | nctions - subject to certa   | in exceptio                                     | ons, and (2   | 2) no more   | than 33 1    | /3% of its                                   | support f               | rom gross               | invest     | ment |
|            | income and u  | ınrelated business t       | axable income (less sect   | tion 511 ta                                     | x) from bu    | sinesses a   | cquired b    | y the orga                                   | nization at             | fter June 3             | 0, 197     | 5.   |
|            | See section   | <b>509(a)(2).</b> (Complet | e Part III.)   |   |               |              |              |  |                         |                         |            |      |
| 10 🔲       |   |                            | perated exclusively to te  | st for publi                                    | c safety. S   | See sectio   | n 509(a)(4   | <b>l).</b>                                   |                         |                         |            |      |
| 11 🔲       | An organizati   | on organized and o         | perated exclusively for th   | ne benefit d                                    | of, to perfo  | rm the fur   | nctions of,  | or to carry                                  | y out the p             | ourposes o              | f one o    | or   |
|            | more publicly   | supported organiz          | ations described in secti  | on 509(a)(1                                     | ) or section  | n 509(a)(2   | ). See sec   | tion 509(                                    | a)(3). Che              | ck the box              | that       |      |
|            | describes the   | type of supporting         | organization and comple  | ete lines 11                                    | le through    | 11h.         |              |  |                         |                         |            |      |
|            | a Type I  | ь <u> </u>                 | ☐ Type II c  | с 🔲 Турс  | e III - Func  | tionally int | egrated      |  | d 🔲                     | Type III · 0            | Other      |      |
| e 🗀        | By checking   | this box, I certify tha    | at the organization is not   | controlled                                      | directly or   | r indirectly | by one or    | more disc                                    | qualified p             | ersons oth              | er tha     | n    |
|            | foundation m  | anagers and other          | than one or more publicly  | y supporte                                      | d organiza    | tions desc   | cribed in s  | ection 509                                   | 9(a)(1) or s            | ection 509              | (a)(2).    |      |
| f          | If the organiz  | ation received a wri       | tten determination from t  | the IRS tha                                     | ıt it is a Ty | pe I, Type   | II, or Type  | e III  |                         |                         |            |      |
|            | supporting or   | rganization, check t       | his box  |   |               |              |              |  |                         |                         |            | L    |
| g          | Since August  | t 17, 2006, has the        | organization accepted ar   | ny gift or co                                   | ontribution   | from any     | of the folk  | owing pers                                   | sons?                   |                         |            |      |
|            | (i) A person  | n who directly or inc      | directly controls, either al   | one or tog                                      | ether with    | persons d    | lescribed i  | n (ii) and (                                 | iii) below,             |                         | Yes        | No   |
|            | the gove  | erning body of the s       | upported organization?   |   |               |              |              |  |                         | . 11g(i)                |            |      |
|            | (ii) A family   | member of a perso          | n described in (i) above?  | •         |               |              |              |  |                         | . 11g(ii)               |            |      |
|            | (iii) A 35% d   | controlled entity of a     | a person described in (i) o  | or (ii) above                                   | ?             |              |              |  |                         | . 11g(iii)              |            |      |
| h          | Provide the fe  | ollowing information       | about the supported or   | ganization(                                     | (s).          |              |              |  |                         |                         |            |      |
|            |   |                            |  |   |               |              |              |  |                         |                         |            |      |
|            | of supported<br>anization   | (ii) EIN                   | (iii) Type of organization (described on lines 1-9 above or IRC section  | (iv) Is the o<br>in col. (i) lis<br>governing o |               |              | ion in col.  | (vi) Is<br>organizatio<br>(i) organiz<br>U.S | on in col.<br>ed in the | (vii) Amount of support |            | f    |
|            |   |                            | (see instructions))  | Yes   | No            | Yes          | No           | Yes  | No                      |                         |            |      |
|            |   |                            |  |   |               |              |              |  |                         |                         | · <u> </u> | -    |
|            |   |                            |  |   |               |              |              |  |                         |                         |            |      |
|            |   |                            |  |   |               |              |              |  |                         |                         |            |      |
|            |   |                            |  |   |               |              |              |  |                         |                         |            |      |
|            |   |                            |  |   |               |              |              |  |                         |                         |            |      |
|            |   |                            |  |   |               |              |              |  |                         |                         |            |      |
|            |   |                            |  |   |               |              |              |  |                         |                         |            |      |
|            |   |                            |  |   |               |              |              |  |                         |                         |            |      |
|            |   |                            |  |   |               |              |              |  |                         |                         |            |      |
|            | <del> </del>  |                            |  | <u> </u>  |               |              |              |  |                         |                         |            |      |
|            |   |                            |  | 1   |               |              |              |  |                         |                         |            |      |
| [otal      |   |                            | 1.04   | 1   |               |              | 1            | 1  | 1                       |                         |            |      |

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010 INC. 16-0876277 Page 2

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  |
|---------|---|
|         | (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization |
|         | fails to qualify under the tests listed below, please complete Part III.)   |

| Sec  | ction A. Public Support   |               |                     |          |          |           |                        |  |
|------|---|---------------|---------------------|----------|----------|-----------|------------------------|--|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2006      | (b) 2007            | (c) 2008 | (d) 2009 | (e) 2010  | (f) Total              |  |
|      | Gifts, grants, contributions, and membership fees received. (Do not   |               | · •                 |          |          |           |                        |  |
|      | include any "unusual grants.")  | 5871429.      | 5581116.            | 4781303. | 5245417. | 5784670.  | 27263935.              |  |
| 2    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf   |               |                     |          |          |           |                        |  |
| 3    | The value of services or facilities furnished by a governmental unit to   |               |                     |          |          |           |                        |  |
|      | the organization without charge   | 5071400       | FF01116             | 4501202  | F045415  | FF0.4.6F0 | 07063035               |  |
| _    | Total. Add lines 1 through 3  | 5871429.      | 5581116.            | 4781303. | 5245417. | 5/846/0.  | 27263935.              |  |
| 5    | The portion of total contributions  |               |                     |          |          |           | ļ                      |  |
|      | by each person (other than a  |               | namunun<br>Kabupat  |          |          |           |                        |  |
|      | governmental unit or publicly   |               |                     |          |          |           |                        |  |
|      | supported organization) included on line 1 that exceeds 2% of the   |               | in All<br>Finalists |          |          |           |                        |  |
|      | amount shown on line 11, column (f)   |               |                     |          |          |           |                        |  |
| _    |   |               |                     |          |          |           | 27263935.              |  |
|      | Public support. Subtract line 5 from line 4.  | 1, 11 1, 34   |                     |          |          |           | 41403333.              |  |
|      |   | (a) 2006      | <b>(b)</b> 2007     | (c) 2008 | (d) 2009 | (e) 2010  | (6) Total              |  |
|      | ndar year (or fiscal year beginning in)   | 5871429.      | 5581116.            | 4781303. | 5245417. |           | (f) Total<br>27263935. |  |
|      | Amounts from line 4   | 30/1423.      | 2201110.            | 4/01303. | 3243411. | 3704070.  | 27203933.              |  |
| 8    | Gross income from interest,   |               |                     |          |          |           |                        |  |
|      | dividends, payments received on   |               |                     |          |          |           |                        |  |
|      | securities loans, rents, royalties  | E2 /10        | 97,838.             | 01 517   | 120 051  | 157 707   | 511,413.               |  |
| _    | and income from similar sources   | 53,410.       | 91,030.             | 01,517.  | 120,651. | 157,797.  | 511,413.               |  |
| 9    | Net income from unrelated business  |               |                     |          |          |           |                        |  |
|      | activities, whether or not the  |               |                     |          |          |           |                        |  |
|      | business is regularly carried on  |               |                     |          |          |           |                        |  |
| 10   | Other income. Do not include gain   |               |                     |          |          |           |                        |  |
|      | or loss from the sale of capital  | 246 712       | 200 557             | ECO 204  | 020 520  | 160 106   | 2602560                |  |
|      | assets (Explain in Part IV.)  | 346,/12.      | 388,557.            | 560,284. | 839,520. | 400,490.  | 2603569.<br>30378917.  |  |
| 11   | •   |               | >                   |          |          | 40 0      | 2,601,441.             |  |
| 12   |   |               |                     |          |          |           | 3,001,441.             |  |
| 13   | First five years. If the Form 990 is for  |               |                     |          |          |           |                        |  |
| 500  | organization, check this box and storection C. Computation of Publ  | ic Support Pe | rcentage            |          |          |           |                        |  |
| _    |   |               |                     | - (f)    |          | 14        | 89.75 %                |  |
|      | Public support percentage for 2010 (  |               | •                   |          |          | 15        | 89.75 %<br>90.85 %     |  |
|      | Public support percentage from 2009 33 1/3% support test - 2010. If the o   |               |                     |          |          |           |                        |  |
| 168  | • •   | =             |                     |          |          |           |                        |  |
|      | stop here. The organization qualifies   |               |                     |          |          |           |                        |  |
| C    | b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box  |               |                     |          |          |           |                        |  |
|      | and stop here. The organization qualifies as a publicly supported organization  |               |                     |          |          |           |                        |  |
| 1/a  | 7a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,  |               |                     |          |          |           |                        |  |
|      | and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |               |                     |          |          |           |                        |  |
|      |   | _             |                     |          |          |           |                        |  |
| t    | 10% -facts-and-circumstances tes  |               |                     |          |          |           |                        |  |
|      | more, and if the organization meets the organization meets the "facts-and-circ  |               |                     |          |          |           | ▶□                     |  |
| 40   | •   |               | _                   |          |          |           |                        |  |
| 18   | 8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2010   |               |                     |          |          |           |                        |  |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec  | ction A. Public Support   | low, please com    | Diete Part II.)                       |                     |                           |                     |           |
|------|---|--------------------|---------------------------------------|---------------------|---------------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in)                               | (a) 2006           | <b>(b)</b> 2007                       | (c) 2008            | (d) 2009                  | (e) 2010            | (f) Total |
| 1    | Gifts, grants, contributions, and                                     |                    |                                       |                     |                           |                     |           |
|      | membership fees received. (Do not                                     |                    |                                       |                     |                           |                     |           |
|      | include any "unusual grants.")  |                    | İ                                     |                     |                           |                     |           |
| 2    | Gross receipts from admissions.                                       |                    |                                       |                     |                           |                     |           |
|      | merchandise sold or services per-                                     |                    | }                                     |                     |                           |                     |           |
|      | formed, or facilities furnished in                                    |                    |                                       |                     |                           |                     |           |
|      | any activity that is related to the organization's tax-exempt purpose |                    |                                       |                     |                           |                     |           |
| _    |   |                    |                                       | <del></del>         |                           |                     |           |
| 3    | Gross receipts from activities that                                   |                    |                                       |                     |                           |                     |           |
|      | are not an unrelated trade or bus-                                    |                    | }                                     |                     |                           |                     |           |
|      | iness 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  |                    |                                       |                     |                           |                     | •         |
|      | 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  |                    |                                       | <del></del>         | †                         |                     | <u> </u>  |
|      | Add lines 7a and 7b   |                    | · · · · · · · · · · · · · · · · · · · |                     | terris Red kin de krajeda |                     |           |
|      | Public support (Subtract line 7c from line 6.)                        | · · · ·            |                                       |                     |                           |                     |           |
|      |   |                    |                                       | 1                   | 1                         | 1                   |           |
|      | ndar year (or fiscal year beginning in)                               | (a) 2006           | <b>(b)</b> 2007                       | (c) 2008            | (d) 2009                  | (e) 2010            | (f) Total |
|      | Amounts from line 6   |                    |                                       |                     |                           |                     |           |
| 10a  | Gross income from interest, dividends, payments received on           |                    |                                       |                     |                           |                     |           |
|      | securities loans, rents, royalties                                    |                    |                                       |                     |                           |                     |           |
|      | and income from similar sources                                       |                    |                                       |                     |                           |                     |           |
| b    | Unrelated business taxable income                                     |                    |                                       |                     |                           |                     |           |
|      | (less section 511 taxes) from businesses                              |                    |                                       |                     |                           |                     |           |
|      | acquired after June 30, 1975  |                    |                                       |                     |                           |                     |           |
| c    | Add lines 10a and 10b   |                    |                                       |                     |                           |                     |           |
|      | Net income from unrelated business                                    |                    |                                       |                     |                           |                     |           |
|      | activities not included in line 10b,                                  |                    |                                       |                     |                           |                     |           |
|      | whether or not the business is regularly carried on                   |                    |                                       |                     |                           |                     |           |
| 12   | Other income. Do not include gain                                     |                    |                                       |                     |                           |                     |           |
|      | or loss from the sale of capital                                      |                    |                                       |                     |                           |                     |           |
|      | assets (Explain in Part IV.)  |                    |                                       |                     |                           |                     |           |
|      | Total support (Add lines 9, 10c, 11, and 12.)                         |                    | <u> </u>                              | <u> </u>            |                           |                     |           |
| 14   | First five years. If the Form 990 is for                              |                    |                                       |                     |                           |                     |           |
|      | check this box and stop here  |                    |                                       |                     |                           |                     | <b>.</b>  |
|      | ction C. Computation of Public  |                    |                                       |                     |                           | <del></del>         |           |
|      | Public support percentage for 2010 (tir                               |                    |                                       |                     |                           | 15                  | <u>%</u>  |
|      | Public support percentage from 2009                                   |                    |                                       |                     |                           | 16                  | %         |
| Sec  | ction D. Computation of Inves   | tment incom        | e Percentage                          |                     |                           |                     |           |
| 17   | Investment income percentage for 201                                  | O (line 10c, colur | nn (f) divided by li                  | ne 13, column (f))  |                           | 17                  | %         |
|      | Investment income percentage from 2                                   |                    |                                       |                     |                           | 18                  | %         |
| 19a  | 33 1/3% support tests - 2010. If the                                  | organization did r | not check the box                     | on line 14, and lin | e 15 is more than         | 33 1/3%, and line 1 | 17 is not |
|      | more than 33 1/3%, check this box an                                  |                    |                                       |                     |                           |                     | ▶□        |
| b    | 33 1/3% support tests - 2009. If the                                  | -                  | -                                     |                     |                           |                     | and       |
|      | line 18 is not more than 33 1/3%, chec                                |                    |                                       |                     |                           |                     |           |
| 20   | Private foundation. If the organization                               |                    |                                       |                     |                           |                     |           |
|      |   |                    |                                       |                     |                           |                     |           |

032023 12-21-10

Schedule A (Form 990 or 990-EZ) 2010



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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

**2010** 

Name of the organization
THE PUBLIC BROADCASTING COUNCIL OF CNY,
INC.

Cryanization type (check one):

Employer identification number 16-0876277

| Filers of:   | Section:  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Form 990 or 990-EZ   | X 501(c)( 3 ) (enter number) organization   |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust not treated as a 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  |  |  |  |  |  |  |
| • •  | ion is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   |  |  |  |  |  |  |
| _  | For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.  |  |  |  |  |  |  |
| Special Rules  |   |  |  |  |  |  |  |
| 509(a)(1) and  | 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. |  |  |  |  |  |  |
| aggregate con  | 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, atributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or of cruelty to children or animals. Complete Parts I, II, and III.                     |  |  |  |  |  |  |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. |   |  |  |  |  |  |  |

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

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

|               | COPT  |                            |            |   |
|---------------|---|----------------------------|------------|---|
| Schedule B (F | Form 990, 990-EZ, or 990-PF) (2010)   |                            |            | Page 1 of 1 of Part I   |
| Name of or    | ganization UBLIC BROADCASTING COUNCIL OF CNY,   |                            | Employ     | ver identification number   |
| INC.          | OBLIC BROADCASTING COUNCIL OF CNI,  |                            | 16         | 5-0876277   |
| Part I        | Contributors (see instructions)   |                            |            |   |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contribut | tions      | (d) Type of contribution  |
| 1             | CORPORATION FOR PUBLIC BROADCASTING 901 E. STREET N.W. WASHINGTON DC, MD 20004                                  | \$ <u>1,000,8</u>          | <u>45.</u> | Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)           | (b)   | (c)                        |            | (d)   |
| No. 2         | Name, address, and ZIP + 4  NEW YORK STATE EDUCATIONAL GRANTS ARRA  CULTURAL ED CTR, RM 10A75  ALBANY, NY 12230 | * 420,2                    |            | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4   | (c) Aggregate contribut    | ions       | (d) Type of contribution  |
| 3             | NEW YORK STATE EDUCATIONAL GRANTS  CULTURAL ED CTR, RM 10A75  ALBANY, NY 12230                                  | \$ <u>706,7</u>            | 32.        | Person X Payroli  |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contribut | ions       | (d) Type of contribution  |
|               |   | \$                         |            | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)    |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contribut | tions      | (d) Type of contribution  |
|               |   | \$                         |            | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)     |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contribut | tions      | (d) Type of contribution  |
|               |   | \$                         |            | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)     |

023452 12-23-10

| Schedule B (Form 990, 990-EZ, or 990-PF) (2010) | Page                       | of       | of Part |
|---|----------------------------|----------|---------|
| Name of organization                            | <b>Employer identifica</b> | tion nur | nber    |
| THE PUBLIC BROADCASTING COUNCIL OF CNY,         |                            |          |         |
| INC.  | 16-08762                   | 277      |         |

| Part II                      | Noncash Property (see instructions)        |   |                      |
|------------------------------|--|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions)            | (d)<br>Date received |
|                              |  | -<br>-<br>-<br>-<br>- \$                            |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions)            | (d)<br>Date received |
|                              |  | -<br>-<br>-<br>-<br>\$                              |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions)            | (d)<br>Date received |
|                              |  | -<br>-<br>-<br>\$                                   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions)            | (d)<br>Date received |
|                              |  | -<br>-<br>-<br>-<br>\$                              |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions)            | (d)<br>Date received |
|                              |  | -<br>-<br>-<br>-<br>- \$                            |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions)            | (d)<br>Date received |
| <del></del>                  |  | -<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>- |                      |

| Name of orga              |   |  | Page of of Part Employer identification number | t 111       |  |  |  |  |
|---------------------------|---|--|--|-------------|--|--|--|--|
| INC.<br>Part III          | Exclusively religious, charitable, etc., ir more than \$1,000 for the year. Complete Part III, enter the total of exclusively religion \$1,000 or less for the year. (Enter this infection) | ndividual contributions to sectic<br>e columns (a) through (e) and the<br>ous, charitable, etc., contributions |  |             |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held            |             |  |  |  |  |
| -                         |   |  |  |             |  |  |  |  |
|                           | (e) Transfer of gift  |  |  |             |  |  |  |  |
| -                         | Transferee's name, address, at  | nd ZiP + 4   | Relationship of transferor to transferee       | <br>-<br>-  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held            | _           |  |  |  |  |
|                           |   |  |  | -<br>-      |  |  |  |  |
|                           | (e) Transfer of gift  |  |  |             |  |  |  |  |
|                           | Transferee's name, address, a   | nd ZIP + 4   | Relationship of transferor to transferee       | <br>-<br>-  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift (c) Use of gift   |  | (d) Description of how gift is held            | -<br>-<br>- |  |  |  |  |
|                           |   | ft   | -<br>_   |             |  |  |  |  |
| -                         | Transferee's name, address, a   | nd ZIP + 4   | Relationship of transferor to transferee       | <br>-<br>-  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held            | -           |  |  |  |  |
|                           |   |  |  | -<br>-<br>- |  |  |  |  |
| -                         | (e) Transfer of gift  |  |  |             |  |  |  |  |
|                           | Transferee's name, address, a   | nd ZIP + 4   | Relationship of transferor to transferee       | <br>-<br>-  |  |  |  |  |
|                           |   |  |  |             |  |  |  |  |

11310417 781828 TPBC

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements** 

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

THE PUBLIC BROADCASTING COUNCIL OF CNY,

Employer identification number 16-0876277

|     | INC.   |   | 16-08/62//                                 |
|-----|--|---|--|
| Pai | t I Organizations Maintaining Donor Advised                          | Funds or Other Similar Funds o                | r Accounts. Complete if the                |
|     | organization answered "Yes" to Form 990, Part IV, line 6             |   |  |
|     |  | (a) Donor advised funds                       | (b) Funds and other accounts               |
| 1   | Total number at end of year  |   |  |
| 2   | Aggregate contributions to (during year)                             |   |  |
| 3   | Aggregate grants from (during year)                                  |   |  |
| 4   | Aggregate value at end of year                                       |   |  |
| 5   | Did the organization inform all donors and donor advisors in wri     | ting that the assets held in donor advised    | funds                                      |
|     | are the organization's property, subject to the organization's ex    | clusive legal control?                        | Yes No                                     |
| 6   | Did the organization inform all grantees, donors, and donor adv      | isors in writing that grant funds can be us   | ed only                                    |
|     | for charitable purposes and not for the benefit of the donor or d    | onor advisor, or for any other purpose co     | nferring                                   |
|     | impermissible private benefit?                                       |   | Yes No                                     |
| Pai | t II Conservation Easements. Complete if the organ                   | ization answered "Yes" to Form 990, Par       | t IV, line 7.                              |
| 1   | Purpose(s) of conservation easements held by the organization        | (check all that apply).                       |  |
|     | Preservation of land for public use (e.g., recreation or edu         | cation) Preservation of an histor             | rically important land area                |
|     | Protection of natural habitat  | Preservation of a certifie                    | d historic structure                       |
|     | Preservation of open space   |   |  |
| 2   | Complete lines 2a through 2d if the organization held a qualified    | conservation contribution in the form of      | a conservation easement on the last        |
|     | day of the tax year.   |   |  |
|     | •  |   | Held at the End of the Tax Year            |
| а   | Total number of conservation easements                               |   | 2a   |
| b   | Total acreage restricted by conservation easements                   |   | 1 1  |
| C   | Number of conservation easements on a certified historic structure   |   |  |
| d   | Number of conservation easements included in (c) acquired after      |   |  |
|     | listed in the National Register                                      |   | 2d   |
| 3   | Number of conservation easements modified, transferred, relea        |   | rganization during the tax                 |
|     | year >   |   |  |
| 4   | Number of states where property subject to conservation easer        | ment is located >                             |  |
| 5   | Does the organization have a written policy regarding the period     |   |  |
|     | violations, and enforcement of the conservation easements it he      |   | Yes No                                     |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, an      |   |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, and en        | =   | •    |
| 8   | Does each conservation easement reported on line 2(d) above          |   |  |
|     | and section 170(h)(4)(B)(ii)?  |   | Yes No                                     |
| 9   | In Part XIV, describe how the organization reports conservation      |   |  |
|     | include, if applicable, the text of the footnote to the organization | n's financial statements that describes the   | e organization's accounting for            |
|     | conservation easements.  |   |  |
| Pai | t III Organizations Maintaining Collections of A                     | Art, Historical Treasures, or Oth             | er Similar Assets.                         |
|     | Complete if the organization answered "Yes" to Form 99               | 0, Part IV, line 8.                           |  |
| 1a  | If the organization elected, as permitted under SFAS 116 (ASC        | 958), not to report in its revenue statemen   | nt and balance sheet works of art,         |
|     | historical treasures, or other similar assets held for public exhib  | ition, education, or research in furtheranc   | e of public service, provide, in Part XIV, |
|     | the text of the footnote to its financial statements that describe   | s these items.                                |  |
| b   | If the organization elected, as permitted under SFAS 116 (ASC        | 958), to report in its revenue statement as   | nd balance sheet works of art, historical  |
|     | treasures, or other similar assets held for public exhibition, educ  | cation, or research in furtherance of public  | c service, provide the following amounts   |
|     | relating to these items:   |   |  |
|     | (i) Revenues included in Form 990, Part VIII, line 1                 |   | <b>&gt;</b> \$                             |
|     | (ii) Assets included in Form 990, Part X                             |   | <b>&gt;</b> \$                             |
| 2   | If the organization received or held works of art, historical treas- | ures, or other similar assets for financial g | ain, provide                               |
|     | the following amounts required to be reported under SFAS 116         | (ASC 958) relating to these items:            |  |
| а   | Revenues included in Form 990, Part VIII, line 1                     |   | > \$                                       |
| b   | Assets included in Form 990, Part X                                  |   | <b>&gt;</b> \$                             |
|     |  |   |  |

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

Schedule D (Form 990) 2010

20

|     | dule D (Form 990) 2010 INC.  |                         |                      |   |           |   | <u> 16-08</u>                           | 7627              | <u>7 Pa</u>                                  | age <b>2</b> |
|-----|--|-------------------------|----------------------|---|-----------|---|---|-------------------|--|--------------|
| Pai | t III   Organizations Maintaining C  | collections of Ar       | t, Historical Tr     | easures, c                              | or Oth    | er Simil                                | ar Asse                                 | ts (conti         | inued)                                       |              |
| 3   | Using the organization's acquisition, accessi  | on, and other records   | s, check any of the  | following tha                           | t are a s | ignificant                              | use of its                              | collection        | n item:                                      | <br>s        |
|     | (check all that apply):  |                         |                      |   |           |   |   |                   |  |              |
| а   | Public exhibition  | d                       | Loan or exc          | hange progra                            | ıms       |   |   |                   |  |              |
| b   | Scholarly research   | е                       |                      |   |           |   |   |                   |  |              |
| c   | Preservation for future generations  |                         | <del></del>          |   |           |   |   |                   |  |              |
| 4   | Provide a description of the organization's co   | ollections and explain  | how they further t   | he organizati                           | on's exe  | anua tam                                | ose in Par                              | t XIV.            |  |              |
| 5   | During the year, did the organization solicit of   |                         |                      |   |           |   |   |                   |  |              |
|     | to be sold to raise funds rather than to be ma   |                         |                      |   |           |   |   | Yes               |  | No           |
| Par | t IV Escrow and Custodial Arran  |                         |                      |   |           |   |   | ine 9. or         |  |              |
|     | reported an amount on Form 990, Pa   |                         | J                    |   |           |   | ,                                       |                   |  |              |
| 1a  | Is the organization an agent, trustee, custod  | ian or other intermed   | ary for contribution | s or other as                           | sets not  | included                                |   |                   |  |              |
|     | on Form 990, Part X?   |                         |                      |   |           |   |   | Yes               |  | No           |
| b   | If "Yes," explain the arrangement in Part XIV  | and complete the fol    | lowing table:        | •••••                                   |           | ••••••                                  |   |                   |  |              |
| _   | <b>3</b>   |                         |                      |   |           |   |   | Amount            | <br>!  |              |
| c   | Beginning balance  |                         |                      |   |           | 1c                                      |   |                   |  |              |
|     | Additions during the year  |                         |                      |   |           |   |   |                   |  |              |
|     | Distributions during the year  |                         |                      |   |           |   |   |                   |  |              |
|     | Ending balance   |                         |                      |   |           |   |   |                   |  |              |
| 22  | Did the organization include an amount on F  | orm 990 Part Y line     |                      | •••••                                   | •••••     |   |   | Yes               |  | No           |
|     | If "Yes," explain the arrangement in Part XIV.   |                         | £1:                  | • |           | • |   | 1 162             | ٠  | ) NO         |
| _   | t V Endowment Funds. Complete i  |                         | swered "Yes" to Fo   | rm 990 Part                             | IV line 1 | 10                                      |   |                   |  |              |
|     | C V   Lindo Willows Complete   | (a) Current year        | (b) Prior year       | (c) Two year                            |           |   | ware hack                               | (e) Four          | VOORC  | hack         |
| 4.  | Paginning of year halance  |                         |                      | (C) TWO year                            | S Dack    | (a) Three                               | Cais Dack                               | (e) Four          | years i                                      | Jack         |
|     | Beginning of year balance  | 223 686.                | 45,259.              | <u> </u>                                |           |   |   |                   |  | <del></del>  |
|     | Contributions  | 95,504.                 | 223,006.             |   |           |   |   |                   | 1  |              |
| C   | Net investment earnings, gains, and losses   |                         |                      |   |           |   | Terrore, and                            |                   |  |              |
| d   | Grants or scholarships   | -                       |                      | <u> </u>                                |           |   |   |                   |  |              |
| е   | Other expenditures for facilities  |                         |                      |   | -         |   |   |                   |  |              |
|     | and programs   | 46,423.                 | 44,579.              |   |           |   | - · · · · · · · · · · · · · · · · · · · |                   | -  |              |
| f   | Administrative expenses  |                         |                      |   |           |   |   |                   | <u>.                                    </u> |              |
| g   | End of year balance  |                         | 223,686.             |   |           |   | ****                                    |                   |  |              |
| 2   | Provide the estimated percentage of the year   |                         |                      |   |           |   |   |                   |  |              |
|     | Board designated or quasi-endowment  |                         | _%                   |   |           |   |   |                   |  |              |
|     | Permanent endowment ► .00  | %                       |                      |   |           |   |   |                   |  |              |
|     |  | %                       |                      |   |           |   |   |                   |  |              |
| 3a  | Are there endowment funds not in the posse   | ession of the organiza  | tion that are held a | nd administe                            | red for t | he organi                               | zation                                  | г                 |  |              |
|     | by:  |                         |                      |   |           |   |   | $\longrightarrow$ | Yes  |              |
|     | (i) unrelated organizations  |                         |                      |   |           |   |   | 3a(i)             | $\longrightarrow$                            | <u> </u>     |
|     | (ii) related organizations   |                         |                      |   |           |   |   |                   | $\longrightarrow$                            | <u> </u>     |
| b   | If "Yes" to 3a(ii), are the related organizations  | s listed as required or | n Schedule R?        |   |           |   |   | 3b                |  |              |
| 4   | Describe in Part XIV the intended uses of the  |                         |                      |   |           |   |   |                   |  |              |
| Par | Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.                       |                         |                      |   |           |   |   |                   |  |              |
|     | Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value |                         |                      |   |           |   |   |                   |  |              |
|     |  | basis (investm          | ent) basis           | (other)                                 | de        | preciation                              |   |                   |  |              |
| 1a  | Land   |                         | 8                    | 2,316.                                  |           | di T                                    | 1. 3.04                                 | 8:                | 2,3:   | 16.          |
|     | Buildings  |                         |                      | 0,409.                                  | 1,        | 500,1                                   | 22.                                     |                   | 0,2  |              |
|     | Leasehold improvements   |                         | 83                   | 0,459.                                  |           | 717,9                                   |   |                   | 2,4  |              |
| d   | Equipment  |                         |                      | 2,028.                                  |           | 440,5                                   |   | 2,33              |  |              |
| -   | Other  |                         |                      | 5,827.                                  |           |   |   |                   | 5,8  |              |
|     | Add lines 1a through 1e (Column (d) must e   |                         |                      |   |           |   |   | 3.17              |  |              |

Schedule D (Form 990) 2010

| Schedule D (Form 990) 2010 INC.  |                                 | — ·. · <u></u>                    | 16-  | <u> 0876277</u>     | Page 3       |
|--|---------------------------------|-----------------------------------|--|---------------------|--------------|
| Part VII Investments - Other Securities. Se  | ee Form 990, Part X, li         | ne 12.                            |  | · · ·               |              |
| (a) Description of security or category (including name of security)   | (b) Book value                  | Cos                               | (c) Method of valuat<br>st or end-of-year mark |                     |              |
| (1) Financial derivatives  |                                 |                                   |  |                     |              |
| (2) Closely-held equity interests  |                                 |                                   |  |                     |              |
| (3) Other  |                                 |                                   |  |                     |              |
| (A)  |                                 |                                   |  |                     |              |
| (B)  |                                 |                                   |  |                     |              |
| (C)  |                                 |                                   |  |                     |              |
| (D)  |                                 |                                   |  |                     |              |
| (E)  |                                 |                                   |  |                     |              |
| (F)  |                                 |                                   |  |                     |              |
| (G)<br>(H)   |                                 |                                   |  |                     |              |
| (1)  |                                 |                                   |  |                     |              |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)   |                                 |                                   |  |                     |              |
| Part VIII Investments - Program Related. S   | ee Form 990. Part X.            | line 13.                          |  |                     |              |
| (a) Description of investment type   | (b) Book value                  |                                   | (c) Method of valuat<br>st or end-of-year mark |                     |              |
| (1)  |                                 |                                   |  |                     |              |
| (2)  |                                 |                                   |  |                     |              |
| (3)  |                                 |                                   |  |                     |              |
| (4)  |                                 |                                   |  |                     |              |
| (5)<br>(6)   |                                 |                                   |  |                     |              |
| (7)  |                                 |                                   |  |                     |              |
| (8)  |                                 |                                   |  |                     |              |
| (9)  |                                 |                                   |  |                     |              |
| (10)   |                                 |                                   |  |                     |              |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)   |                                 |                                   | •  |                     |              |
| Part IX Other Assets. See Form 990, Part X, line   | 15.                             |                                   |  |                     |              |
| (a)  | Description                     |                                   |  | (b) Book va         | lue          |
| (1) CASH SURRENDER VALUE LIFE  | <u> INSURANCE</u>               |                                   |  |                     | <u>,697.</u> |
| (2) DUE FROM AFFILIATE   |                                 |                                   |  | 375                 | <u>,000.</u> |
|  |                                 |                                   |  |                     |              |
| (4)  |                                 |                                   |  |                     |              |
| (5)  |                                 |                                   |  |                     |              |
| (6)  |                                 |                                   |  |                     |              |
| (7)  |                                 |                                   |  |                     |              |
| (8)  |                                 |                                   |  |                     |              |
| (9)<br>(10)  |                                 |                                   |  |                     |              |
| Total. (Column (b) must equal Form 990, Part X, col (B) line   | e 15.)                          |                                   | <b>•</b>                                       | 1,003               | 697.         |
| Part X Other Liabilities. See Form 990, Part X,  |                                 |                                   |  | _,,,,,              |              |
| 1. (a) Description of liability  |                                 | (b) Amount                        |  | <del></del>         |              |
| (1) Federal income taxes   |                                 |                                   |  |                     |              |
| (2) ANNUITY PAYABLE- LONG TER  | MS                              | 32,220.                           |  |                     |              |
| (3) DEFERRED COMPENSATION  |                                 | 480,739.                          |  |                     |              |
| (4) LINE OF CREDIT   |                                 | 225,000.                          |  |                     |              |
| (5)  |                                 |                                   |  |                     |              |
| (6)  |                                 |                                   |  |                     |              |
|  |                                 |                                   |  |                     |              |
| (8)  |                                 |                                   |  |                     |              |
| (9)  |                                 |                                   | 15   |                     |              |
| (10)   |                                 |                                   |  |                     |              |
| (11)   | - 05 )                          | 727 050                           |  |                     |              |
| Total. (Column (b) must equal Form 990, Part X, col (B) lin FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to EN 48 (ASC 740). | to the organization's financial | statements that reports the organ | zation's liability for uncertain               | tax positions under | andrea and " |

| Part XI   Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements   1   1   6 , 410 , 953 , 2   1   1   6 , 410 , 953 , 2   1   1   1   1   1   1   1   1   1   | 1 Total revenue (Form 990, Part VIII, Column (A), line 12)   |                  | dule D (Form 990) 2010 INC .   |   |                       |         | 0876277 Page <b>4</b>                 |
|--|--|------------------|--|---|-----------------------|---------|---------------------------------------|
| 2 Total expenses (From 990, Part IX, column (A), line 25)  | 2 Cotal expenses (Form 980, Part IX, column (A), line 25) 2 Excess or (feffeit) for the year, Subtract line 2 from ine 1 3 -100, 0.52.4 4 Net unrealized gains flosses) on investments 5 Condeted services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Coller (Piscothio in Part XIV) 8 College (Piscothio in Part XIV) 9 Total adjustments (pich) Add lines 4 through 8 10 Total adjustments (pich) Add lines 4 through 8 11 Total revenue, gains, and other support per audited financial statements. Combine lines 3 and 9 12 18, 965.1 13 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities 2 Recoveries of prior year grants d Cither (Describe in Part XIV) 2 Add lines 2 strough 24 2 Recoveries of prior year grants d Cither (Describe in Part XIV) 2 Add lines 2 strough 24 2 Recoveries of prior year grants d Cither (Describe in Part XIV) 2 Add lines 2 strough 24 2 Recoveries of prior year grants d Cither (Describe in Part XIV) 2 Add lines 2 strough 24 3 Subtract line 28 from line 1 4 Anounts included on Form 990, Part VIII, line 12 5 Total givenue, Add lines 2 and 4c. (This must equil Form 990, Part I, line 12) 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part II, line 12) 2 Cother losses 2 Cother losses 2 Cother losses 2 Cother losses 2 Cother losses 3 Subtract line 28 from line 1 4 Amounts included on Form 990, Part II, line 25. 4 Cither (Describe in Part XIV) 4 Add lines 2 and 4b, Anounts included on Form 990, Part I, lin | Pa               | t XI   Reconciliation of Change in Net Assets from Form 990 to           | Audited                                 | Financial State       | ment    |                                       |
| 3  | 3 Excess or (deficit) for the year. Subtract line 2 from line 1  4 Net unrealized gains (losses) on investments  5 Denated services and use of facifities  6 Investment expenses.  7 Prior period adjustments  8 Other (Describe in Part XIV.)  9 Total adjustments (en). Add lines 4 through 8  10 Total adjustments (en). Add lines 4 through 8  10 Excess or (deficit) for the year par audited financial statements. Combine lines 3 and 9  10 Total adjustments (en). Add lines 4 through 8  11 Catal revenue, gains, and other support per audited financial statements. With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements. With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements. With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements. With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements. With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements. With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements. 2a 18,965.  2a 18,965.  3 Subtract line 2e from line 1  2a 18,965.  3 G. 577,773.  4 Announts included on line 1 (an included on Form 990, Part VIII, line 12: 2a 18,965.  3 G. 577,773.  4 Announts included on line 1 (an included on Form 990, Part VIII, line 12: 2a 18,965.  3 Contract expenses and losses per audited financial statements. 4a 16,681.  4 Contract expenses and losses per audited financial statements. 4a 16,681.  5 Contract expenses and losses per audited financial statements. 2a 2a 166,810.  6 G. 410,963.  Part XIII Reconciliation of Expenses per Audited Financial Statements. 2a 2a 166,810.  6 G. 410,963.  Part XIII Reconciliation of Expenses per Audited Financial Statements. 2a 2a 166,810.  6 G. 410,963.  Part XIII Reconciliation of Expenses per Audited Financial Statements. 2a 2a 166,810.  9 Contract per such services and losses per audited financial stat | 1                | Total revenue (Form 990, Part VIII, column (A), line 12)                 |   | 1                     |         |                                       |
| 4 Not unrealized gains (hosses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 7 Solther (Describe in Part XIV) 8 SOLTIAL (and the services and use of facilities 9 Solther (Describe in Part XIV) 9 Total adjustments (epit, Add lines 4 through 8 9 Solther (Describe in Part XIV) 9 Total adjustments (epit, Add lines 4 through 8 9 Solther (Describe in Part XIV) 10 Excess or digital file of the various per audited financial statements. Combine lines 3 and 9 10 Solther (Describe in Part XIV) 10 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on the 1but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2 a 18,965. 2 b Control (Describe in Part XIV) 2 d Cother (Describe in Part XIV) 2 d 2 2 18,965. 3 Solthact line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12; but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Cother (Describe in Part XIV) 4 Cother (Describe in Part XIV) 5 Cother (Describe in Part XIV) 5 Cother (Describe in Part XIV) 6 Cother (Describe in Part XIV) 7 Cother (Describe in Part XIV) 7 Cother (Describe in Part XIV) 8 Cother (Desc | 4 18,965.  5 Contacts exercises and use of facilities  6 Investment expenses  7 Prior period adjustments 6 Investment expenses 7 Prior period adjustments 8  | 2                | Total expenses (Form 990, Part IX, column (A), line 25)                  |   | 2                     |         |                                       |
| 5 Donated services and use of facilities   | 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 1 18,965. 10 Excess or (fedicity for the year part audited financial statements. Combine lines 3 and 9 1 18,965. 10 Excess or (fedicity for the year part audited financial statements. Combine lines 3 and 9 1 6,596,738. 11 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. 2 2 18,965. 2 Announts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains on investments 2 2 18,965. 3 Donated services and use of facilities 2 2 2 2 18,965. 4 Announts included on Form 990, Part VIII, line 12; but not on line 1: 3 Investment expenses ent included on Form 990, Part VIII, line 12; but not on line 1: 3 Investment expenses ent included on Form 990, Part VIII, line 12; but not on line 1: 4 Investment expenses ent on included on Form 990, Part VIII, line 12; but not on line 1: 5 Total revenue, Add lines 3 and 4e, (This must equal Form 990, Part I, line 12) 5 6, 410, 963. Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and uses of facilities 2 2 2 166, 810. 2 Amounts included on Fine 1 but not on Form 990, Part IX, line 25: 3 Donated services and use of facilities 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | 3                | Excess or (deficit) for the year. Subtract line 2 from line 1            |   | 3                     |         |                                       |
| 6 Investment expenses 8 Cher (Describe in Part XIV) 8 Cher (Describe in Part XIV) 9 Total adjustments (pet). Add lines 4 through 8 9 18,965.  10 181,087.    Part XIII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains on investments 2 18,965. b Donated services and use of facilities 2 2b  | 6 Investment expenses  | 4                | Net unrealized gains (losses) on investments                             |   | 4                     |         | <u> 18,965.</u>                       |
| 7   Prior period adjustments   7   8   | 7 Piori period adjustments   7   8   18   18   18   18   18   18   | 5                | Donated services and use of facilities                                   |   | 5                     |         |                                       |
| 8 Other (Describe in Part XIV.) 9 Total adjustments (repl.) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 11 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on fine 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoverles of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12; but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4e, (This must equal Form 990, Part I, line 12) 5 Amounts included on Form 990, Part VIII, line 7b b Prior year adjustments 1 Total expenses and losses per audited financial statements 2 Described Part XIV. 1 Total expenses and losses per audited financial statements 2 Described Part XIV. 2 Described Part XIV. 3 Subtract line 2e from line 1 4 Described Part XIV. 5 Cand lines 4a and 4b 5 Total expenses and use of facilities b Prior year adjustments 2 Described Part XIV. 2 Described Part XIV. 2 Described Part XIV. 2 Described Part XIV. 3 Described Part XIV. 4 Described Part XIV. 5 Described Part XIV. 5 Described Part XIV. 6 Described Part XIV. 6 Described Part XIV. 7 Described Part XIV. 7 Described Part XIV. 7 Described Part XIV. 8 Described Part XIV.  | 8 Other (Describe in Part XIV) 9 Total adjustments (est), Add lines 4 through 8 9 18,965. 10 Excess of deleticity for the year per audited financial statements. Combine lines 3 and 9 10 -81,087. Part XIII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on fine 1 but not on form 990, Part VIII, line 12: a Net unrealized gains on investments  | 6                | Investment expenses  |   | 6                     |         |                                       |
| 9 Total adjustments (net), Add lines 4 through 8 1 18,965.  10 -81,087.    Part XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on the 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describs in Part XIV) 2 Add lines 2a through 2d 2 E 18,965. 3 Subtract line 2e from line 1 3 1 6,577,773. 4 Amounts included on Form 990, Part VIII, line 12; but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describs in Part XIV) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4e. (This must equal Form 990, Part I, line 12.) 5 1 Contact services and uses of facilities 2 Donated services and use of facilities 2 Donated services and use of facilities 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and use of facilities 2 Donated services and use of facilities 2 Donated services and use of facilities 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Define Counciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Define Counciliation of Expenses per Audited Financial Statements With Expenses per Return 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Define Counciliation of Expenses per audited financial statements 5 Define Counciliation of Expenses per audited financial statements 5 Define Counciliation of Expenses per audited financial statements 5 Define Counciliation of Expenses | 9 Total adjustments (net). Add lines 4 through 8   | 7                | Prior period adjustments   |   | 7                     |         |                                       |
| Total revenue, gains, and other support per audited financial statements With Revenue per Return   | 10   Scess or (deficilit for the year per audited financial statements. Combine lines 3 and 9   10   -81,087, Part XII   Reconcilitation of Revenue per Audited Financial Statements   1   6,596,738.  | 8                | Other (Describe in Part XIV.)  |   | 8                     |         |                                       |
| Total revenue, gains, and other support per audited financial statements   1   | Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on fine 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   | 9                | Total adjustments (net). Add lines 4 through 8                           |   | 9                     |         | <u> 18,965.</u>                       |
| 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2   | 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 2 2 18,965. 3 Subtract line 2e from line 1 3 6,577,773. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Total revenue. Add lines 3 and 4e, (This must equal Form 990, Part I, line 12) 5 6,410,963.  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Denoted services and use of facilities b Prior year adjustments 2 Conter losses d Other (Describe in Part XIV) 2 add lines 4a and 4b 5 Ford and the services and use of facilities b Prior year adjustments 2 2a 1 Subtract line 2e from line 1 2 a form line 1 3 6,577,825.  2 a mounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments 2 2b 2 c 2 d form line 1 3 6,577,825.  2 for the losses 2 c 4 d lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIV) 2 c dot lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 19) 5 Fort XIV Supplemental Information Complete this part to provide the descriptions required for Part IV, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part X |                  |  |   |                       |         |                                       |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains on investments  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIV.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 17.  b Other (Describe in Part XIV.)  c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4e, (This must equal Form 990, Part I, line 12.)  1 Total expenses and losses per audited financial Statements With Expenses per Return  1 Total expenses and losses per audited financial Statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other (Describe in Part XIV.)  4 Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other (Describe in Part XIV.)  4 Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part IV, line 70  4 Amounts included on Form 990, Part IV, line 70  b Other (Describe in Part XIV.)  4 Add lines 2a through 2d  3 Subtract line 2e from line 1  5 Total expenses. Add lines 3 and 4e, (This must equal Form 990, Part IV, line 7b  b Other (Describe in Part XIV.)  5 Total expenses. Add lines 3 and 4e, (This must equal Form 990, Part IV, line 8t) Part IV, line 4: Part IV, line 4: Part IV, line 8: Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  | 2 Anounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Conated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2 at through 2d 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) b Part XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and use of facilities 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2 at through 2d 3 Subtract line 2 a through 2d 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 26 and 4b, Also complete this part to provide any additional information. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part IX, lines 24 and 4b, Also complete this part to provide any additional information. Part XIV, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WC | Par              | t XII   Reconciliation of Revenue per Audited Financial Stateme          | nts With                                | Revenue per R         | eturr   |                                       |
| a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 2 2 18,965. 3 Subtract line 2e from line 1 3 6,577,773. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part I, line 7b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e, (This must equal Form 990, Part I, line 12) Part XIII (Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) Fart XIV   Supplemental Information Complete this part to provide the descriptions required for Part II, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  | a Net unrealized gains on investments 22 18,965. b Donated services and use of facilities 2b 2e 1  | 1                | Total revenue, gains, and other support per audited financial statements |   |                       | 1       | 6,596,738.                            |
| b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 18) 5 Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Danated services and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Prior year adjustments 2 COther (Describe in Part XIV.) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and line 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1 and 4; Part IV, lines 1 b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.   | b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) 2 d 2 d 3 Subtract line 2e from line 1 3 6,577,773.  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total evenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) Part XIIII (Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on fine 1 but not on Form 990, Part IX, line 25: 2 Amounts included on fine 1 but not on Form 990, Part IX, line 25: 3 Contact services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIV) 2 ad 166, 810. 2 4 Add lines 2a through 2d 3 6, 511, 015. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 27, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 27, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 27, line 18)  C Add lines 4a and 4b  5 Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18)  C Part XIV, Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X, line 8; Part XI, lin | 2                | Amounts included on line 1 but not on Form 990, Part VIII, line 12:      |   |                       |         |                                       |
| c. Recoveries of prior year grants d Other (Describe in Part XIV.) e. Add lines 2a through 2d 2 18,965.  3 Subtract line 2e from line 1 3 6,577,773.  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b c 166,810. c Add lines 4a and 4b c 166,810. 5 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2   | Composition      | а                | Net unrealized gains on investments                                      | 2a                                      | 18,965.               |         |                                       |
| d Other (Describe in Part XIV.) e Add lines 2a through 2d 2e 18,965. 3 Subtract line 2e from line 1 3 6,577,773. 4 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses in included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Other (Describe in Part XIV.) c Add lines 4a and 4b 6 Other (Describe in Part XIV.) c Add lines 4a and 4b 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X, line 8; Part XII, l | d Other (Describe in Part XIV.) e Add lines 2a through 2d 3  | b                | Donated services and use of facilities                                   | 2b                                      |                       |         |                                       |
| e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 G, 511, 015. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4b 0 Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) 5 6, 511, 015. Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL¹S OPERATIONS.  | e Add lines 2a through 2d  3   | C                | Recoveries of prior year grants  | 2c                                      |                       | ]       |                                       |
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| b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Fart XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 G, 511, 015. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Each of the Council Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b; Also complete this part to provide any additional information.  PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  | b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c -166,810. 5 Total evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 6,410,963.  Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and loses per audited financial statements 2 Amounts included on fine 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losese d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Fart XIV  Supplemental Information Complete this part to provide the descriptions required for Part II, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  | 4                |  |   |                       |         |                                       |
| c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b c Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart XIV Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  | c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 6, 410, 963.  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b c O. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  5 6, 511, 015.  Part XIV [Supplemental Information]  Complete this part to provide the descriptions required for Part III, lines 23, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part VI, line 4; Part V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT  | а                | Investment expenses not included on Form 990, Part VIII, line 7b         | 4a                                      |                       |         |                                       |
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| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   5   6 , 410 , 963.     Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return     Total expenses and losses per audited financial statements   1   6 , 677 , 825.     Amounts included on line 1 but not on Form 990, Part IX, line 25:   2a  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   5   6, 410, 963.     Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements   1   6, 677, 825.   2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   2a  | С                |  |   | -                     | 4c      | -166,810.                             |
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| 3 6,511,015.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT   | 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIV   Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT   | _                |  |   |                       | 1 I     | 166.810.                              |
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| c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT   | c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT  | _                |  |   | <del></del>           | 1       |                                       |
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| Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  | Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT  |                  | ***************************************                                  | •••••                                   |                       |         |                                       |
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| X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  | X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT   |                  |  | l lines 1a a                            | nd 4: Part IV lines 1 | h and t | 2h: Part V. line 4: Part              |
| PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT   | PART V, LINE 4: THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO  SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT  |                  | •                                  |   |                       |         |                                       |
| SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  | SUPPORT THE COUNCIL'S OPERATIONS.  PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT   |                  |  |   |                       |         | · · · · · · · · · · · · · · · · · · · |
| PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT   | PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT  | 1111             | (I V) BING II IND INCOME FROM THE BROOMBER.                              | <u> </u>                                |                       |         |                                       |
| PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT   | PART X, LINE 2: WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT  CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT  | SIII             | PPORT THE COUNCIL'S OPERATIONS.  |   |                       |         |                                       |
|  | CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT  | <u></u>          |  |   |                       |         |                                       |
|  | CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT  |                  |  |   |                       |         |                                       |
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|  | CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT  | PAT              | RT X. LINE 2: WONY AND THE FOUNDATION ARE I                              | VOT-FO                                  | R-PROFIT              |         |                                       |
| CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE   | CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT  |                  |  |   |                       |         |                                       |
|  |  | COI              | RPORATIONS AS DESCRIBED IN SECTION 501(C)(3                              | 3) OF                                   | THE INTERN            | AL :    | REVENUE                               |
| CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT  | TO SECTION 501(A) OF THE INTERNAL REVENUE CODE. THE STANDARDS FOR  | COI              | DE, AND ARE EXEMPT FROM FEDERAL INCOME TAXE                              | ES ON                                   | RELATED IN            | COM     | E PURSUANT                            |
| TO SECTION 501(A) OF THE INTERNAL REVENUE CODE. THE STANDARDS FOR  |  | <u>TO</u>        |  |   |                       |         |                                       |
| OV DEVENUE VV (00) VO BOOM DEPOSITION OF MAINTAIN VV DET BOOM DESCRIPTION OF VOT   | ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ESTABLISH A RECOGNITION   | <u>ACC</u>       | COUNTING FOR UNCERTAINTY IN INCOME TAXES ES                              | STABLI                                  | SH A RECOG            | NIT     | ION                                   |
|  | Sehadula D / Farm 000\ 0040  | 03205            | ;<br>10  |   |                       | Sched   | dule D (Form 990) 2010                |
|  | Schedule D (Form 990) 20 IV  | 03205-<br>12-20- | \$<br>10   |   |                       |         | ,                                     |

23

| Schedule D (Form 990) 2010 INC. 16-0876277 Page 5                         |
|---|
| Part XIV Supplemental Information (continued)                             |
| THRESHOLD AND MEASUREMENT FOR INCOME TAX POSITIONS RECOGNIZED IN THE      |
| COUNCIL'S CONSOLIDATED FINANCIAL STATEMENTS. AS OF JUNE 30, 2011 AND 2010 |
| , THE COUNCIL DID NOT HAVE ANY UNRECOGNIZED TAX BENEFITS OR ANY RELATED   |
| ACCRUED INTEREST OR PENALTIES. THE TAX YEARS OPEN TO EXAMINATION BY       |
| FEDERAL AND NEW YORK STATE TAXING AUTHORITIES ARE 2008 THROUGH 2011.      |
| PART XII LINE 4B  |
| <\$166,810> AUCTION EXPENSES  |
| PART XIII LINE 2D   |
| \$166,810 AUCTION EXPENSES  |
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032055

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

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions

Open To Public Inspection

| lame of the organization $  {	t THE}   {	t PUB} $  | LIC BROADCASTING C   | OUN!   | CIL  | OF CNY,  |         | Employer ide  | ntification number                                      |
|--|--|--|--|--|---------|---|---|
| INC.   |  |  |  |  |         | 16-0876   | 277   |
| Part I Fundraising Activities required to complete this par  | <ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>  | ered "\  | 'es" to  | Form 990, Part IV,   | line 1  | 7. Form 990-EZ  | filers are not  |
| <ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>a Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul> | e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs | tion of<br>tion of<br>fundra<br>(includerofess   | non-g<br>gover<br>ising of<br>ding of<br>ional f | overnment grants nment grants events fficers, directors, true undraising services? | stees   | Yes   |   |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity  | (iii)<br>fundr<br>have con<br>or con<br>contribu | ustody<br>trol of                                | (iv) Gross receipts from activity  | to (c   | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|  |  | Yes  | No   |  |         |   |   |
|  |  |  |  |  |         | _   |   |
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|  |  |  | <b>•</b>   |  |         |   |   |
| 3 List all states in which the organization or licensing.  | n is registered or licensed to solicit o   | contrib  | utions   | or has been notifie  | d it is | exempt from re  | egistration   |
|  |  |  |  |  |         |   |   |
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Schedule G (Form 990 or 990-EZ) 2010

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

INC. Schedule G (Form 990 or 990-EZ) 2010 16-0876277 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (c) Other events (b) Event #2 (d) Total events NONE (add col. (a) through AUCTION col. (c)) (event type) (event type) (total number) 458,268 1 Gross receipts 458,268. 291,458 2 Less: Charitable contributions 291,458. Gross income (line 1 minus line 2) 166,810 166,810. 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 6 7 Food and beverages 8 Entertainment ..... 166,810. 166,810 Other direct expenses \_\_\_\_\_ 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10. Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_\_ Yes b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2010 032082 01-13-11

# THE PUBLIC BROADCASTING COUNCIL OF CNY

| Sch  | nedule G (Form 990 or 990-EZ) 2010 INC. 16-(   | 876277          | Page 3      |
|------|--|-----------------|-------------|
| 11   | Does the organization operate gaming activities with nonmembers?   | Yes             | ☐ No        |
|      | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed   |                 |             |
|      | to administer charitable gaming?   | Yes Yes         | ☐ No        |
|      | Indicate the percentage of gaming activity operated in:  |                 |             |
|      | The organization's facility  |                 | %           |
|      | An outside facility  | 13b             | <u>%</u>    |
| 14   | Enter the name and address of the person who prepares the organization's gaming/special events books and records:  |                 |             |
|      | Name   |                 |             |
|      | Address >  |                 |             |
| 15a  | Does the organization have a contract with a third party from whom the organization receives gaming revenue?   | Yes             | ☐ No        |
| b    | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount  |                 |             |
|      | of gaming revenue retained by the third party ▶\$  |                 |             |
| C    | : If "Yes," enter name and address of the third party:   |                 |             |
|      | No. 10 Page 10 |                 |             |
|      | Name >   |                 |             |
|      | Address  |                 |             |
| 16   | Gaming manager information:  |                 |             |
|      | Name   |                 |             |
|      | Gaming manager compensation ▶ \$   |                 |             |
|      | Description of services provided   |                 |             |
|      |  |                 |             |
|      |  |                 |             |
|      | Director/officer Employee Independent contractor   |                 |             |
| 17   | Mandatory distributions:   |                 |             |
|      | Is the organization required under state law to make charitable distributions from the gaming proceeds to  | _               |             |
|      | retain the state gaming license?   | L Yes           | ∟ No        |
| b    | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the   |                 |             |
|      | organization's own exempt activities during the tax year ▶ \$  |                 |             |
| Ра   | Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information  |                 |             |
|      | lifies 9, 90, 100, 100, 100, 10, and 170, as applicable. Also complete this part to provide any additional minormation   | i (See iliStruc | zuonsj.     |
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| 0320 | 983 01-13-11 Schedule G (Foru  | n 990 or 990    | )-EZ) 2010  |

# SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2010

Open to Public Inspection

Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

THE PUBLIC BROADCASTING COUNCIL OF CNY,
INC.

Employer identification number 16-0876277

Schedule J (Form 990) 2010

| Pa | art I Questions Regarding Compensation  |     |       |          |
|----|---|-----|-------|----------|
|    |   |     | Yes   | No       |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  |     |       |          |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  |     |       |          |
|    | First-class or charter travel   |     |       |          |
|    | Travel for companions Payments for business use of personal residence   |     | 4.5.  |          |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees  |     |       |          |
|    | Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  |     | 2.00m |          |
|    |   |     |       |          |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or   | 1.  |       |          |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | 1b  |       | l        |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  |     |       |          |
|    | trustees, and the CEO/Executive Director, regarding the items checked in line 1a?   | 2   |       |          |
|    |   |     |       |          |
| 3  | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  |     |       |          |
|    | CEO/Executive Director. Check all that apply.   |     |       |          |
|    | Compensation committee Written employment contract  |     |       |          |
|    | Independent compensation consultant  X Compensation survey or study   |     |       |          |
|    | Form 990 of other organizations  X Approval by the board or compensation committee  |     |       |          |
|    |   |     |       | 1.       |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  |     |       |          |
|    | organization or a related organization:   |     |       |          |
| а  | Part to the second of the second form the constant of the second of the | 4a  |       | X        |
|    | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 4b  |       | X        |
|    | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c  |       | X        |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |     |       |          |
|    |   |     |       |          |
|    | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.   |     |       |          |
| 5  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |     |       |          |
|    | contingent on the revenues of:  |     |       |          |
| а  | The organization?   | 5a_ |       | X        |
| b  | Any related organization?   | 5b  |       | X        |
|    | If "Yes" to line 5a or 5b, describe in Part III.  |     |       |          |
| 6  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |     |       |          |
|    | contingent on the net earnings of:  |     |       |          |
| а  | The organization?   | 6a  |       | X        |
| b  | Any related organization?   | 6b  |       | X        |
|    | If "Yes" to line 6a or 6b, describe in Part III.  |     | İ     |          |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments   |     |       |          |
|    | not described in lines 5 and 6? If "Yes," describe in Part III  | 7   |       | X        |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the   |     |       |          |
|    | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   | 8   |       | X        |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  |     |       |          |
|    | Regulations section 53.4958-6(c)?   | 9   | l     | <u> </u> |

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Schedule J (Form 990) 2010

INC.

16-0876277

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

|                   |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |   | (C)<br>Retirement and                     | (D)<br>Nontaxable              | (E)<br>Total of columns | (F)<br>Compensation |   |
|-------------------|-------------|--|---|---|--------------------------------|-------------------------|---------------------|---|
| (A) Name          |             | (i) Base<br>compensation                           | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits                | (B)(i)-(D)          | reported in prior<br>Form 990 or<br>Form 990-EZ |
|                   | (i)         | 55,000.  | 0.  | 0.  | 0.                             | 0.                      | 55,000.             | 0.  |
| 1 RICHARD RUSSELL | (ii)        | 0.   | 0.  | 0.  | 0.                             | 0.                      | 0.                  | 0.  |
|                   | (i)         |  |   |   |                                |                         |                     |   |
| 2                 | (ii)        |  |   |   |                                |                         |                     |   |
|                   | (i)<br>(ii) |  |   |   |                                |                         |                     |   |
| 3                 | (i)         |  |   |   |                                |                         |                     |   |
| 4                 | (ii)        |  |   |   |                                |                         |                     |   |
|                   | (i)         |  |   |   |                                |                         |                     |   |
| 5                 | (ii)        |  |   |   |                                |                         |                     |   |
|                   | (i)         |  |   |   |                                |                         |                     |   |
| 6                 | (ii)        |  |   |   |                                |                         |                     |   |
| _                 | (i)<br>(ii) |  |   |   |                                |                         |                     |   |
| 7                 | (i)         |  |   |   |                                |                         |                     |   |
| 8                 | (ii)        |  |   |   |                                |                         |                     |   |
|                   | (i)         |  |   |   |                                |                         |                     |   |
| 9                 | (ii)        |  |   |   |                                |                         |                     |   |
|                   | (i)         |  |   |   |                                |                         |                     |   |
| 10                | (ii)        |  |   |   |                                |                         |                     |   |
|                   | (i)         |  |   |   |                                |                         |                     |   |
| 11                | (ii)<br>(i) |  |   |   |                                |                         |                     |   |
| 12                | (ii)        |  |   |   |                                |                         |                     |   |
| 16.               | (i)         |  |   |   |                                |                         |                     |   |
| 13                | (ii)        |  |   |   |                                |                         |                     |   |
|                   | (i)         |  |   |   |                                |                         |                     |   |
| 14                | (ii)        |  |   |   |                                |                         |                     |   |
|                   | (i)         |  |   |   |                                |                         |                     |   |
| 15                | (ii)        |  |   |   |                                |                         |                     |   |
| 40                | (i)<br>(ii) |  |   |   |                                |                         | <u> </u>            |   |
| 16                | 1007        |  |   |   |                                |                         |                     |   |

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

THE PUBLIC BROADCASTING COUNCIL OF CNY, INC.

Employer identification number 16-0876277

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  |
|---|
| WHICH OPERATES A NON-COMMERCIAL PUBLIC TELEVISION STATION (WCNY) AND A  |
| NON-COMMERCIAL PUBLIC FM RADIO STATION (WCNY) IN SYRACUSE, NEW YORK AND   |
| AIMS TO EDUCATE, INSPIRE AND ENTERTAIN.   |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENTERTAIN.   |
| FORM 990, PART VI, SECTION A, LINE 2: JEFFEREY B. SCHEER IS WCNY'S  CORPORATE ATTORNEY AS WELL AS TREASURER OF THE BOARD.   |
| FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS THAT SUPPORT THE ORGANIZATION.   |
| FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS A BOARD OF TRUSTEES WHICH ELECTS NEW MEMBERS AND CAN REMOVE MEMBERS.  |
| FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE TRUSTEES.   |
| FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WAS PROVIDED  |
| TO THE ENTIRE BOARD BEFORE IT WAS FILED TO CHECK FOR COMPLETENESS AND ACCURACY.   |
| FORM 990, PART VI, SECTION B, LINE 12C: THE VICE PRESIDENT OF HUMAN  RESOURCES MONITORS THE POLICY AND MAKES SURE IT IS COMPLIED WITH.  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) |

032211 01-24-11

| Schedule O (Form 990 or 990-EZ) (2010)  Name of the organization THE PUBLIC BROADCASTING COUNCIL OF CNY,  INC. | Employer identification number 16-0876277 |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15: CEO COMPENSATION  | N IS THE                                  |
| RESPONSIBILITY OF THE BOARD OF TRUSTEES. THE BOARD OF T  | TRUSTEES PERIODICALLY                     |
| REVIEWS THE COMPENSATION LEVEL, EVALUATES PERFORMANCE A  | AND VOTES ON                              |
| COMPENSATION CHANGES. ALL OTHER EMPLOYEES ARE PART OF T  | THE ANNUAL REVIEW                         |
| PROCESS AND ARE REVIEWED AT THAT TIME.   |   |
| FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON F  | REQUEST.                                  |
| FORM 990, PART IX, LINE 24F, ALL OTHER FUNCTIONAL EXPEN  | NSES:                                     |
| REPAIRS & MAINTENANCE:   |   |
| PROGRAM SERVICE EXPENSES   | 96,266.                                   |
| MANAGEMENT AND GENERAL EXPENSES  | 4,259.                                    |
| FUNDRAISING EXPENSES   | -630.                                     |
| TOTAL EXPENSES   | 99,895.                                   |
| STAFF & VOLUNTEER EXPENSES:  |   |
| PROGRAM SERVICE EXPENSES   | 47,065.                                   |
| MANAGEMENT AND GENERAL EXPENSES  | 13,064.                                   |
| FUNDRAISING EXPENSES   | 13,450.                                   |
| TOTAL EXPENSES   | 73,579.                                   |
| PROGRAM ACQUISITION:   |   |
| PROGRAM SERVICE EXPENSES   | 64,954.                                   |
| MANAGEMENT AND GENERAL EXPENSES  | 60.                                       |
| FUNDRAISING EXPENSES   | 472.                                      |
|  |   |

| Schedule O (Form 990 or 990-EZ) (2010)  Name of the organization THE PUBLIC BROADCASTING COUNCIL OF CN  INC. | Page 2 NY , Employer identification number 16-0876277 |
|--|---|
| RAYCOM LEASE:  |   |
| PROGRAM SERVICE EXPENSES   | 60,000.   |
| MANAGEMENT AND GENERAL EXPENSES  | 0.  |
| FUNDRAISING EXPENSES   | 0.  |
| TOTAL EXPENSES   | 60,000.   |
| TELEPHONE & INTERNET:  |   |
| PROGRAM SERVICE EXPENSES   | 58,641.   |
| MANAGEMENT AND GENERAL EXPENSES  | 600.  |
| FUNDRAISING EXPENSES   | 447.  |
| TOTAL EXPENSES   | 59,688.   |
| INSURANCE:   |   |
| PROGRAM SERVICE EXPENSES   | 0.  |
| MANAGEMENT AND GENERAL EXPENSES  | 55,685.   |
| FUNDRAISING EXPENSES   | 0.  |
| TOTAL EXPENSES   | 55,685.   |
| PREMIUMS:  |   |
| PROGRAM SERVICE EXPENSES   | 2,707.  |
| MANAGEMENT AND GENERAL EXPENSES  | 339.  |
| FUNDRAISING EXPENSES   | 41,448.   |
| TOTAL EXPENSES   | 44,494.   |
| CREDIT CARD CHARGES & BAD DEBT EXPENSE:  |   |
| PROGRAM SERVICE EXPENSES   | 12,906.   |
| MANAGEMENT AND GENERAL EXPENSES  | 26,883.   |
| FUNDRAISING EXPENSES 032212 01-24-11 32  | 3 , 099 .<br>Schedule O (Form 990 or 990-EZ) (2010)   |

| Schedule O (Form 990 or 990-EZ) (2010)  Name of the organization THE PUBLIC BROADCASTING COUNCIL OF CNY,  INC. | Page 2 Employer identification number 16-0876277  |
|--|---|
| TOTAL EXPENSES   | 42,888.   |
| SOFTWARE FEES & MAINTENANCE:   |   |
| PROGRAM SERVICE EXPENSES   | 30,310.   |
| MANAGEMENT AND GENERAL EXPENSES  | 4,410.  |
| FUNDRAISING EXPENSES   | 7,585.  |
| TOTAL EXPENSES   | 42,305.   |
| PRODUCTION EXPENSES:   |   |
| PROGRAM SERVICE EXPENSES   | 28,327.   |
| MANAGEMENT AND GENERAL EXPENSES  | 0.  |
| FUNDRAISING EXPENSES   | 13,179.   |
| TOTAL EXPENSES   | 41,506.   |
| EVENTS- VENUE &FOOD:   |   |
| PROGRAM SERVICE EXPENSES   | 0.  |
| MANAGEMENT AND GENERAL EXPENSES  | 0.  |
| FUNDRAISING EXPENSES   | 31,761.   |
| TOTAL EXPENSES   | 31,761.   |
| HUMAN RESOURCES EXPENSES:  |   |
| PROGRAM SERVICE EXPENSES   | 5,964.  |
| MANAGEMENT AND GENERAL EXPENSES  | 16,513.   |
| FUNDRAISING EXPENSES   | -1,703.   |
| TOTAL EXPENSES   | 20,774.   |
| VEHICLE EXPENSES:  |   |
| PROGRAM SERVICE EXPENSES 032212 01-24-11 33  | 12,539.<br>Schedule O (Form 990 or 990-EZ) (2010) |

| Schedule O (Form 990 or 990-EZ) (2010)                                | Page 2                                    |
|---|---|
| Name of the organization THE PUBLIC BROADCASTING COUNCIL OF CNY, INC. | Employer identification number 16-0876277 |
| MANAGEMENT AND GENERAL EXPENSES                                       | 3,187.                                    |
| FUNDRAISING EXPENSES  | 0.  |
| TOTAL EXPENSES  | 15,726.                                   |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24F, COL              | A 653,787.                                |
| FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:                     |   |
| NET UNREALIZED GAINS ON INVESTMENTS:                                  | 18,965.                                   |
| PART XI LINE 2C   |   |
| THE FINANCE COMMITTEE VOTES ON THE SELECTION OF THE INDEF             | PENDENT                                   |
| ACCOUNTANT AND ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE            | IE AUDIT. THE                             |
| PRESIDENT AND CONTROLLER BRING INFORMATION AND UPDATES TO             | THE FINANCE                               |
| COMMITTEE. THE FINANCE COMMITTEE IS COMPRISED OF THE TREA             | ASURER,                                   |
| ASSISTANT TREASURER AND ONE TRUSTEE.                                  |   |
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| SCHE  | DULE R |  |
|-------|--------|--|
| (Form | 990)   |  |

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2010
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Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. ➤ See separate instructions. THE PUBLIC BROADCASTING COUNCIL OF CNY. Name of the organization **Employer identification number** 16-0876277 INC. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV. line 33.) Part I (b) (c) (d) (e) **(f)** (a) Direct controlling Name, address, and EIN Primary activity Legal domicile (state or Total income End-of-year assets entity of disregarded entity foreign country) Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.) (f) (a) (b) (c) (d) (e) (g) Section 512(b)(13) **Exempt Code** Legal domicile (state or Public charity Direct controlling Name, address, and EIN Primary activity controlled section status (if section entity of related organization foreign country) entity? 501(c)(3)) Yes No WCNY FOUNDATION INC. - 45-0640767 PROVIDE FINANCIAL & ADMINISTRATIVE ASSISTANCE 509(A)(3) 506 OLD LIVERPOOL ROAD X LIVERPOOL NY 13220 TO THE PUBLIC BROADCASTING NEW YORK 501(C)(3) TYPE 1

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

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 INC.

MC

16-0876277

Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b)<br>Primary activity | (C) Legal domicile (state or foreign | (d)<br>Direct controlling<br>entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total<br>income | (g) Share of end-of-year assets | Dispro | h)<br>portion-<br>cations? | (i) Code V-UBI amount in box 20 of Schedule | Gener<br>mana<br>partn | el or Percen<br>ping<br>owner |  |
|--|-------------------------|--------------------------------------|-------------------------------------|---|---------------------------------|---------------------------------|--------|----------------------------|---|------------------------|-------------------------------|--|
|  |                         | country)                             |                                     | sections 512-514)   |                                 | 255015                          | Yes    | No                         | K-1 (Form 1065)                             | Yes                    | No                            |  |
|  |                         |                                      |                                     |   |                                 |                                 |        |                            |   |                        |                               |  |
|  |                         |                                      |                                     | ·   |                                 |                                 |        |                            |   |                        |                               |  |
|  |                         |                                      |                                     |   |                                 |                                 |        |                            |   |                        |                               |  |
|  |                         |                                      |                                     |   |                                 |                                 |        | i<br>L                     |   |                        |                               |  |
|  |                         |                                      |                                     |   |                                 |                                 |        |                            |   |                        |                               |  |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

|  | <del>1"" · · · · · · · · · · · · · · · · · ·</del> | T  | 1   | r   | _ <del></del> |                             |                         |
|--|--|--|-----|-----|---------------|-----------------------------|-------------------------|
| (a)  | (b)  | (c)  | (d) | (e) | <b>(f)</b>    | (g)                         | (h)                     |
| Name, address, and EIN of related organization |  | Legal domicile<br>(state or<br>foreign<br>country) |     |     |               | Share of end-of-year assets | Percentage<br>ownership |
|  |  |  |     |     |               |                             |                         |
|  |  |  |     |     |               |                             |                         |
|  |  |  |     |     | -<br>-        |                             |                         |
|  |  |  |     |     |               |                             |                         |
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|  |  |  |     |     |               |                             |                         |
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|  |  |  |     |     |               |                             |                         |
|  |  |  |     |     |               |                             | ,                       |
|  |  |  |     |     |               |                             |                         |

Schedule R (Form 990) 2010 INC.

16-0876277 Page 3

| Part V | Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) |
|--------|--|
|        |  |

|          |  |              |                        | <del></del>                                     |           | _      | ·    |
|----------|--|--------------|------------------------|---|-----------|--------|------|
|          | te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.          |              |                        |   | T 4 8 8   | Yes    | No   |
|          | During the tax year, did the organization engage in any of the following transactions with one |              | -                      |   |           |        |      |
|          | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   |              |                        |   | <u>1a</u> |        | X    |
|          | Gift, grant, or capital contribution to other organization(s)                                  |              |                        |   |           |        | X    |
|          | Gift, grant, or capital contribution from other organization(s)                                |              |                        |   | <u>1c</u> |        | X    |
|          | Loans or loan guarantees to or for other organization(s)                                       |              |                        |   | 1d        | X      |      |
| е        | Loans or loan guarantees by other organization(s)  |              |                        |   | <u>1e</u> |        | X    |
|          |  |              |                        |   | 1.1.4     |        | 3.33 |
|          | Sale of assets to other organization(s)  |              |                        |   | 1f        |        | X    |
| g        | Purchase of assets from other organization(s)  |              |                        |   | 1g        |        | X    |
|          | Exchange of assets   |              |                        |   | 1h        |        | X    |
| i        | Lease of facilities, equipment, or other assets to other organization(s)                       |              |                        |   |           |        | X    |
|          |  |              |                        |   | Mag       | in a c |      |
| i        | Lease of facilities, equipment, or other assets from other organization(s)                     |              |                        |   | 1j        |        | X    |
| k        | Performance of services or membership or fundraising solicitations for other organization(s)   |              |                        |   | 1k        |        | X    |
| 1        | Performance of services or membership or fundraising solicitations by other organization(s)    |              |                        |   | 11        |        | Х    |
|          | n Sharing of facilities, equipment, mailing lists, or other assets                             |              |                        |   | 1m        |        | X    |
|          | Sharing of paid employees  |              |                        |   | 1n        | X      |      |
| •        |  |              |                        |   |           | 14.5   |      |
| 0        | Reimbursement paid to other organization for expenses  |              |                        |   | 10        |        | Х    |
| -        | Reimbursement paid by other organization for expenses  |              |                        |   | 1p        |        | X    |
| -        |  |              |                        |   |           |        |      |
| ~        | Other transfer of cash or property to other organization(s)                                    |              |                        |   | 1q        |        | X    |
| •        | Other transfer of cash or property from other organization(s)                                  |              |                        |   | 1r        |        | X    |
| <u>'</u> | If the answer to any of the above is "Yes," see the instructions for information on who must c |              |                        |   |           |        |      |
|          | (a) (b) Name of other organization Transatype  | o)<br>action | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |           |        |      |
| 1)       |  |              |                        |   |           |        |      |
| 2)       |  |              |                        |   |           |        |      |
| =        |  |              |                        |   |           |        |      |
| 3)       |  |              | •                      |   |           |        |      |
|          |  |              |                        |   |           |        |      |
| 4)       |  |              |                        |   |           |        |      |
|          |  |              |                        |   |           |        |      |
| 5)       |  |              |                        |   |           |        |      |
|          |  |              |                        |   |           |        |      |
| 6)       |  |              |                        |   |           |        |      |

Schedule R (Form 990) 2010 INC.

16-0876277

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN<br>of entity | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Are all partners section 501(c)(3) organizations? |     | (e)<br>Share of end-of-<br>year assets | (f) Disproportionate allocations? |      | (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? |          |
|--|----------------------|--------------------------------------|---|-----|--|-----------------------------------|------|---|----------------------------------|----------|
| ·  |                      | country)                             |   | No  |  | Yes                               |      | (Form 1065)   | Yes                              |          |
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# THE PUBLIC BROADCASTING COUNCIL OF CNY

| Schedule R | (Form 990) 2010                       | TNC.                    | DIONDCADILIN              | G COONCIL OF CNI,                     | 16-0876277 Page 5                     |
|------------|---------------------------------------|-------------------------|---------------------------|---------------------------------------|---------------------------------------|
| Part VII   | (Form 990) 2010<br>Supplemental Infor | mation                  |                           | *                                     | 10-00/02// Fage 5                     |
|            | Complete this part to prov            | vide additional informa | ation for responses to au | estions on Schedule R (see instruc    | etions)                               |
|            | Complete this part to pro-            | vide additional informe | alon for responses to que | controls on ochedule it (see institut | , , , , , , , , , , , , , , , , , , , |
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032165 12-21-10

#### 2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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| Asset<br>No. | Description  | Date<br>Acquired | Method | Life | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus %<br>Excl | Reduction In<br>Basis | Basis For<br>Depreciation | Accumulated<br>Depreciation | Current<br>Sec 179     | Current Year<br>Deduction |
|--------------|--|------------------|--------|------|-------------|-----------------------------|---------------|-----------------------|---------------------------|-----------------------------|------------------------|---------------------------|
|              | TRANSMITTER  | VARIES<br>VARIES |        | .000 |             | 82,316.<br>48,934.          |               |                       | 82,316.<br>48,934.        | 48,934.                     |                        | 0.                        |
|              |  | VARIES           |        | .000 |             | 275,000.                    |               | ·                     | 275,000.                  | -                           |                        | 6,111.                    |
| 4            | SATELITTE BUILDING<br>IMPROVEMENTS XMTR            | VARIES           | 5      | .000 | 16          | 6,384.                      |               |                       | 6,384.                    | 6,384.                      |                        |                           |
| <b>.</b><br> | · · · · · · · · · · · · · · · · · · ·              | VARIES           | 5      | .000 | 16          | 38,075.                     |               |                       | 38,075.                   | 37,815.                     |                        | 260.                      |
|              | BUILDING<br>LEASEHOLD IMPR                         | VARIES           | ŀ      |      | 16          | 1725630.                    |               |                       | 1725630.                  |                             |                        | 56,645.                   |
|              |  | VARIES           |        | .000 |             | 62,656.                     |               |                       | 62,656.                   |                             |                        | 0.                        |
|              |  | VARIES<br>VARIES |        | .000 | 16          | 44,461.<br>695,996.         |               |                       | 44,461.<br>695,996.       |                             |                        | 0.                        |
|              | ANTENNA/TOWER-UTICA                                | . , .            |        | .000 |             | 19,359.                     |               |                       | 19,359.                   |                             |                        | 0.                        |
| 11           |  | VARIES           | 5      | .000 | 16          | 2,232.                      | <b>.</b>      | e de la co            | 2,232.                    | 12,586.                     | hagan nebesi sitak 200 | 223.                      |
| 12           | TRANSLATOR-UTICA TV<br>& NEDROW<br>TV TRANSMISSION | VARIES           | 5      | .000 | 16          | 252,070.                    |               |                       | 252,070.                  | 252,070.                    |                        | 0.                        |
| 13           |  | VARIES           | 5      | .000 | 16          | 2391485.                    |               |                       | 2391485.                  | 916,963.                    |                        | 120,903.                  |
| 14           | STUDIO/TECH EQUIP                                  | VARIES           |        | .000 |             | 245,056.                    |               |                       | 245,056.                  |                             |                        |                           |
|              | FURNITURE &  | VARIES           | 1      | .000 |             | 6832856.                    |               |                       | 6832856.                  |                             |                        | 311,734.                  |
|              | İ  | VARIES<br>VARIES | 1      | .000 |             | 597,532.<br>340,944.        |               | matalyan arm          | 597,532.<br>340,944.      |                             |                        | 7,163.<br>7,604.          |
| 1            |  | VARIES           |        | .000 |             | 194,140.                    | 1.5.<br>1     |                       | 194,140.                  |                             |                        | 4,097.                    |

028102 05-01-10

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

<sup>(</sup>D) - Asset disposed

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset<br>No. | Description  | Date<br>Acquired | Method | Life | Line<br>No.                      | Unadjusted<br>Cost Or Basis | Bus %<br>Excl               | Reduction In<br>Basis | Basis For<br>Depreciation | Accumulated<br>Depreciation | Current<br>Sec 179 | Current Year<br>Deduction  |
|--------------|--|------------------|--------|------|----------------------------------|-----------------------------|-----------------------------|-----------------------|---------------------------|-----------------------------|--------------------|--|
| 20           | POMPEY TRANSMITTER<br>FM   | VARIES<br>VARIES |        | .000 |                                  | 71,287.<br>195,146.         |                             |                       | 71,287.<br>195,146.       | 71,287.<br>195,147.         |                    | 0.   |
| 21           | CORTLAND TRANSLATOR  | VARIES<br>VARIES |        | .000 |                                  | 835,816.<br>540.            |                             |                       | 835,816.<br>540.          | 476,454.<br>540.            |                    | 42,644.<br>0.  |
| 24           | SCA EQUIPMENT  | VARIES<br>VARIES | 1      | .000 |                                  | 729,728.<br>79,056.         |                             |                       | 729,728.<br>79,056.       | 578,651.<br>78,725.         |                    | 38,606.<br>330.  |
|              | * TOTAL 990 PAGE 10<br>DEPR  |                  |        |      |                                  | 15766699.                   |                             | 0.                    | 15766699.                 | 12435408.                   | 0.                 | 596,320.   |
|              |  |                  |        |      | mar y s<br>mar<br>1 mar<br>1 mar |                             | ;                           |                       |                           |                             |                    |  |
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|              |  |                  |        |      |                                  |                             | ea <sup>l</sup> .<br>Second |                       |                           |                             |                    |  |
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028102 05-01-10

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

| Form 8868 (Rev. 1-2011)  |            |  |            |                        | Page 2      |
|--|------------|--|------------|------------------------|-------------|
| If you are filing for an Additional (Not Automatic) 3-Month Ext  | tension, d | complete only Part II and check this bo  | ×          |                        | X           |
| Note. Only complete Part II if you have already been granted an a  |            |  |            |                        |             |
| • If you are filing for an Automatic 3-Month Extension, complet  |            |  |            |                        |             |
| Part II Additional (Not Automatic) 3-Month Ex  | xtensio    | n of Time. Only file the original (no co | pies r     | needed).               |             |
| Name of exempt organization  |            |  | Emp        | loyer identification   | number      |
| Type or THE PUBLIC BROADCASTING COUN   | CIL (      | OF CNY,                                  |            |                        |             |
| print INC.   |            |  | 1          | <u>6-0876277</u>       |             |
| File by the extended due date for filling your PO BOX 2400   | ee instruc | tions.                                   |            |                        |             |
| return. See City, town or post office, state, and ZIP code. For a foinstructions.  SYRACUSE, NY 13220-2400   | reign add  | ress, see instructions.                  |            |                        |             |
| DIRACOSE, NI 13220-2400  |            |  | •          | <u> </u>               |             |
| Enter the Return code for the return that this application is for (file  | a senara   | te application for each return)          |            |                        | 01          |
| and the rotal to the following the capping and | a copara   | as application to out rotally            | •••••      | •••••                  | <u> </u>    |
| Application  | Return     | Application                              |            |                        | Return      |
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| Form 990   | 01         |  |            |                        |             |
| Form 990-BL  | 02         | Form 1041-A                              |            |                        | 08          |
| Form 990-EZ  | 01         | Form 4720                                |            |                        | 09          |
| Form 990-PF  | 04         | Form 5227                                |            |                        | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust)   | 05         | Form 6069                                |            |                        | 11          |
| Form 990-T (trust other than above)  | 06         | Form 8870                                |            |                        | 12          |
| STOP! Do not complete Part II if you were not already granted  | an auton   | natic 3-month extension on a previous    | sly file   | ed Form 8868.          |             |
| MINDY CAPORIN  |            |  |            |                        |             |
| <ul> <li>The books are in the care of ► 506 OLD LIVERPO</li> </ul>   | OOL R      |  | <u>088</u> |                        |             |
| Telephone No. ► 315-453-2424   |            | FAX No.                                  |            |                        |             |
| <ul> <li>If the organization does not have an office or place of business</li> </ul>   |            |  |            |                        |             |
| If this is for a Group Return, enter the organization's four digit (   |            |  |            |                        |             |
| box ▶ . If it is for part of the group, check this box ▶   |            |  | memb       | ers the extension is   | for.        |
| 4 I request an additional 3-month extension of time until  |            | <u>15, 2012</u> .                        |            |                        |             |
| 5 For calendar year, or other tax year beginning   |            |  |            |                        | ·           |
| 6 If the tax year entered in line 5 is for less than 12 months, cl   | heck reas  | on: Initial return                       | Final r    | eturn                  |             |
| Change in accounting period  |            |  |            |                        |             |
| 7 State in detail why you need the extension   | mTMB.      | MO DDEDADE A COMPLE                      | mp.        | AND ACCIDA             | me          |
| THE TAXPAYER NEEDS ADDITIONAL  | TIME       | TO PREPARE A COMPLE                      | TE         | AND ACCURA             | TE          |
| TAX RETURN.  |            |  |            |                        |             |
| 0 Kabin and lineting in fau Comp 000 PL 000 PE 000 T 4700 a  | 6060 -     | nter the tentative toy lose any          |            | 1                      |             |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, on nonrefundable credits. See instructions.  | JI 0009, 8 | inter the tentative tax, less any        | 8a         | <b>s</b>               | 0.          |
|  | enter any  | refundable credits and estimated         | - Oa       | Ψ                      | <del></del> |
| tax payments made. Include any prior year overpayment all  |            |  |            |                        |             |
| previously with Form 8868.   | owed as e  | a croak and any amount paid              | 8b         | s                      | 0.          |
|  | vment wit  | th this form if required, by using       | 0.0        |                        |             |
| c Balance due. Subtract line 8b from line 8a. Include your pa<br>EFTPS (Electronic Federal Tax Payment System). See instru   |            | ar and roms, a rodance, by coming        | 8c         | \$                     | 0.          |
|  |            | d Verification                           |            | I <del>*</del>         |             |
| Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this form.  | ing accomp |  | best o     | of my knowledge and be | elief,      |
|  |            | DENT & CEO                               | Date       |                        |             |
| Signature Title I  | VEST.      | DEMI & CEO                               | Dait       | Form 8868 (Re          | v 1.2011\   |

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