Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No. 1545-0047
2009
Open to Public

A	For th	e 2009 ca	lendar year, or tax year beginning $OCT~1$, 2009 and ending	SEP 30, 2010				
В	Check if applicat	Please use IRS	C Name of organization	D Employer identifi	cation number			
	Addr	ess label or ge print or						
	Name chan	type.	Doing Business As WMFE		155012			
┝	retun) See	Number and street (or P.O. box if mail is not delivered to street address) Room/si		, , , , , , , , , , , , , , , , , , ,			
F	—Jated	Instruc-	11510 EAST COLONIAL DRIVE)273-2300			
F	Amer return Appil tion	ca-	City or town, state or country, and ZIP + 4 ORLANDO, FL 32817	G Gross receipts \$	5,960,510.			
_	—Jtion pend		me and address of principal officer: JOSE A. Fajardo	H(a) is this a group re for affiliates?	Yes X No			
			ne as C above	H(b) Are all affiliates inc				
	Тах-ех		us: X 501(c) (3) ◀ (insert no.)		list. (see instructions)			
			W.WMFE.ORG	H(c) Group exemptio	· ·			
_					A State of legal domicile: FL			
		Summ						
0	1	Briefly de	scribe the organization's mission or most significant activities: Provide	Central Flori	da's			
Activities & Governance		<u>leadi</u>	ng public broadcasting television, radi	o and media c	ontent.			
erne	2	Check thi	s box 🕨 🔲 if the organization discontinued its operations or disposed of n	ore than 25% of its net as	ssets.			
Š	3	Number o	of voting members of the governing body (Part VI, line 1a)	3	4 24			
ಲ ಇ	4	Number o	of independent voting members of the governing body (Part VI, line 1b)	4	23			
ies	5		ber of employees (Part V, line 2a)		76			
ïvit	6		ber of volunteers (estimate if necessary)		60			
Act	7a		s unrelated business revenue from Part VIII, column (C), line 12		3,024.			
_	b	Net unrela	ated business taxable income from Form 990-T, line 34		0.			
				Prior Year 7 296 490	Current Year			
ī	8		ions and grants (Part VIII, line 1h)	7,286,489.	5,854,655.			
Revenue	9		service revenue (Part VIII, line 2g)	61,967.	12,167.			
æ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,819.	<2,328.>			
	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,396,275.	5,864,494.			
_	13		d similar amounts paid (Part IX, column (A), lines 1-3)	7,000,270	0,001,1510			
	14		paid to or for members (Part IX, column (A), line 4)					
ģ	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,682,396.	2,273,897.			
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)					
xpe	b		draising expenses (Part IX, column (D), line 25) 936, 996.					
Ш	17		enses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,446,138.				
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,128,534.	7,287,925.			
	19	Revenue l	ess expenses. Subtract line 18 from line 12	<732,259.	> <1,423,431.>			
Net Assets or Fund Balances				Beginning of Current Year	End of Year			
Sset	20		ets (Part X, line 16)	5,448,326.	4,120,515.			
let A	21		ities (Part X, line 26)	1,047,012.	1,053,353.			
2	i 22 art II		s or fund balances. Subtract line 21 from line 20	4,401,314.	3,067,162.			
8.88	218:811			nts, and to the best of my knowledge	oe and belief, it is true, correct.			
		and comple	tites of penury, I declare that I have examined this fetum, including accompanying schedules and statements Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ige.				
Sig	ın	\ \ \ \		1 7-	19-2011			
Hei		Sign	ature of officer	Date				
		Jo	se A. Fajardo, PRESIDENT & CEO					
		Туре	or print na rne and title					
Paid	ď	Preparer's		Check if Self- Prepare (see ins	er's identifying number structions)			
_	u parer's	signature		employed >				
	Only	yours if	CRODD, FERNANDEZ & RIBEI, DDF	EIN ►				
	,	self-employe address, and	a bear of the state of the stat		400.044			
		ZIP + 4	VORLANDO, FL 32801-3421	Phone no. 🕨 (407)841-6930			
Ma	y the II	RS discuss	s this return with the preparer shown above? (see instructions)	••••••	X Yes No			

Form	990 (2009) COMMUNILY COMMUNICATIONS, INC. 59-6155012 Pag	e 2
Pai	* III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: WMFE enlightens, educates, inspires, entertains and reflects the	
	community by presenting high quality content that earns the interest,	
	involvement and support of the people we serve.	
	THE STANDING WIND PROPERTY OF STANDING	
2	Did the organization undertake any significant program services during the year which were not listed on	
2		NI.
		IAO
	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?	No
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.	
	See Schedule O for Continuation(s)	
4a	(Code:) (Expenses \$ 5,352,543 • including grants of \$) (Revenue \$)
	WMFE will inspire and empower all Central Floridians to discover, grow	1
	and engage within and beyond their world. It connects to all	
	generations through its four digital television channels, two digital	
	radio channels and with the world via its robust web site	
	(www.wmfe.org). On television: WMFE-TV offers a diverse selection of	
	high-quality children's, drama, science, cultural, comedy, history,	
	news and informational programs, 24 hours a day; V-me un servicio de	
	WMFE offers quality PBS programming, all in Spanish; WMFE Encore!	
	features prime time programming during the day as well as programs	
	about Central Florida, WMFE-ED, or Education, airs The Florida	
	Knowledge Network. On radio: 90.7 WMFE-FM offers national and local	
	news, information and entertaining variety programs 24 hours a day,	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	, (= territor)	,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/(Dubblidge)	•
	Other program convisor (Describe in Schedule (1)	
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ►\$ 5,352,543.	

932002 02-04-10

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х public office? If "Yes," complete Schedule C, Part I X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 X reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Х 10 If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X Х 11 as applicable ______ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 Schedule D, Parts XI, XII, and XIII. Yes No 12A Was the organization included in consolidated, independent audited financial statements for the tax year? X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X 14b and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 Х or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 Х 16 located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."

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19

X

Х

complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued) No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 Х 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 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 Х Schedule L, Part III 27 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): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Х 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Х If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter ·0· if not applicable	1a 2:	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b ()		
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming			
	(gambling) winnings to prize winners?		1c		
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 7	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				
	Did the organization have unrelated business gross income of \$1,000 or more during the year cover-		3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and			
_	Financial Accounts.				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	-			
_	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	-			\ .
	any contributions that were not tax deductible?		6a	ļ	X
D	If "Yes," did the organization include with every solicitation an express statement that such contribu		۱.		
7	were not tax deductible?	•••••	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for		************************************		
a	provided to the payor?	_	7a	х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v		10		
	to file Form 8282?	-	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 1			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		_		
	benefit contract?	•	7e	ļ	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contains				Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as required?	7h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting o	rganizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding	cess business holdings			
	at any time during the year?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	,			
а	Did the organization make any taxable distributions under section 4966?	N/A	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:	1 . 1			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	1			
a	Gross income from members or shareholders N/A	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	and to			
10-	amounts due or received from them.)	11b	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
<u>n</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	[0000000000000000000000000000000000000	\$2000000	4

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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.

Sec	tion A. Governing Body and Management				
		2.48		Yes	No
1a	Enter the number of voting members of the governing body	24 23			
b	Enter the number of voting members that are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	other		**	
	officer, director, trustee, or key employee?		2	<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct su	pervision		ļ	
	of officers, directors or trustees, or key employees to a management company or other person?	i i	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 wa	s filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of t	he			
	governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year			
	by the following:				
а	The governing body?		8a	X	
. b	Each committee with authority to act on behalf of the governing body?		8b	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 mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co				
	The state of the couldn't requisite information about pension not required by the internal revenue of			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Ţ.	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	and branches to ensure their operations are consistent with those of the organization?		10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form		11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	***************************************		_ 	
			12a	X	::::::::::::::::::::::::::::::::::::::
12a		Г	120	-23	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give risc	I	12b	х	ĺ
	to conflicts?	I	120	21	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," design of the Compliance with the policy?	I	40-	Х	
40	in Schedule O how this is done		12c	X	
13	Does the organization have a written whistleblower policy?	T	13	X	
14	Does the organization have a written document retention and destruction policy?	l:	14	A.	
15	Did the process for determining compensation of the following persons include a review and approval by indep	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
а	The organization's CEO, Executive Director, or top management official	ſ	15a	X	
b	, , ,		15b	A	*********
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	ľ			W
	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 page 1.	articipation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	;			
	exempt status with respect to such arrangements?		16b		
<u>Sec</u>	ction C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None				
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.				
	X Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of i	nterest policy, ar	ıd fina	ncial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and records Sherry Alexander - (407)273-2300	s of the organizat	ion: 🕨		
	11510 East Colonial Drive, Orlando, FL 32817-4699				
			Form	990	(2009)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. 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) Name and Title	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours	(c		Pos		ı app	iv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Jose A. Fajardo										
President & CEO	57.50	X		X				163,392.	0.	7,474
Ana Tangel-Rodriguez										
Trustee	1.00	X						0.	0.	0
David A. Auerbach, M.D.										
Chairman	1.00	X						0.	0.	0
Susan Arkin										
Trustee	1.00	X				ļ		0.	0.	0
Peter C. Barr, Jr.									İ	
Trustee	1.00	X						0.	0.	0
Derek J. Blakeslee										
Trustee	1.00	X				<u> </u>		0.	0.	0
judy Albertson		l						_	_	_
Trustee	1.00	X						0.	0.	0
J. Christian Fenger	1 00	١,,								•
Trustee	1.00	X				-		0.	0.	0
Julia Frey	1 00	.						0		0
Trustee	1.00	X				ļ		0.	0.	. 0
raymond Gilley Trustee	1.00	Х						0.	0.	0
linda Landman Gonzalez	1.00	Λ		ļ .				0.	0.	0
Trustee	1.00	Х						0.	0.	0
stacey K. Gonzalez	1.00					 	_		0.	0
Trustee	1.00	x						0.	0.	0
tony L. Jenkins						-	_		•	
Trustee	1.00	x						0.	0.	0
Toni Jennings		<u> </u>							<u>_</u>	
Trustee	1.00	X						0.	0.	0
Bud Kirk										
Trustee	1.00	X						0.	0.	0
Arthur N. Litowitz, D.M.D.		ľ								
Trustee	1.00	X						0.	0.	0
John Lord										
Trustee	1.00	X			L_			0.	0.	0

932007 02-04-10

Form **990** (2009)

Part VII Section A. Officers, Directors	, Trustees, Key Er	nplo	yee	s, aı	nd l	ligh	est	Compensated Employ	ees (continued)	
, (A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours	(cł		Posi all t		app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Betty Martinez Lowery										
Trustee	1.00	X						0.	0.	0.
Ramon A. Ojeda										_
Trustee	1.00	X						0.	0.	0.
Paul C. Perkins, Jr.										_
Trustee	1.00	X						0.	0.	0.
Alexis Pugh									_	
Trustee	1.00	X	<u> </u>					0.	0.	0.
Randall B. Robertson Trustee	1.00	x						0.	0.	0.
Bob Showalter										
Vice-Chairman	1.00	X						0.	0.	0.
Helen Von Dolteren-Fournier										
Trustee	1.00	X						0.	0.	0.
Sherry Alexander										
VP Finance/Secret/Treas	57.50			X				74,519.	0.	8,020.
Catherine McManus										
SVP for Development/CPO	57.50			X				91,572.	0.	5,989.
Dale Spear, Jr.										
SVP for Operations / COO	57.50			X				53,605.		2,149.
1b Total								403,088.	0.	23,632.

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

Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Progressive Communications 1001 Sand Pond Road, Lake Mary, FL 32746	Printing and mailing maint.	151,155.
1001 Bana Tona Roda, Bake Harry, 12 52710	mazir o e	10171000
		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization See Schedule J-2 for Part VII, Section A Continuation

Form 990 (2009)

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Form **990** (2009)

<27.>

8,050.

3,024.

11,074.

5864494.

Business Code

900099

453220

b Less: cost of goods sold _____ b

d All other revenue

Miscellaneous Revenue

Other Revenue

Web Ad Revenue

Total revenue. See instructions.

c Net income or (loss) from sales of inventory

e Total. Add lines 11a-11d

8,050.

6,842.

3,024.

3,024.

Part IX Statement of Functional Expenses

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

	All other organizations must compl				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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,	006 == 6		0.4.1 0.4.0	05 514
	trustees, and key employees	336,756.		241,242.	95,514.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	•			
	persons described in section 4958(c)(3)(B)	1 505 070	1 072 067	220 421	241 201
7	Other salaries and wages	1,535,079.	1,073,267.	220,431.	241,381.
8	Pension plan contributions (include section 401(k)	04 430	20 500	E2 022	10 007
_	and section 403(b) employer contributions)	94,438. 170,272.	28,599.	53,032. 40,707.	12,807.
9	Other employee benefits		96,681.		32,884. 25,511.
10	Payroli taxes	137,352.	78,903.	32,938.	25,511.
11	Fees for services (non-employees):				
а	•	7 516	2 220	4 200	
b	Legal	7,516.	3,228.	4,288.	
C	9	24,859.		24,859.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	,				
f	Investment management fees	688,755.	170,180.	164,239.	354,336.
9		6,574.	5,150.	1,424.	334,330.
12	Advertising and promotion	0,3/4.	3,130.	1,424.	<u> </u>
13	Office expenses	,			
14	Information technology				
15	Royalties	509,841.	482,280.	24,795.	2,766.
16 17	Occupancy	4,673.	2,409.		411.
	Payments of travel or entertainment expenses	4,073.	2/103.	1,033.	<u> </u>
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	15,916.	10,167.	5,749.	
21	Payments to affiliates			57.250	
22	Depreciation, depletion, and amortization	1,030,168.	1,008,550.	21,618.	
23	Insurance	121,873.		121,873.	
24	Other expenses, Itemize expenses not covered				
7	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Drogram Baggiaition	1,599,101.	1,599,101.		
b	Supplies & Premiums	397,848.	380,956.	15,235.	1,657.
c	Postage & Printing	259,610.	91,269.	5,816.	162,525.
d	Agency fees	171,835.	171,835.		<u> </u>
e	Dung & Dogistrations	143,303.	127,809.	15,134.	360.
f	All other expenses	32,156.	22,159.		6,844.
25	Total functional expenses. Add lines 1 through 24f	7,287,925.	5,352,543.		936,996.
26	Joint costs. Check here ▶ ☐ if following		· · · · · · · · · · · · · · · · · · ·		
	SOP.98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
					Enr. 000 (2000)

Par	tΧ	Balance Sheet					
			-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			303,036.	1	404,983.
	2	Savings and temporary cash investments			125,047.	2	200,915.
	3	Pledges and grants receivable, net			612,079.	3	481,151.
	4	Accounts receivable, net			438,542.	4	63,071.
	5	Receivables from current and former officers, di	rectors, truste	es, key			
		employees, and highest compensated employee					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Co	mplete			
		Part II of Schedule L				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges		185,563.	9	181,692.	
	10a	Land, buildings, and equipment: cost or other	1. 1				
		basis. Complete Part VI of Schedule D	10a 9	,243,303.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b 7	,708,608.	2,566,072.	10c	1,534,695.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	1,217,987.	12	1,254,008.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ		5,448,326.		4,120,515.	
	17	Accounts payable and accrued expenses	694,258.	1	714,013.		
	18	Grants payable		104 000	18	154 400	
	19	Deferred revenue			134,238.	+	154,488.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete				21	
Ħ	22	Payables to current and former officers, director					
Liabilities	ĺ	highest compensated employees, and disqualif					
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			<u> </u>	23	
	24	Unsecured notes and loans payable to unrelate			218,516.	24	184,852.
	25	Other liabilities. Complete Part X of Schedule D			1,047,012.		1,053,353.
	26	Total liabilities. Add lines 17 through 25			1,047,012.	20	1,033,333.
		Organizations that follow SFAS 117, check h	ere 🖊 🔼	and complete			
ő	07	lines 27 through 29, and lines 33 and 34.			2,681,818.	27	1.476.449.
lan	27	Unrestricted net assets			688,972		1,476,449. 560,189.
8	28	Temporarily restricted net assets			1,030,524.		1,030,524.
P	29	Permanently restricted net assets Organizations that do not follow SFAS 117, c		▶ ☐ and	1/000/021	23	2,000,0220
Ē		complete lines 30 through 34.	Meck Here				
ts o	20	Capital stock or trust principal, or current funds			30		
se	30	Paid-in or capital surplus, or land, building, or ea				31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances			4,401,314.		3,067,162.
	34	Total liabilities and net assets/fund balances			5,448,326.		4,120,515.
	1 077	Total nabilities and her assets/fully baldifices .	·····	********************			

Form **990** (2009)

Form **990** (2009)

Pa	Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
28	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
Ł	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
c	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		ļ	
	Act and OMB Circular A-133?	За		X
Ŀ	of "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.	36		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

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.

Name of the organization

Employer identification number

Pa		Reason		ity Status (All organiz				.) See inst	ructions	59.	-0133	0 T Z	
*****	************			because it is: (For lines 1									
1	Ji yaii		•	s, or association of churc	_		· =	=					
2				o(b)(1)(A)(ii). (Attach Sci		inea III SE	Caon 170	(~)(·)(~)(l)	•				
3	Ħ			tal service organization of		n section	170/6\/1\/	A\/iii\					
4	H			operated in conjunction					(6)(4)(A)(ii	i) Enter the	a bosnitali	e nam	
-		city, and state		operated in conjunction	WILL A 1105	pitai uesui	ibed iii se	CHOII 170	יי) ערי אניי	1). Enter an	e nospitai	S IIaII	ıc,
5		•	-	benefit of a college or ur	niversity ov	uned or or	erated by	a govern	nental uni	t describes	l in	<u> </u>	
5			(b)(1)(A)(iv). (Comple		iiversity ov	viled of op	erated by	a governi	nentai uni	t described	J 111 1		
6				•	t doooribo	d in acetic	- 170/h\/1	VAV64					
7	=			ent or governmental unit eives a substantial part (r fram tha	accerel as	محماء مأماء	الممطة	_
•			b)(1)(A)(vi). (Comple		oi its supp	on nom a	governine	mai umi c	. IIOIII uie	general po	iblic desci	ibeu i	11
8		-		ection 170(b)(1)(A)(vi). ((Complete	Dort II \							
9	X			eives: (1) more than 33 1			rom contril	butions m	emberehi	n fees and	aross rec	einte	from
3				nctions - subject to certa									
				axable income (less sect									
			509(a)(2). (Complete		ilon o i i ta	Ay HOIH Bu	311103303 6	ioquii ca b	y the orga	unzation ai	ter durie o	u, 131	J.
10				perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	Ŋ.,				
11	一			perated exclusively for the	-					v out the p	urposes o	f one	or
				ations described in section						-	· ·		-
				organization and comple				,		-,,-,-			
		a Type I		7		e III - Func		egrated		d 🔲 .	Type III - C	Other	
е				t the organization is not			-	_	more disc		• •		n
				han one or more publicly			_			-			
f				ten determination from t									
			rganization, check th			•							
g			=	rganization accepted ar					owing pers	sons?			
_				irectly controls, either al								Yes	No
				upported organization?							11g(i)		
				described in (i) above?									
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	∍?							
h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
(i)	Name	of supported	(ii) EIN	(iii) Type of	(iv) is the o	rganization	(v) Did you	notify the	(vi) Is	the .	(vii) Am	ount o	of .
		nization	(,	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organization (i) organiz	on in col. ed in the	sup		•
				above or IRC section	governing	document?	(i) of your	support?	U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
													_
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													·
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ota	<u> </u>												
ЫΔ	Ear E	rivaov Aat an	d Paparwork Radu	ction Act Notice see t	ha Instrua	tions for			Sobodul	e A (Form	990 05 99	n E7	2000

932021 02-08-10

Form 990 or 990-EZ.

	Support Schedule for (Complete only if you checke			Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi)	
Sec	ction A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	, , , , , , , , , , , , , , , , , , ,		\- /	\-/ -	(5) ====	17 1.515
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						•
Sec	ction B. Total Support						·
	endar year (or fiscal year beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					}	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	•	·	•			12	
13	First five years. If the Form 990 is fo	=			=		. —
<u> </u>	organization, check this box and stoction C. Computation of Pub	p here lie Support Do	rooptago				<u> </u>
			· · · · · · · · · · · · · · · · · · ·			14	
	Public support percentage for 2009 (<u>%</u>
15	Public support percentage from 2008						· · · · · · · · · · · · · · · · · · ·
108	33 1/3% support test - 2009. If the c	-					
L	stop here. The organization qualifies 33 1/3% support test - 2008. If the organization are stopped as the stopped are stopped as						
L		-					
17-	and stop here. The organization qua						
1/2	10% -facts-and-circumstances tes	·					
	and if the organization meets the "factoring meets the "factoring derivatives and circumstances"				•		
L	meets the "facts-and-circumstances"	-					
	 10% -facts-and-circumstances tes more, and if the organization meets t 	-					J 70 OI
	organization meets the "facts-and-cir				•		.
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1.) Section A. Public Support

	Months and Complete						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not				ļ	Ì	
	include any "unusual grants.")	7,095,125.	9,355,957.	7,331,901.	7,286,489.	5,854,655.	36,924,127.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	433.086.	557 - 825 -	373,370.	33,342.	39,924.	1,437,547.
2	Gross receipts from activities that	4337000.	33170231	3737370.	33/342.	37/724.	1,437,547.
3	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	7,528,211.	9,913,782.	7,705,271.	7,319,831.	5,894,579.	38,361,674.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	100,307.	81,932.	187,261.	129,205.	128,238.	626,943.
lb	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	100,307.	81,932.	187,261.	129,205.	128,238.	626,943.
8	Public support (Subtract line 7c from line 6.)						37,734,731.
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale		(a) 2005 7,528,211.	(b) 2006 9,913,782.		(d) 2008 7,319,831.	(e) 2009 5,894,579.	(f) Total 38,361,674.
Cale 9	endar year (or fiscal year beginning in)	7,528,211.	9,913,782.	7,705,271.	7,319,831.	5,894,579.	38,361,674.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	7,528,211.	9,913,782.		7,319,831.	5,894,579.	38,361,674.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	7,528,211.	9,913,782.	7,705,271.	7,319,831.	5,894,579.	38,361,674.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	7,528,211.	9,913,782.	7,705,271. 197,278.	7,319,831. 115,483.	5,894,579. 54,857.	38,361,674. 795,182.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	7,528,211.	9,913,782.	7,705,271.	7,319,831. 115,483.	5,894,579. 54,857.	38,361,674.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	7,528,211.	9,913,782. 227,374. 227,374.	7,705,271. 197,278.	7,319,831. 115,483.	5,894,579. 54,857. 54,857.	795,182.
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	7,528,211. 200,190. 200,190.	9,913,782. 227,374. 227,374.	7,705,271. 197,278. 197,278. 2,990.	7,319,831. 115,483. 115,483.	5,894,579. 54,857. 54,857. 8,050.	38,361,674. 795,182. 795,182. 22,060.
Cale 9 10 a b 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.)	7,528,211. 200,190. 200,190. 2,183. 7,730,584.	9,913,782. 227,374. 227,374. 2,452. 10,143,608.	7,705,271. 197,278. 197,278. 2,990. 7,905,539.	7,319,831. 115,483. 115,483. 6,385. 7,441,699.	5,894,579. 54,857. 54,857. 8,050. 5,957,486.	38,361,674. 795,182. 795,182. 22,060. 39,178,916.
Cale 9 10 a b 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.) First five years. If the Form 990 is for	7,528,211. 200,190. 200,190. 2,183. 7,730,584. the organization's	9,913,782. 227,374. 227,374. 2,452. 10,143,608. s first, second, thir	7,705,271. 197,278. 197,278. 2,990. 7,905,539. d, fourth, or fifth ta	7,319,831. 115,483. 115,483. 6,385. 7,441,699. ax year as a sectio	5,894,579. 54,857. 54,857. 8,050. 5,957,486. n 501(c)(3) organiz	38,361,674. 795,182. 795,182. 22,060. 39,178,916.
Cale 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.) First five years. If the Form 990 is for check this box and stop here	7,528,211. 200,190. 200,190. 2,183. 7,730,584. the organization's	9,913,782. 227,374. 227,374. 2,452. 10,143,608. a first, second, thir	7,705,271. 197,278. 197,278. 2,990. 7,905,539.	7,319,831. 115,483. 115,483. 6,385. 7,441,699. ax year as a sectio	5,894,579. 54,857. 54,857. 8,050. 5,957,486. n 501(c)(3) organiz	38,361,674. 795,182. 795,182. 22,060. 39,178,916.
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Cale 9 10a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.) First five years. If the Form 990 is for check this box and stop here	7,528,211. 200,190. 200,190. 2,183. 7,730,584. the organization's ic Support Peine 8, column (f) d	9,913,782. 227,374. 227,374. 2,452. 10,143,608. 6 first, second, thir	7,705,271. 197,278. 197,278. 2,990. 7,905,539. d, fourth, or fifth ta	7,319,831. 115,483. 115,483. 6,385. 7,441,699. x year as a section	5,894,579. 54,857. 54,857. 8,050. 5,957,486. n 501(c)(3) organiz	38,361,674. 795,182. 795,182. 22,060. 39,178,916. ation, 96.31 %
Calc 9 10a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.) First five years. If the Form 990 is for check this box and stop here Etion C. Computation of Public support percentage from 2008 (Public support percentage from 2008)	7,528,211. 200,190. 200,190. 2,183. 7,730,584. The organization's ic Support Peine 8, column (f) dischedule A, Part	9,913,782. 227,374. 227,374. 2,452. 10,143,608. 6 first, second, thir rcentage vided by line 13, column 13, column 15.	7,705,271. 197,278. 197,278. 2,990. 7,905,539. d, fourth, or fifth ta	7,319,831. 115,483. 115,483. 6,385. 7,441,699. x year as a section	5,894,579. 54,857. 54,857. 8,050. 5,957,486. n 501(c)(3) organiz	38,361,674. 795,182. 795,182. 22,060. 39,178,916. ation, 96.31 %
Calc 9 10a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public support percentage for 2009 (IPublic support percentage from 2008)	7,528,211. 200,190. 200,190. 2,183. 7,730,584. The organization's ic Support Peine 8, column (f) dischedule A, Part stment Incom	9,913,782. 227,374. 227,374. 2,452. 10,143,608. 6 first, second, thir reentage vided by line 13, colling line 15 e Percentage	7,705,271. 197,278. 197,278. 2,990. 7,905,539. d, fourth, or fifth ta	7,319,831. 115,483. 115,483. 6,385. 7,441,699. Ex year as a section	5,894,579. 54,857. 54,857. 8,050. 5,957,486. n 501(c)(3) organiz	38,361,674. 795,182. 795,182. 22,060. 39,178,916. ation, 96.31 % 97.60 %
11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.) First five years. If the Form 990 is for check this box and stop here Etion C. Computation of Public support percentage from 2008 (Public support percentage from 2008)	7,528,211. 200,190. 200,190. 2,183. 7,730,584. The organization's ic Support Peine 8, column (f) dischedule A, Part street Incomitog (line 10c, column)	9,913,782. 227,374. 227,374. 2,452. 10,143,608. 6 first, second, thir rcentage vided by line 13, contage vided by line 15 e Percentage nn (f) divided by line	7,705,271. 197,278. 197,278. 2,990. 7,905,539. d, fourth, or fifth ta	7,319,831. 115,483. 115,483. 6,385. 7,441,699. Ex year as a section	5,894,579. 54,857. 54,857. 8,050. 5,957,486. n 501(c)(3) organiz	38,361,674. 795,182. 795,182. 22,060. 39,178,916. ation, ———————————————————————————————————
Calc 9 10a b 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2008 (Investment income percentage for 2008) Investment income percentage for 2008.	7,528,211. 200,190. 200,190. 2,183. 7,730,584. The organization's ic Support Peine 8, column (f) dischedule A, Part stment Incomi 2008 Schedule A,	9,913,782. 227,374. 227,374. 227,374. 2,452. 10,143,608. 6 first, second, thir rcentage vided by line 13, coll, line 15 e Percentage nn (f) divided by line 17	7,705,271. 197,278. 197,278. 2,990. 7,905,539. d, fourth, or fifth ta	7,319,831. 115,483. 115,483. 6,385. 7,441,699. Ex year as a section	5,894,579. 54,857. 54,857. 8,050. 5,957,486. n 501(c)(3) organiz	38,361,674. 795,182. 795,182. 22,060. 39,178,916. ation, 96.31 % 97.60 % 2.03 % 1.95 %

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

					COMMUNICATION				59-615	5012	Page 4
Part IV Supple	e menta! 	Informa Provide a	tion. Cor	nplete ti	his part to provide the ex I information. See instruc	planatio	ns required	by Part II, line	0; Part II, line	: 17a or 1	7b;
allu Fall	i III, IIIIE 12.	Provide a	ny ouner a	udillona	i information. See instruc	tions.					
Schedule A,	Part	III,	Line	12,	Explanation	for	Other	Income:			
MISCELLANEC	ous										
						<u> </u>					
					· · · · · · · · · · · · · · · · · · ·						
										-	

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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

2009

Name of the organization		Employer identification number
CC	DMMUNITY COMMUNICATIONS, INC.	59-6155012
Organization type (check	one):	
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	
Note. Only a section 501(c	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
General Rule		
-	on filling Form 990, 990-EZ, or 990-PF that received, during the year, $$5,000$ or more (in molete Parts I and II.	noney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contr autions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.	
contributions for the last check the contributions for the contributions of the contributions for the contributions	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contruse exclusively for religious, charitable, etc., purposes, but these contributions did not acked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because the, etc., contributions of \$5,000 or more during the year.	ggregate to more than \$1,000. ely religious, charitable, etc., it received nonexclusively
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule n Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line ling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Privacy Act and for Form 990, 990-E	·	B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

COMMUNITY	COMMUNICATIONS	, INC

59-6155012

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Corporation for Public Broadcasting 401 Ninth Street. N.W. Washington, DC 200042037	\$880,081.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Florida Department of Education 1301 Turlington bldg, 325 W Gaines St. Tallahassee, FL 323990400	\$\$22,124.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	·	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution.

Name of organization

Employer identification number

COMMUNITY COMMUNICATIONS, INC.

59-6155012

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			1

Name of organization

Employer identification number

	NITY COMMUNICATIONS, INC	Z •	59-6155012				
Part III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year. (Enter this info	columns (a) through (e) and the follow us, charitable, etc., contributions of	1(c)(7), (8), or (10) organizations aggregating wing line entry. For organizations completing				
(a) No. from 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, an		Relationship of transferor to transferee				
(a) No. from 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, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from 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, a	Relationship of transferor to transferee					
(a) No. from 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, and ZIP + 4 Relationship of transferor to transferee						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Name of organization	Employer identification number
COMMUNITY COMMUNICATIONS, INC.	59-6155012
Part I-A Complete if the organization is exempt under section 501(c) or is a section	on 527 organization.
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2 Political expenditures	> \$
3 Volunteer hours	
Part B Complete if the organization is exempt under section 501(c)(3).	
1 Enter the amount of any excise tax incurred by the organization under section 4955	> \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955	> \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	
4a Was a correction made?	Yes No
b if "Yes," describe in Part IV.	
Part C Complete if the organization is exempt under section 501(c), except sec	tion 501(c)(3).
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	> \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527	
exempt function activities	> \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	•
line 17b	
4 Did the filing organization file Form 1120-POL for this year?	Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organization	tions to which payments were made.
For each organization listed, enter the amount paid from the filing organization's funds. Also enter the am	ount of political contributions received
that were promptly and directly delivered to a separate political organization, such as a separate segregar	ted fund or a political action committee
(PAC). If additional space is needed, provide information in Part IV.	
(a) Name (b) Address (c) EIN (d) Amount	
filing orga funds. If nor	
	delivered to a separate
	political organization. If none, enter -0
	il none, enter or.

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	CO. AUNITY	COMMUNICATIO	ONS, INC		155012 Page 2
Part II-A Complete if the org	anization is exen	npt under section	n 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501(h)).				
	tion belongs to an affili				
B Check 🕨 📖 if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.		
	ts on Lobbying Expen ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (g	grass roots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add li					
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ente	er the amount from the	following table in bot	n columns.		
If the amount on line 1e, column (a) o	r (b) is: The lobi	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17					
Over \$17,000,000	\$1,000,0	J00.			
Our and a restaught amount for	ntor 25% of line 1ft				
g Grassroots nontaxable amount (erh Subtract line 1g from line 1a. If zer				· · · · · · · · · · · · · · · · · · ·	
i Subtract line 1f from line 1c. If zero			•••		
j If there is an amount other than ze					
reporting section 4911 tax for this					Yes No
	4-Year Ave	eraging Period Under	Section 501(h)		
(Some organiz	zations that made a s olumns below. See th	ection 501(h) election e instructions for line	n do not have to com es 2a through 2f on p	plete all of the five age 4.)	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount		·			
b Lobbying ceiling amount (150% of line 2a, column(e))				<u> </u>	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures	S				

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 CO. 4UNITY COMMUNICATIONS, INC. 59-615503 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(:	a)	(b)	·
		Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		X X X		
	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?		X		051
	Grants to other organizations for lobbying purposes?	X	X		,951.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities? If "Yes," describe in Part IV		22		,951.
	Total. Add lines 1c through 1i		Х		73310
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		21		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?	***************************************			
Pa	tilli-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c)(5), or se	ction	
<u> </u>	501(c)(6).	•			
-	O 1(O)(O)			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c	e)(5), or se	ection	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa" "Yes."	ert III-A, i 	ine 3 is a	nswered	
1	Dues, assessments and similar amounts from members		1	3	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year				
C	Total			<u> </u>	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
_	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5		
5	Supplemental Information		5		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	and Part II-F	R line 1i Als	o complete	this part
	ny additional information.	and r art in E	, iii (0 1 1 1 7 1 1 0		r tino part
Da	rt II-B, Line 1(i), Other Lobbying Activities:				
- 4	20 11 0/ 1110 1(1)/ 00101 2000 1119 110 1119				
LO	BBYING EXPENSE PAID TO APTS ACTION, INC. TO PROMOT	E THE	CONTIN	NUED	.
GR	OWTH AND DEVELOPMENT OF A STRONG AND FINANCIALLY	SOUND	NONCOL	MERCI.	AL
TE	LEVISION SERVICE FOR THE AMERICAN PUBLIC.				
				· ·	<u> </u>

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.

2009 Open to Public Inspection

Name of the organization

COMMUNITY COMMUNICATIONS, INC.

Employer identification number 59-6155012

Par	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		
Par		anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p		nistorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	m 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	,	2b
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
	year ►		
4	Number of states where property subject to conservation ear	sement is located 🕨	<u>-</u>
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements duri	ng the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	es the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bal	lance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public serv	ice, provide the following amounts relating to
	these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ciai gain, provide
	the following amounts required to be reported under SFAS 1		. .
а			· .
b	Assets included in Form 990, Part X		× \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Par	III Organizations Maintaining Co	ollections of Art	, Historical T	reasures, o	r Other Si	milar Asse	ts (contin	nued)_	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the	e following that	are a signific	ant use of its	collection	items	
	(<u>check</u> all that apply):								
а	Public exhibition	d		change prograi					
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they further	the organization	n's exempt p	ourpose in Pai	rt XIV.		
5	During the year, did the organization solicit or	receive donations of	fart, historical tre	asures, or othe	er similar asse	ets r-	٦.,		
	to be sold to raise funds rather than to be ma	ntained as part of th	e organization's	collection?		L_	Yes		<u>No</u>
********	Escrow and Custodial Arrang reported an amount on Form 990, Part	X, line 21.	<u> </u>	<u></u>			9, or		
1a	Is the organization an agent, trustee, custodia						Yes		No
	on Form 990, Part X?						103		
b	If "Yes," explain the arrangement in Part XIV a	and complete the foll	owing table:		Г	 	Amount		
					-	1c	Anount		
	Beginning balance					1d			
	Additions during the year				····	1e			
е	Distributions during the year					1f			
f	Ending balance						Yes	-	No
	Did the organization include an amount on Fo	orm 990, Part X, line 2	21?				162	L	INO
	If "Yes," explain the arrangement in Part XIV.			000 Bart	1\/ line 10				
Pai	TV Endowment Funds. Complete if			-orm 990, Part	tv, line to.	hras vasra basi	(a) Four	voore l	hack
	-	(a) Current year	(b) Prior year		rs dack (a) i	hree years bacl	((e) <u>FUUI</u>	years	Jaux See
1a	Beginning of year balance	1129349.	1126759	•			-		*****
b	Contributions	F1 F1C	40 070	_					
c	Net investment earnings, gains, and losses	51,516.	40,979	•					
d	Grants or scholarships			-					
е	Other expenditures for facilities	46 200	20 200						
	and programs	46,320.	38,389	' •					
f	Administrative expenses	- 1104545	1100046						
g	End of year balance	1134545.	1129349	<u> </u>					<u></u>
2	Provide the estimated percentage of the year	r end balance held a	s:						
а	Board designated or quasi-endowment	9.00	_%						
b	Permanent endowment ► 91.00	%							
С		%							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are hel	d and administe	ered for the o	rganization			
	by:						<u> </u>	Yes	No
	(i) unrelated organizations						3a(i)		A V
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds.						
Pa	rt VI Investments - Land, Building	s, and Equipme	ent. See Form 9	90, Part X, line					
	Description of investment	(a) Cost or o basis (investr		ost or other sis (other)	(c) Accur depred	I .	(d) Boo	k valu	e
1a	Land								
b	- u u								
2	Leasehold improvements								
d		1	9,	243,303.	7,70	8,608.	1,53	4,6	95.
	Other								
Tota	II. Add lines 1a through 1e. (Column (d) must e	egual Form 990, Part	X, column (B), lir	ne 10(c).)			1,53	4,6	95.
. 0.0	mit the mitter to the consequence of the constitution of					Cab-4.	ilo D (Eori	~ 000	2000

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See	Form 000 Port V line 1		33 0133012 age 0
(a) Description of security or category			of valuation:
(including name of security)	(b) Book value		ear market value
Financial derivatives			
Closely-held equity interests			
Other			
Cash Management Accounts	75,984	Cost	
Bond Mutual Funds	531,753	• Cost	
Stock Mutual Funds	646,216	. Cost	
Insurance policy related to			
charitable gift trust	55	. Cost	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,254,008	•	
Part VIII Investments - Program Related. Se			
			of valuation:
(a) Description of investment type	(b) Book value		vear market value
		<u> </u>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part X Other Assets. See Form 990, Part X, line	15		
	Description		(b) Book value
(4)			
			·
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)		
Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability		(b) Amount	
Federal income taxes			
Liability under split-interes	st -		
agreement		53,335.	
Deferred compensation	-	112,411.	
Capital lease payable		19,106.	
capital icase bayante			
T-1-1 (O-1) (h)	0.05)	184,852.	
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.)	101/002	

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

Par	Reconciliation of Change in Net Assets from Form 990	to Audite	d Financial	Statem	ents	
	Total revenue (Form 990, Part VIII, column (A), line 12)					5,864,494.
	Total expenses (Form 990, Part IX, column (A), line 25)		S			7,287,925.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				<	<1,423,431.>
4	Net unrealized gains (losses) on investments		I .			
5	Donated services and use of facilities		1 _			
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					89,280.
9	Total adjustments (net). Add lines 4 through 8					89,280.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10)	4	<1,334,151.>
Par	KII Reconciliation of Revenue per Audited Financial Stater	nents Wi	th Revenue			
1	Total revenue, gains, and other support per audited financial statements				1	7,099,068.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
-а	Net unrealized gains on investments	2a	91,	191.		
ь	Donated services and use of facilities	1 1	1,065,	042.		
c	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)		<1,	912.>		
e	Add lines 2a through 2d			2	2e	1,154,321.
3	Subtract line 2e from line 1				3	5,944,747.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a	Other (Describe in Part XIV.)		<80,	253.		
b	Add lines 4a and 4b				4c	<80,253.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			·····	5	5,864,494.
Ď	1 XIII Reconciliation of Expenses per Audited Financial State	ements W	ith Expens	es per R	etur	
<u>:::::::::::::::::::::::::::::::::::::</u>	Total expenses and losses per audited financial statements				1	8,433,220.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
	Donated services and use of facilities	2a	1,065,	042.		
a	Prior year adjustments	1 1				
b	Other losses			8		
G			80,	253.		
d	Add lines 2a through 2d				2e	1,145,295.
_	Subtract line 2e from line 1				3	7,287,925.
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
а						
	Other (Describe in Part XIV.)				4c	0.
C	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	7,287,925.
5	Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	art III lines 1	a and 4: Part I	V. lines 1b	and 2	b: Part V. line 4: Part
COIT	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c	omplete this	nart to provid	e anv addit	tional i	nformation.
Λ, ΙΙΙ	e 2, Fait AI, lille 6, Fait AII, lilles 20 and 45, and 1 art AIII, lilles 25 and 45. Also 6	ompioto mic	part to provide	J 4, 3		
Pa:	rt XI, Line 8 - Other Adjustments:					
<u>UN</u>	REALIZED GAIN ON INVESTMENTS		<u> </u>			
_,	' G. I'l Talawash Tempomonh					
<u>Ch</u>	ange in Split-Interest Agreement					
Рa	rt XII, Line 2d - Other Adjustments:					
			10			
<u>Ch</u>	ange in value of split-interest agreemen	t: -19	TZ •			
						ule D (Form 990) 2009

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

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.

Inspection

Name (of the	organ	izatior
--------	--------	-------	---------

Employer identification number

ame of the organization COMMUN	ITY COMMUNICATIONS	, IN	С.		59-6155	012
	s. Complete if the organization ans			Form 990, Part IV, i	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rate a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, b If "Yes," list the ten highest paid in compensated at least \$5,000 by the 	e X Solicins f X Solicing X Special or oral agreement with any individual Part VII) or entity in connection with dividuals or entities (fundraisers) pure	tation of tation of al fundra tal (includ profess	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or X Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) funds have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
John Sutton &	Consultant for	Yes	No			
Associates	Radio PLedge driv	re	X	392,478.	19,661.	372,817.
		_	ļ			
					ļ	
		-				
		<u> </u>		392,478.		
3 List all states in which the organization	tion is registered or licensed to solid	cit funds	or has	s been notified it is e	xempt from registrat	ion or licensing.
						
						

932081 02-03-10

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Schedule G (Form 990 or 990-EZ) 2009

CO._.UNITY COMMUNICATIONS, INC. 59-6155012 Page 2 Schedule G (Form 990 or 990-EZ) 2009 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events None Girls health Women's (add col. (a) through Health Conf conference col. (c)) (total number) (event type) (event type) Revenue 115,705. 77,470. 38,235. Gross receipts 75,781. 28,307. 47,474. Less: Charitable contributions 39,924. 9,928 29,996. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 50,236. 28,809. 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. 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes No Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 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? 10a b If "Yes," explain:

11

Does the organization operate gaming activities with nonmembers?

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?

retain the state gaming license?

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 ▶ \$

17a

Schedule G (Form 990 or 990-EZ) 2009

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.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

COMMUNITY COMMUNICATIONS, INC.

Employer identification number 59-6155012

	Questions Regarding Compensation	- T		
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 Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		/es	No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	Ì		
	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 Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
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: Receive a severance payment or change-of-control payment?	4a		X
a	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.			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: The organization?	5a		X
	Any related organization?	5b		X
6	If "Yes" to line 5a or 5b, describe in Part III. 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:			37
	The organization?	6a		X
b	Any related organization?	6b		_ A
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
	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			v
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		0000

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

Schedule J (Form 990) 2009

COMMUNITY COMMUNICATIONS, INC.

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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.

(A) Name compensation (i) 153,846. O.	(iii) Other reportable compensation 9,546.	other deferred compensation 1,067. 0.0. 0.0.	6, 407. 6, 407. 0. 0. 0.	(B)(0-(D) 170,866. 20,000. 0.	reported in prior Form 990 or Form 990-EZ 0 0 0 0	X^{\prime}
(i) (ii) (ii) (ii) (iii)	9,54	1,067.	6,407.	170,866. 20,000. 0.	0 0 0	\mathcal{F}^{*}
(ii) (iii) (0 0 0	0 0 0	0 000	0 0	\mathcal{L}^{*}
(a) 20,000. (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		0 0 0	0 0	000	0	Z^{*}
Steck (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		0	0	0	0	
(1)						
(0)						
				-		_/
(1)						
(ii)						
(0)						
	-					_

SCHEDULE J-2

Department of the Treasury

Internal Revenue Service

(Form 990)

Continuation Sheet for Form 990

2009

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
 ► See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

COMMUNITY COMMUNICATIONS, INC

Employer Identification number 59-6155012

COMMUNITY	COMMUN	IIC	ra:	'IC	NS	<u>, </u>	IN	IC.	59-615	
Part I Continuation of Officers, Di	rectors, Tr	ust	ees	, K	ey	Em	plo	yees, and Highes	t Compensated I	mpioyees
(A) Name and title	(B) Average hours			(C Posi	:) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
tephen M. Steck	40.00							20,000	0.	C
resident Emeritus	40.00						X	20,000.	0.	
			-	-	_					
	"									

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Schedule J-2 (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

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

QUU9
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990.

Employer identification number

COMMUNITY COMMUNICATIONS, INC.

59-6155012

Par	Types of Property		<u> </u>		
		(a) Check if	(b) Number of	(c) Revenues reported on	(d) Method of determining
	•	applicable	contributions	Form 990, Part VIII, line 1g	revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	37	251	120 017	Colling price of Car
6	Cars and other vehicles	X	251	130,01/.	Selling price of Car
7	Boats and planes				
8	Intellectual property		. —		<u> </u>
9	Securities · Publicly traded			······································	
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests			·	
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies			<u> </u>	
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()	-	<u> </u>		
26	Other ()				
27	Other ()				
28	Other (
29	Number of Forms 8283 received by the organ				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	igment 29	Yes No
				and the Doubli Sand Cold	
30a	During the year, did the organization receive b	oy contributi	on any property re	eported in Part I, lines 1-28 tr	nat it must noid for
	at least three years from the date of the initial				
	the entire holding period?				
	If "Yes," describe the arrangement in Part II.	P 11 1	t all made		outions?
31	Does the organization have a gift acceptance				· · · · · · · · · · · · · · · · · · ·
32a	,				
_	contributions?				328 A
	If "Yes," describe in Part II.				askad
33	If the organization did not report revenues in	column (c) fo	or a type of proper	τy τοr wnich column (a) is ch	ескеа,
	describe in Part II.				

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

Schedule M (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

COMMUNITY COMMUNICATIONS, INC.

Employer identification number 59-6155012

Form 990, Part III, Line 4a, Program Service Accomplishments:

seven days a week. A weekly average of 211,600 listeners tune in to

90.7 FM; 90.7-2 Classical offers classical music 24 hours a day, seven

days a week. WMFE's web site, wmfe.org, offers full-episodes of PBS

programs, local and national news, listen-live streams, podcasts,

activities for kids, programming schedules, event information and more.

WMFE educates. From programs for pre-school aged children such as the

Cat in the Hat Knows a Lot About That, Curious George and Sesame Street

to grown-ups and everyone in between with programs such as RadioLab,

Nature, Nova, American Experience, Independent lens, P.O.V., This

Emotional Life and The Tenth Inning.

WMFE improves lives. WMFE and Orlando Health presented both the Oh,
Woman! A Healthy Woman Conference and Girl Power!, an event for girls
between the ages of 8 and 13 and their parents; WMFE Kids at the Garden
featured a special presentation of a PBS Kids' program once a month
from December 2009 through April 2010; WMFE and the Garden Theatre also
partnered to present a Celebration of Reading Day.

WMFE provides art, culture and a strong connection to the past. WMFE programs such as A Prairie Home Companion, Fresh Air with Terry Gross, Great Performances, Live from Lincoln Center, Masterpiece and many more, provide a front row seat to arts and culture. WMFE provided even more access to classical music, making 09.7-2 available through WMFE-TV

by turning the Second Audio Programming (SAP) on.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

COMMUNITY COMMUNICATIONS, INC.

Employer identification number 59-6155012

WMFE is the source for in-depth news. 90.7 FM successfully changed its programming in November 2009 to all news and information, 24/7. Intersection, 90.7 FM's news and conversation program, continued to feature political leaders, scientists, artists and other newsmakers. WMFE's popular Ballot series found a new home on 90.7's Intersection and hosted two debates with the candidates for Orange County Mayor and Orange County School Board Chair. Several more Ballot debates took place ahead of the November general election. 90.7 hired a reporter dedicated to health news as part of the HealthyState.org collaborative. Programming including Morning Edition, All Things Considered, Talk of the Nation, BBC World News, Frontline, PBS NewsHour and more provide in-depth reporting and thoughtful analysis that help Central Floridians become better informed on the nation and on the world. Form 990, Part VI, Section A, line 2: The President Emeritus and VP for Development are father and daughter; Ms. McManus does not report to Mr. Steck nor was he involved in either her annual performance appraisals or compensation decisions.

Form 990, Part VI, Section B, line 11: The board of trustees reviews the 990 draft for reasonableness prior to release of the final issuance.

Form 990, Part VI, Section B, Line 12c: The Board of Trustees and Officers

sign their acceptance of the Conflict of Interest Policy on an annual

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

Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE O

(Form 990)

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on

INC.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Form 990 or to provide any additional information.

Attach to Form 990.

COMMUNITY COMMUNICATIONS,

Employer identification number 59-6155012

basis. The Corporate Secretary and Board of Trustees review the Conflict of
Interest Policies annually.
Form 990, Part VI, Section B, Line 15: The Board of Trustees annually
review the performance of the CEO and Officers and sets their pay. Market
surveys help determine reasonable compensation for all employees. A pay
pool for all employees except officers is established and approved by the
Board of Trustees prior to the budget. All employees compensation is
approved by the Board of Trustees as a part of the budget approval
annually. The corporation's auditors also conduct and issue an opinion
annually as to any excess benefit transactions of any officers or key
employeees.
Form 990, Part VI, Section C, Line 19: Governing documents, conflict of
interest policy, and financial statements are available upon request.
Schedule G, Part I, Line 2b, Column (v): The amount in column J contains
travel reimbursements of \$4,411 per the agreement.

(Rev. January 2010)

Report of Employer-Owned Life Insurance Contracts

► Attach to the policyholder's tax return - See instructions.

OMB	No.	1545-2089

Attachment Sequence No. 160

Dep	partment of the Treasury mai Revenue Service (99)	· · · · ·	Attachment Sequence No. 160			
Na	me(s) shown on return	lo	dentifying i	entifying number		
CC	OMMUNITY COM	MUNICATIONS, INC.	<u> </u>	59-6155012		
_	me of policyholder, if diff	dentifying nu	mber, if different from above			
Ty	pe of business	· · · · · · · · · · · · · · · · · · ·				
1	Enter the number of en	ployees the policyholder had at the end of the tax year	1	37.		
2	Enter the number of en	nployees included on line 1 who were insured at the end of the tax year under the rowned life insurance contract(s) issued after August 17, 2006. See Section exception		1.		
3	Enter the total amount who were insured under		250,000.			
4a	Does the policyholder on line 2?	nave a valid consent (see instructions) for each employee included X Yes N				
b	_	er of employees included on line 2 for whom the policyholder does not have a valid	4b			