

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2010

Open to Public

Inspection

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning _____, and ending _____

B	Check if applicable	C Name of organization Niagara Frontier Radio Reading Serv	D Employer identification number 16-1272790
<input type="checkbox"/>	Address change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 575	E Telephone number 716-821-5555
<input type="checkbox"/>	Name change		
<input type="checkbox"/>	Initial return	City or town, state or country, and ZIP + 4 Buffalo NY 14225	F Group Exemption Number
<input type="checkbox"/>	Terminated		
<input type="checkbox"/>	Amended return		
<input type="checkbox"/>	Application pending		

G	Accounting Method	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B
I	Website:	www.nfradioreading.org	
J	Tax-exempt status (check only one) —	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 (Form 990, 990-EZ, or 990-PF)	

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **180,341**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I.

	1 Contributions, gifts, grants, and similar amounts received		160,328
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		30
	5a Gross amount from sale of assets other than inventory	5a	792
	b Less: cost or other basis and sales expenses	5b	1,099
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-307
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	19,191
	c Less: direct expenses from gaming and fundraising events	6c	6,623
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	12,568
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	172,619
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	98,296
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	21,370
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	35,124
	17 Total expenses. Add lines 10 through 16	17	154,790
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,829
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	94,779
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-13
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	112,595

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	18,019	22	34,577
23 Land and buildings	187,551	23	180,088
24 Other assets (describe in Schedule O)	5,375	24	8,619
25 Total assets	210,945	25	223,284
26 Total liabilities (describe in Schedule O)	116,166	26	110,689
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	94,779	27	112,595

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose?

See Schedule O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 See Schedule O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		147,395
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		147,395

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVID E. HALL	CHAIR	0.00	0	0
ELAINE M. POWERS	VICE CHAIRMA	0.00	0	0
DONNA M. DICKEY	TREASURER	0.00	0	0
MARGARET RECKTENWALD	SECRETARY	0.00	0	0
LINDA RINELLA	DIRECTOR	0.00	0	0
WILLIAM C. BERKELEY	DIRECTOR	0.00	0	0
BARBARA A. BURNS	DIRECTOR	0.00	0	0
CHERYL M. HAKKE	DIRECTOR	0.00	0	0
JOHN T. KOCIELA	DIRECTOR	0.00	0	0
MARGARET MERGENHAGE	DIRECTOR	0.00	0	0
SANDRA MC HUGH	DIRECTOR	0.00	0	0
WILLIAM A. MILES	DIRECTOR	0.00	0	0
WALT OTTO	DIRECTOR	0.00	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. NY		
42a	The organization's books are in care of ROBERT J SIKORSKI Telephone no. 716-821-5555 P O BOX 575 Located at BUFFALO NY ZIP + 4 14225		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	Yes	No
42b			<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **▶** _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **▶** Yes No

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

Sign Here Signature of officer: **ROBERT SIKORSKI** *Robert Sikorski* **PRESIDENT** Date: **7/13/11**
Type or print name and title: **ROBERT SIKORSKI** **DIRECTOR**

Paid Preparer Use Only
Preparer's name: **DAVID R. PAULUS** Preparer's signature: **DAVID R. PAULUS** Date: **07/05/11** Check if self-employed PTIN: **P00115373**
Firm's name: **PAULUS & COMPANY LLP** Firm's EIN: **83-0501576**
Firm's address: **49 BUFFALO STREET HAMBURG, NY 14075** Phone no: **716-648-1330**

May the IRS discuss this return with the preparer shown above? See instructions **▶** Yes No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Niagara Frontier Radio Reading Serv

Employer identification number

16-1272790

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III-Functionally integrated d Type III-Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the US?, (vii) Amount of support. Sub-columns for Yes/No for (iv), (v), and (vi).

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	167,683	270,453	95,565	89,111	160,328	783,140
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	167,683	270,453	95,565	89,111	160,328	783,140
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						783,140

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	167,683	270,453	95,565	89,111	160,328	783,140
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	133	274	924	57	30	1,418
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.)	26,706	24,440	23,262	25,924	19,191	119,523
11 Total support. Add lines 7 through 10						904,081
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	86.62%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	85.01%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

Part II, Line 10 - Other Income Detail

SPECIAL EVENTS \$ 100,332

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

Name of the organization

Niagara Frontier Radio Reading Serv

Employer identification number

16-1272790

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPECIAL EVENTS (event type)	(event type)	None (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	19,191		19,191
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	19,191		19,191
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	6,623		6,623
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				12,568

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

9a Yes No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a Yes No

b If "Yes," explain

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a	The organization's facility	%
13b	An outside facility	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
 (Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

 Open to Public
 Inspection

Employer identification number

16-1272790

Niagara Frontier Radio Reading Serv
Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Interest expense	\$ 7,032
Telephone	\$ 5,512
Repairs and maintenance	\$ 4,168
Postage	\$ 1,725
Bank service charge	\$ 684
Office expense	\$ 6,684
Real estate taxes	\$ 1,319
Subcarrier lease expense	\$ 1
General liability insuran	\$ 1,405
Insurance - workers compe	\$ 612
New York State disability	\$ 44
Amortization expense	\$ 267
Professional fees	\$ 1,690
NYS Corp Tax	\$ 60
Auto Expense	\$ 2,269
Internet Expense	\$ 651
Dues & Susbrscription Exp	\$ 800
Advertising and handouts	\$ 53
Conferences, seminars, an	\$ 148
Total	\$ 35,124

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Name of the organization

Niagara Frontier Radio Reading Serv

Employer identification number
16-1272790

Description	Amount
Unrealized / aprec on invest	\$ 307
Book / Tax Depreciation Difference	\$ -320

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Grants Receivable	\$ 0	\$ 3,750
Prepaid Expenses and Deferred Charges	\$ 1,337	\$ 1,099
FILE CABINET	\$ 0	\$ 107
Less Accumulated Depreciation	\$ 0	\$ 107
PHONE	\$ 0	\$ 32
Less Accumulated Depreciation	\$ 0	\$ 32
ANSWER MACHINE	\$ 0	\$ 108
Less Accumulated Depreciation	\$ 0	\$ 108
TYPEWRITER	\$ 0	\$ 889
Less Accumulated Depreciation	\$ 0	\$ 889
BROTHER	\$ 0	\$ 441
Less Accumulated Depreciation	\$ 0	\$ 441
FILE CABINET	\$ 0	\$ 109
Less Accumulated Depreciation	\$ 0	\$ 109
CAMERA	\$ 0	\$ 213
Less Accumulated Depreciation	\$ 0	\$ 213
PHONE	\$ 0	\$ 154
Less Accumulated Depreciation	\$ 0	\$ 154
3 PHONES	\$ 0	\$ 135
Less Accumulated Depreciation	\$ 0	\$ 135
B/W TELEVISION	\$ 0	\$ 39

Name of the organization

Niagara Frontier Radio Reading Serv

Employer identification number

16-1272790

Less Accumulated Depreciation	\$	0 \$	39
VACUUM CLEANER	\$	0 \$	110
Less Accumulated Depreciation	\$	0 \$	110
RADIOS	\$	0 \$	60,478
Less Accumulated Depreciation	\$	0 \$	60,478
HYUNDA COMPUTER	\$	0 \$	1,850
Less Accumulated Depreciation	\$	0 \$	1,850
SWIVEL CHAIR	\$	0 \$	130
Less Accumulated Depreciation	\$	0 \$	130
RADIOS	\$	0 \$	39,164
Less Accumulated Depreciation	\$	0 \$	39,164
ROSA'S TV MONITOR	\$	0 \$	300
Less Accumulated Depreciation	\$	0 \$	300
STEREO ADVANTAGE, VCR	\$	0 \$	284
Less Accumulated Depreciation	\$	0 \$	284
N E BROADCAST	\$	0 \$	7,572
Less Accumulated Depreciation	\$	0 \$	7,572
NORVER RADIOS	\$	0 \$	885
Less Accumulated Depreciation	\$	0 \$	885
NORVER, RADIO RECEIVERS	\$	0 \$	3,480
Less Accumulated Depreciation	\$	0 \$	3,480
DELAWARE VALLEY-RECEIVERS	\$	0 \$	8,700
Less Accumulated Depreciation	\$	0 \$	8,700
TARGET TUNING- RECEIVERS	\$	0 \$	5,815
Less Accumulated Depreciation	\$	0 \$	5,815
VCR	\$	0 \$	400
Less Accumulated Depreciation	\$	0 \$	400

Name of the organization	Employer identification number		
Niagara Frontier Radio Reading Serv	16-1272790		
RECEIVERS	\$	0 \$	4,951
Less Accumulated Depreciation	\$	0 \$	4,951
NU-IC FM SCA RADIO 67 KHZ SUB-CARRIE	\$	0 \$	2,175
Less Accumulated Depreciation	\$	0 \$	2,175
NU-IC FM SCA RADIO	\$	0 \$	2,175
Less Accumulated Depreciation	\$	0 \$	2,175
TOS CF2055 20" MTS REM	\$	0 \$	298
Less Accumulated Depreciation	\$	0 \$	298
RICCAR N2000 VACUUM	\$	0 \$	265
Less Accumulated Depreciation	\$	0 \$	265
SCA GENERATOR, MSI	\$	0 \$	3,248
Less Accumulated Depreciation	\$	0 \$	3,248
NU-IC FM SCA RADIO	\$	0 \$	4,350
Less Accumulated Depreciation	\$	0 \$	4,350
COMPOL-RECEIVER/ADAPTOR	\$	0 \$	5,081
Less Accumulated Depreciation	\$	0 \$	5,081
FAX MACHINE	\$	0 \$	500
Less Accumulated Depreciation	\$	0 \$	500
ERKO TECHNOLOGIES-COMMUNICATION CRYSTALS	\$	0 \$	389
Less Accumulated Depreciation	\$	0 \$	389
DUALEX-COMPUTER UPGRADE	\$	0 \$	830
Less Accumulated Depreciation	\$	0 \$	830
ARTI-RECEIVERS	\$	0 \$	1,290
Less Accumulated Depreciation	\$	0 \$	1,290
ARTI-RECEIVERS	\$	0 \$	1,720
Less Accumulated Depreciation	\$	0 \$	1,720
IMPROVEMENTS	\$	0 \$	11,756

Name of the organization	Employer identification number	
Niagara Frontier Radio Reading Serv	16-1272790	
Less Accumulated Depreciation	\$ 0	\$ 11,756
TW670 HUBS	\$ 0	\$ 361
Less Accumulated Depreciation	\$ 0	\$ 361
STACK CHAIRS	\$ 0	\$ 127
Less Accumulated Depreciation	\$ 0	\$ 127
VCR	\$ 0	\$ 200
Less Accumulated Depreciation	\$ 0	\$ 200
DESK TOP RECEIVER - ERKO TECHNOLOGIE	\$ 0	\$ 2,050
Less Accumulated Depreciation	\$ 0	\$ 2,050
DESK TOP RECEIVER - ERKO TECHNOLOGIE	\$ 0	\$ 665
Less Accumulated Depreciation	\$ 0	\$ 665
DUALEX - COMPUTER	\$ 0	\$ 2,770
Less Accumulated Depreciation	\$ 0	\$ 2,770
DUALEX - CD ROM	\$ 0	\$ 145
Less Accumulated Depreciation	\$ 0	\$ 145
DESK TOP RECEIVERS - ERKO TECHNOLOGI	\$ 0	\$ 1,618
Less Accumulated Depreciation	\$ 0	\$ 1,618
DESK TOP RECEIVER - ERKO TECHNOLOGIE	\$ 0	\$ 1,379
Less Accumulated Depreciation	\$ 0	\$ 1,379
HARRIS - PTFP EQUIPMENT	\$ 0	\$ 4,493
Less Accumulated Depreciation	\$ 0	\$ 4,493
HARD STUDIO EQUIP-CONTROL BROAD CONS	\$ 0	\$ 13,214
Less Accumulated Depreciation	\$ 0	\$ 13,214
MID ATLANTIC DENON SHELF	\$ 0	\$ 106
Less Accumulated Depreciation	\$ 0	\$ 106
DENON CD PLAYERS	\$ 0	\$ 2,799
Less Accumulated Depreciation	\$ 0	\$ 2,799

Name of the organization

Niagara Frontier Radio Reading Serv

Employer identification number

16-1272790

ERKO RECEIVERS/TRANSFORMERS	\$	0 \$	308
Less Accumulated Depreciation	\$	0 \$	308
TAPE RECORDERS/EQUIPMENT	\$	0 \$	2,331
Less Accumulated Depreciation	\$	0 \$	2,331
HARRIS - PTFP EQUIPMENT	\$	0 \$	8,304
Less Accumulated Depreciation	\$	0 \$	8,304
SCMS - PTFP EQUIPMENT	\$	0 \$	6,655
Less Accumulated Depreciation	\$	0 \$	6,655
TAPE HEAD ASSEMBLY	\$	0 \$	1,853
Less Accumulated Depreciation	\$	0 \$	1,853
RADIO - SCA PORTABLE 102.5/67	\$	0 \$	5,083
Less Accumulated Depreciation	\$	0 \$	5,083
CARPETING	\$	0 \$	3,000
Less Accumulated Depreciation	\$	0 \$	3,000
IMPROVEMENTS	\$	0 \$	2,280
Less Accumulated Depreciation	\$	0 \$	471
CHAIRS, DESK	\$	0 \$	3,501
Less Accumulated Depreciation	\$	0 \$	3,501
TABLES	\$	0 \$	624
Less Accumulated Depreciation	\$	0 \$	624
COPIER (TOSHIBA)	\$	0 \$	2,000
Less Accumulated Depreciation	\$	0 \$	2,000
VACUUM CLEANER	\$	0 \$	384
Less Accumulated Depreciation	\$	0 \$	384
BUILDING - 1199 HARLEM ROAD	\$	0 \$	138,095
Less Accumulated Depreciation	\$	0 \$	29,685
SECURITY SYSTEM	\$	0 \$	1,198

Name of the organization	Employer identification number	
Niagara Frontier Radio Reading Serv	16-1272790	
Less Accumulated Depreciation	\$ 0	\$ 1,198
ELECTRICAL WIRING	\$ 0	\$ 1,330
Less Accumulated Depreciation	\$ 0	\$ 269
RADIOS - SCMS	\$ 0	\$ 197
Less Accumulated Depreciation	\$ 0	\$ 197
BUILDING - 1199 HARLEM RD	\$ 0	\$ 46,032
Less Accumulated Depreciation	\$ 0	\$ 9,895
COMPUTER & EQUIP	\$ 0	\$ 1,943
Less Accumulated Depreciation	\$ 0	\$ 1,943
HEAD ASSEMBLIES	\$ 0	\$ 1,837
Less Accumulated Depreciation	\$ 0	\$ 1,837
HEADPHONES	\$ 0	\$ 478
Less Accumulated Depreciation	\$ 0	\$ 478
RECEIVERS	\$ 0	\$ 2,250
Less Accumulated Depreciation	\$ 0	\$ 2,250
RECEIVERS	\$ 0	\$ 353
Less Accumulated Depreciation	\$ 0	\$ 353
STUDIO EQUIPMENT	\$ 0	\$ 2,266
Less Accumulated Depreciation	\$ 0	\$ 2,266
50 SUBCARRIER RECEIVERS	\$ 0	\$ 4,500
Less Accumulated Depreciation	\$ 0	\$ 4,500
AIR CONDITIONER	\$ 0	\$ 1,200
Less Accumulated Depreciation	\$ 0	\$ 1,200
MINOLTA Di3010 COPIER	\$ 0	\$ 2,200
Less Accumulated Depreciation	\$ 0	\$ 1,430
25 VTT44A RECEIVERS	\$ 0	\$ 2,375
Less Accumulated Depreciation	\$ 0	\$ 2,256

Name of the organization	Employer identification number	
Niagara Frontier Radio Reading Serv	16-1272790	
VINYL SIDING	\$	0 \$ 900
Less Accumulated Depreciation	\$	0 \$ 72
45 SUBCARRIER RECEIVERS	\$	0 \$ 4,750
Less Accumulated Depreciation	\$	0 \$ 2,771
50 SUBCARRIER RECEIVERS	\$	0 \$ 5,250
Less Accumulated Depreciation	\$	0 \$ 3,063
50 SUBCARRIER RECEIVERS	\$	0 \$ 5,250
Less Accumulated Depreciation	\$	0 \$ 2,975
50 SUBCARRIER RECEIVERS	\$	0 \$ 5,250
Less Accumulated Depreciation	\$	0 \$ 2,888
50 SUBCARRIER RECEIVERS	\$	0 \$ 5,250
Less Accumulated Depreciation	\$	0 \$ 2,800
50 SUBCARRIER RECEIVERS	\$	0 \$ 5,250
Less Accumulated Depreciation	\$	0 \$ 2,538
50 SUBCARRIER RECEIVERS	\$	0 \$ 5,250
Less Accumulated Depreciation	\$	0 \$ 2,450
50 SUBCARRIER RECEIVERS	\$	0 \$ 5,250
Less Accumulated Depreciation	\$	0 \$ 2,363
50 SUBCARRIER RECEIVERS	\$	0 \$ 5,250
Less Accumulated Depreciation	\$	0 \$ 1,925
DELL COMPUTER	\$	0 \$ 368
Less Accumulated Depreciation	\$	0 \$ 74
DAYTON INDUSTRIAL RACKMOUNT RECEIVER	\$	0 \$ 488
Less Accumulated Depreciation	\$	0 \$ 89
50 SUBCARRIER RECEIVERS	\$	0 \$ 5,250
Less Accumulated Depreciation	\$	0 \$ 963
25 SUBCARRIER RECEIVERS	\$	0 \$ 3,125

Name of the organization Niagara Frontier Radio Reading Serv	Employer identification number 16-1272790	
Less Accumulated Depreciation	\$ 0	\$ 521
25 SUBCARRIER FREQUENCY CHANGES	\$ 0	\$ 488
Less Accumulated Depreciation	\$ 0	\$ 98
Amortizable fees	\$ 4,000	\$ 4,000
Accumulated amortization	\$ -2,067	\$ -2,333
Security deposits	\$ 2,105	\$ 2,105
Fixed assets reported separately	\$ 0	\$ -180,088
Rounding	\$ 0	\$ 1
Total	\$ 5,375	\$ 8,619

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 6,593	\$ 9,682
Unsecured Notes and Loans Payable	\$ 374	\$ 1,222
Mortgage and Other Notes Payable	\$ 109,199	\$ 99,785

Form 990-EZ, Part III - Primary Exempt Purpose

BROADCASTING DAILY READINGS OF PRINTED MATTER INCLUDING
NEWSPAPERS, MAGAZINES, BOOKS AND COMMUNITY INFORMATION TO
BLIND AND PRINT-HANDICAPPED PEOPLE.

Form 990-EZ, Part III, Line 28 - First Achievement

THE AGENCY HAS DISTRIBUTED MORE THAN 4,000 "READING
RADIOS" ALLOWING ITS STAFF OF 300 VOLUNTEER READERS AND
CLERICAL WORKERS TO BROADCAST QUALITY READINGS FOR THE
SERVICE'S LISTENERS.

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **Niagara Frontier Radio Reading Serv** Identifying number **16-1272790**

Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	4,860
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,180

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	9,850
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		4,859	5.0	HY	200DB	972
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	16,862
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)