#### **2010 TAX RETURN**

	Client Copy
Client:	1
Prepared for:	Books Aloud, Inc. P. O. Box 5731 San Jose, CA 95150 408-808-2613
Prepared by:	Mary F. Vettorel Mary F. Vettorel, CPA 1952 Camden Ave., Suite 102 San Jose, CA 95124 (408) 364-2322
Date:	May 3, 2012
Comments:	
Route to:	

FDIL2001L 05/05/10

#### MARY F. VETTOREL, CPA 1952 CAMDEN AVE., SUITE 102 SAN JOSE, CA 95124 (408) 364-2322

May 3, 2012

Books Aloud, Inc. P. O. Box 5731 San Jose, CA 95150

Dear Executive Director:

Enclosed is your 2010 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2012 to:

DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

Enclosed is your 2010 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail the California return on or before June 15, 2012 to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0700

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$50 payable by May 15, 2012. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before May 15, 2012 to:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

J	Please	be sure	to call	us 11	t you	have	any o	questions

Sincerely,

Mary F. Vettorel

Books Aloud, Inc. P. O. Box 5731 San Jose, CA 95150 408-808-2613

#### **FEDERAL FORMS**

Form 990 2010 Return of Organization Exempt from Income Tax

Schedule A Organization Exempt Under Section 501(c)(3)

Schedule B Schedule of Contributors

Schedule D Schedule D

Schedule L Transactions Involving Interested Persons

Schedule M Non-Cash Contributions
Schedule O Supplemental Information
Form 8868 Application for Extension
Depreciation Schedules

#### **CALIFORNIA FORMS**

Form 199 2010 California Exempt Organization Return

Schedule B Schedule of Contributors

Form 3885 (199) Depreciation and Amortization - Corp.

2011 Registration/Renewal Fee Report
California Depreciation Schedules

#### **FEE SUMMARY**

**Preparation Fee** 

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### **Federal Worksheets**

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**Books Aloud, Inc.** 

23-7317533

# Form 990, Part IX, Line 24f Other Expenses

		(A)	(B)	(C)	(D)
		Total	Program Services	Management & General	Fundraising
Bank Charges Delivery		1,070. 1,954.	1,856.	1,070.	98.
Dues & Subscriptions Lamp Repair		395. 69.	345. 69.	50.	
Miscellaneous		697.	614.	83.	2.2
Postage and Shipping Printing and Publications		858. 646.	798. 600.	30. 23.	30. 23.
Volunteer Recognition		2,239.	2,239.	25.	25.
	Total \$	7,928.	6,521.	\$ 1,256.	\$ 151.

#### Excess Contributions Schedule A, Part II, Line 5

<u>Name</u> 2006	2007	2008	2009	2010	<u>Total</u>	<u> 2% Amt</u>	Excess
Variety Audio Fndn		÷ 6 110	<b>*</b> 6 007		÷ 01 700		
\$ 6,867. \$		\$ 6,110.	\$ 6,237.	\$ 6,116.	\$ 31,788.	\$ 0.	\$ 0.
Geo H Sandy Foundatn							
30,000.	30,000.	20,000.	20,000.	10,000.	110000.	35,104.	74,896.
The Valley Foundatio	1						
50,000.	0.	0.	50,000.	0.	100000.	35,104.	64,896.
Leventon Trust							
6,000.	5,500.	6,000.	6,000.	5,500.	29,000.	0.	0.
Ash Grove Audiobook							
30,000.	39,000.	0.	0.	0.	69,000.	35,104.	33,896.
The Sharks Foundatio							
25,000.	25,000.	0.	25,000.	0.	75,000.	35,104.	39,896.
E & J Colombo Charit							
17,500.	30,000.	45,000.	45,000.	25,000.	162500.	35,104.	127,396.
Total <u>\$ 165367.</u> \$	135958.	\$ 77,110.	\$ 152237.	\$ 46,616.	\$ 577288.	\$ 175520.	\$ 340,980.

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**Books Aloud, Inc.** 

No.	Description	Date <u>Acquired</u>	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Rate	Current Depr.
orm 990	′990-PF														
Auto /	Transport Equipment														
72 Deli	very Vehicle	12/17/04		5,870							5,870	5,870	S/L	5	
Tota	ıl Auto / Transport Equipment			5,870		0	0	(	0 0	0	5,870	5,870			
Furnitur	e and Fixtures														
1 Brai	lle Typewriter	12/01/75		150							150	150	S/L	15	
2 File	Cabinets	5/01/78		145							145	145	S/L	15	
3 File	Cabinet	5/01/79		237							237	237	S/L	15	
4 Tab	le, Cabinet, Cart	9/01/79		289							289	289	S/L	15	
5 5 Ca	binets, Table	6/01/80		1,148							1,148	1,148	S/L	15	
6 File	Cabinets	6/01/81		726							726	726	S/L	15	
7 4 Ca	binets	12/01/81		656							656	656	S/L	15	
8 2 Ta	pe Cabinets	10/01/82		632							632	632	S/L	15	
9 File	Cabinet	6/01/84		148							148	148	S/L	15	
10 Cab	inets,Book Truck	6/01/85		863							863	863	S/L	15	
11 Cab	inets	6/01/86		515							515	515	S/L	15	
12 5-SI	nelf Cabinet	12/01/86		310							310	310	S/L	15	
13 Cab	inets	12/01/86		385							385	385	S/L	10	
14 Cab	inet	1/01/87		347							347	347	S/L	15	
15 Cas	sette Cabinets	2/01/88		1,708							1,708	1,708	S/L	10	
16 Cab	inet	3/01/89		1,277							1,277	1,277	S/L	10	
17 File	& Cassette Cabinets	5/01/90		1,677							1,677	1,677	S/L	10	
18 Boo	k Truck	6/01/91		398							398	398	S/L	10	
19 Cab	nets	3/01/92		382							382	382	S/L	10	

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**Books Aloud, Inc.** 

No.	Description	Date <u>Acquired</u>	Date Cost/ Sold Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Rate	Current Depr.
21	Book Truck & Cabinets	5/01/93	5,2	14						5,214	5,214	S/L	10	(
38	Picture	9/03/97	1	16						116	116	S/L	10	(
40	Cassette Cabinett	12/02/98	4,8	39						4,839	4,839	S/L	10	(
49	Silk Plants	8/05/03	2'	90						290	285	S/L	7	!
50	Konica 7055 Copier	8/04/03	10,0	00						10,000	10,000	S/L	5	(
51	Laminator	8/07/03		75						75	75	S/L	5	(
52	Conference Table, Chairs	8/14/03	2,5	00						2,500	1,729	S/L	10	250
53	Cassette Cabinets	12/18/03	5	17						517	359	S/L	10	52
54	Brailler	6/30/04	1,1	10						1,140	1,140	S/L	5	(
68	3 DVD Players	3/30/05	2	27						227	227	S/L	5	(
102	Bookcases	9/11/07	3.	33						333	94	S/L	10	33
103	Lateral Files & Bookcases	1/18/08	9	53						953	238	S/L	10	95
109	Laminating Machine	4/16/09	2	8						208	32	S/L	5	62
124	6 Bookcases	5/06/10	5	52						552	46	S/L	10	55
125	Copy Machine	7/18/09	5	16						546	100	S/L	5	19
126	Presentation Projector	6/18/10	2,0	00						2,000	33	S/L	5	400
127	Binding Machine	10/02/09	4	18						448	8	S/L	5	90
	Total Furniture and Fixtures		41,9	51	0	0	(	0 0	0	41,951	36,528			1,061
Ma	chinery and Equipment													
20	Binder,Calculator	3/01/92	6	51						651	651	S/L	5	(
22	Electric Brailler	8/01/92	9.	25						925	925	S/L	5	(
44	Otari Duplicator	8/16/01	6,7	15						6,745	6,745	S/L	7	(
58	3 Loaner Head Sets	4/09/04		53						53	53	S/L	5	(
59	2 Sony Tape Decks	7/02/03	1,1:	26						1,126	1,126	S/L	7	(
60	Microphone, Foam	12/10/03	8	99						899	845	S/L	7	54

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**Books Aloud, Inc.** 

		Dete	Data Ocat /	Des	Cur	Special	Prior 179/	Prior	Salvage	Davis	Delan				0
No.	Description	Date <u>Acquired</u>	Date Cost/ Sold Basis	Bus. Pct.	179 Bonus	Depr. Allow.	Bonus/ Sp. Depr.	Dec. Bal. Depr.	/Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
61	Booth Table & Plexiglass	12/30/03	179							179	118	S/L	10		18
62	CD Recorder	3/18/04	665							665	602	S/L	7		63
63	Studio Equipt	12/13/03	1,200							1,200	1,127	S/L	7		73
64	18 Loaner Head Sets	7/13/04	109							109	109	S/L	5		0
65	1 Loaner Recorder	5/08/05	72							72	72	S/L	5		0
66	4 Loaner Recorders	6/18/05	177							177	177	S/L	5		0
67	9 Loaner Recorders	6/20/05	568							568	568	S/L	5		0
71	5 Barcode Scanners	2/28/05	2,177							2,177	2,177	S/L	5		0
79	Sonicwall Firewall	7/05/05	731							731	731	S/L	5		0
80	Viewsonic Monitor	1/21/06	433							433	391	S/L	5		42
81	Epson RX50	3/30/06	230							230	199	S/L	5		31
82	Yamaha Amplifier, Hard Di	5/31/06	2,147							2,147	1,789	S/L	5		358
83	Readers Lamp	11/15/05	162							162	108	S/L	7		23
84	Loaner Recorder, 2 headse	11/15/05	81							81	75	S/L	5		6
85	13 Loaner Recorders	2/04/06	678							678	600	S/L	5		78
90	Computer 500GB External	7/14/06	433							433	347	S/L	5		86
91	Computer Adobe Audition	9/18/06	638							638	490	S/L	5		128
92	Computer Compaq V520	12/13/06	1,070							1,070	749	S/L	5		214
93	Computer for Studio	3/16/07	1,100							1,100	733	S/L	5		220
94	Garned Degausser	10/26/06	1,250							1,250	671	S/L	7		179
95	Studio Equipment	3/29/07	372							372	177	S/L	7		53
96	17 Loaner Recorders	10/30/06	202							202	150	S/L	5		40
97	7 Loaner Recorders	4/27/07	192							192	130	S/L	5		38
98	13 Loaner Recorders	6/01/07	217							217	133	S/L	5		43
104	8 Loaner Recorders	9/20/07	210							210	119	S/L	5		42
110	2 Duplicators	10/31/08	7,562							7,562	1,800	S/L	7		1,080
111	Studio Lamp	4/16/09	207							207	37	S/L	7		30

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**Books Aloud, Inc.** 

No.	Description	Date <u>Acquired</u>	Date Cost/ Sold Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. <u>Depr.</u>	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Rate	Current Depr.
112 L	aptop Computer	7/09/08	852	)						852	340	S/L	5	17
113 3	5 Loaner Recorders	10/01/08	1,303	}						1,303	456	S/L	5	26
115 2	0 Headsets	3/05/10	312	2						312	21	S/L	5	(
116 6	Loaner Recorders	3/05/10	192	2						192	13	S/L	5	3
117 6	Loaner Recorders	6/01/10	330	)						330	5	S/L	5	(
119 H	P Computer & Installatio	8/27/09	2,08	5						2,085	382	S/L	5	41
120 D	onor Perfect Software	9/30/09	5,780	)						5,780	963	S/L	5	1,15
121 4	HP Computers,3 Monitors	10/30/09	8,546	ò						8,546	1,282	S/L	5	1,70
122 H	P P2035 Printer	11/06/09	962	)						962	128	S/L	5	19
123 6	52002Z P Computers	12/31/09	7,79							7,791	909	S/L	5	1,55
129 6	Panasonic Loaner Record	9/27/10	240	)						240		S/L	5	4
130 2	0 Loaner Tape Players	11/19/10	51!	<u>,                                    </u>						515		S/L	5	6
131 2	Sony Dual Cassettee	9/27/10	238	3						238		S/L	7	2
132 D	ual Tape Deck	11/19/10	488	3						488		S/L	7	4
133 4	CD Players	11/19/10	429	)						429		S/L	7	1
134 H	P Server & Installation	7/09/10	5,843	3						5,843		S/L	5	1,16
135 S	tudio Computers & Instal	10/12/10	7,314	ļ						7,314		S/L	5	1,09
136 T	eam Viewer & Installatio	1/28/11	4,377	,						4,377		S/L	5	43
137 H	ard Drives & Bay	4/16/11	569	<u>-</u>				_		569		S/L	5	2
Т	otal Machinery and Equipment		81,627	,	0	0	(	0 (	0	81,627	29,223			11,48
Misce	ellaneous													
23 T	apes and Albums	1/01/87	3,182	)						3,182	3,182	S/L	12	
24 T	apes and Albums	1/01/88	9,633	}						9,633	9,633	S/L	12	
25 T	apes and Albums	1/01/89	13,750	)						13,750	13,750	S/L	12	
26 T	apes and Albums	1/01/90	10,573	3						10,573	10,573	S/L	12	

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**Books Aloud, Inc.** 

		Date	Date Cost/	Bus.	Cur 179	Special Depr.	Prior 179/ Bonus/	Prior Dec. Bal.	Salvage /Basis	Depr.	Prior				Current
No.	Description	Acquired	Sold Basis	Pct.	Bonus	Allow.	Sp. Depr.	Depr.	Reductn	Basis	Depr.	Method	Life	Rate	Depr.
27	Tapes and Albums	1/01/91	14,512							14,512	14,512	S/L	12		0
28	Tapes and Albums	1/01/92	7,175							7,175	7,175	S/L	12		0
29	Tapes and Albums	1/01/93	1,839							1,839	1,839	S/L	12		0
30	Tapes and Albums	1/01/94	9,259							9,259	9,259	S/L	12		0
31	Tapes and Albums	1/01/95	7,841							7,841	7,841	S/L	12		0
32	Tapes and Albums	1/01/96	7,462							7,462	7,462	S/L	12		0
33	Tapes and Albums	1/01/97	6,811							6,811	6,811	S/L	12		0
36	Tapes and Albums	1/01/98	6,433							6,433	6,433	S/L	12		0
41	Tapes and Albums	1/01/99	6,963							6,963	6,671	S/L	12		292
42	Tapes and Albums	1/01/00	5,821							5,821	5,093	S/L	12		485
43	Tapes and Albums	1/01/01	7,382							7,382	5,844	S/L	12		615
45	Tapes and Albums	1/01/02	2,980							2,980	2,110	S/L	12		248
46	Tapes and Albums	1/01/03	870							870	545	S/L	12		73
48	Tapes and Albums	1/01/04	10,115							10,115	5,479	S/L	12		843
73	Tapes & Albums	1/01/05	5,508							5,508	2,525	S/L	12		459
74	CDs & Albums	1/01/05	769							769	352	S/L	12		64
76	Commercial Audio Books	6/27/05	1,556							1,556	1,556	S/L	5		0
77	Commercial Audio Books	6/28/05	21,425							21,425	21,425	S/L	5		0
78	Commercial Audio Books	6/30/05	3,100							3,100	3,100	S/L	5		0
86	Tapes & Albums	1/01/06	6,339							6,339	2,377	S/L	12		528
87	Commercial Audio Tapes	12/29/05	664							664	598	S/L	5		66
88	Commercial Audio Tapes	3/30/06	427							427	370	S/L	5		57
89	Commercial Audio Tapes	5/31/06	384							384	320	S/L	5		64
99	Tapes & Albums	1/01/07	7,848							7,848	2,289	S/L	12		654
100	Commercial Audio Books	8/12/06	211							211	72	S/L	12		18
101	Commercial Audio Books	9/12/06	15,000							15,000	4,792	S/L	12		1,250
105	Tapes & Albums	1/01/08	12,037							12,037	2,505	S/L	12		1,003

6/30/11

## **2010 Federal Book Depreciation Schedule**

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**Books Aloud, Inc.** 

<u>No.</u>	Description	Date <u>Acquired</u>	Date Cost/ Sold Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Rate	Current Depr.
106	Commercial Audio Books	9/14/07	:	210						210	50	S/L	12	18
107	Commercial Audio Books	6/02/08	17,	500						17,500	3,038	S/L	12	1,458
108	Commercial Audio Books	6/19/08		135						135	27	S/L	12	11
114	Tapes & Albums	1/01/09	4,:	328						4,828	603	S/L	12	402
118	Tapes & Albums	1/01/10	5,7	377						5,377	224	S/L	12	448
128	Promotional DVD	11/19/09	1,:	385						1,885	419	S/L	3	628
138	Tapes and Albums	1/01/11	3,1	800						3,008		S/L	12	125
139	4828 Commercial Audio Boo	6/01/11	48,2	280						48,280		S/L	10	402
	Total Miscellaneous		289,0	092	0	0	0	) (	0	289,092	170,854			10,211
	Total Depreciation		418,	540	0	0	(	) (	0	418,540	242,475			22,758
	Grand Total Depreciation		418,	<u>540</u>	0	0		) (	0	418,540	242,475			22,758

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**Books Aloud, Inc.** 

No	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Rate	Current Depr.
orm 199															
Auto / Tra	ansport Equipment														
72 Deliver	ry Vehicle	12/17/04		5,870							5,870	5,870	S/L	5	
Total A	Auto / Transport Equipment			5,870		0	0	(	0 0	0	5,870	5,870			
Furniture a	and Fixtures														
1 Braille	Typewriter	12/01/75		150							150	150	S/L	15	
2 File Ca	binets	5/01/78		145							145	145	S/L	15	
3 File Ca	binet	5/01/79		237							237	237	S/L	15	
4 Table,	Cabinet, Cart	9/01/79		289							289	289	S/L	15	
5 5 Cabii	nets, Table	6/01/80		1,148							1,148	1,148	S/L	15	
6 File Ca	binets	6/01/81		726							726	726	S/L	15	
7 4 Cabii	nets	12/01/81		656							656	656	S/L	15	
8 2 Tape	Cabinets	10/01/82		632							632	632	S/L	15	
9 File Ca	binet	6/01/84		148							148	148	S/L	15	
10 Cabine	ts,Book Truck	6/01/85		863							863	863	S/L	15	
11 Cabine	ts	6/01/86		515							515	515	S/L	15	
12 5-Shel	f Cabinet	12/01/86		310							310	310	S/L	15	
13 Cabine	ts	12/01/86		385							385	385	S/L	10	
14 Cabine	t	1/01/87		347							347	347	S/L	15	
15 Casset	te Cabinets	2/01/88		1,708							1,708	1,708	S/L	10	
16 Cabine	t	3/01/89		1,277							1,277	1,277	S/L	10	
17 File &	Cassette Cabinets	5/01/90		1,677							1,677	1,677	S/L	10	
18 Book T	Truck	6/01/91		398							398	398	S/L	10	
19 Cabine	ts	3/01/92		382							382	382	S/L	10	

6/30/11

## 2010 California Book Depreciation Schedule

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**Books Aloud, Inc.** 

No.	Description	Date <u>Acquired</u>	Date Cost/ Sold Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Rate	Current Depr.
21	Book Truck & Cabinets	5/01/93	5,21	4						5,214	5,214	S/L	10	(
38	Picture	9/03/97	11	6						116	116	S/L	10	(
40	Cassette Cabinett	12/02/98	4,83	9						4,839	4,839	S/L	10	(
49	Silk Plants	8/05/03	29	0						290	285	S/L	7	į
50	Konica 7055 Copier	8/04/03	10,00	0						10,000	10,000	S/L	5	(
51	Laminator	8/07/03	7	5						75	75	S/L	5	(
52	Conference Table, Chairs	8/14/03	2,50	0						2,500	1,729	S/L	10	250
53	Cassette Cabinets	12/18/03	51	7						517	359	S/L	10	52
54	Brailler	6/30/04	1,14	0						1,140	1,140	S/L	5	(
68	3 DVD Players	3/30/05	22	7						227	227	S/L	5	(
102	Bookcases	9/11/07	33	3						333	94	S/L	10	33
103	Lateral Files & Bookcases	1/18/08	95	3						953	238	S/L	10	95
109	Laminating Machine	4/16/09	20	8						208	32	S/L	5	62
124	6 Bookcases	5/06/10	55	2						552	46	S/L	10	55
125	Copy Machine	7/18/09	54	6						546	100	S/L	5	19
126	Presentation Projector	6/18/10	2,00	0						2,000	33	S/L	5	400
127	Binding Machine	10/02/09	44	8						448	8	S/L	5	90
	Total Furniture and Fixtures		41,95	1	0	0	(	) 0	0	41,951	36,528			1,061
Ma	chinery and Equipment													
20	Binder,Calculator	3/01/92	65	1						651	651	S/L	5	(
22	Electric Brailler	8/01/92	92	5						925	925	S/L	5	(
44	Otari Duplicator	8/16/01	6,74	5						6,745	6,745	S/L	7	(
58	3 Loaner Head Sets	4/09/04	5	3						53	53	S/L	5	(
59	2 Sony Tape Decks	7/02/03	1,12	6						1,126	1,126	S/L	7	(
60	Microphone, Foam	12/10/03	89	9						899	845	S/L	7	54

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**Books Aloud, Inc.** 

		Dete	Data Ocat /	Des	Cur	Special	Prior 179/	Prior	Salvage	Davis	Delan				0
No.	Description	Date <u>Acquired</u>	Date Cost/ Sold Basis	Bus. Pct.	179 Bonus	Depr. Allow.	Bonus/ Sp. Depr.	Dec. Bal. Depr.	/Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
61	Booth Table & Plexiglass	12/30/03	179							179	118	S/L	10		18
62	CD Recorder	3/18/04	665							665	602	S/L	7		63
63	Studio Equipt	12/13/03	1,200							1,200	1,127	S/L	7		73
64	18 Loaner Head Sets	7/13/04	109							109	109	S/L	5		0
65	1 Loaner Recorder	5/08/05	72							72	72	S/L	5		0
66	4 Loaner Recorders	6/18/05	177							177	177	S/L	5		0
67	9 Loaner Recorders	6/20/05	568							568	568	S/L	5		0
71	5 Barcode Scanners	2/28/05	2,177							2,177	2,177	S/L	5		0
79	Sonicwall Firewall	7/05/05	731							731	731	S/L	5		0
80	Viewsonic Monitor	1/21/06	433							433	391	S/L	5		42
81	Epson RX50	3/30/06	230							230	199	S/L	5		31
82	Yamaha Amplifier, Hard Di	5/31/06	2,147							2,147	1,789	S/L	5		358
83	Readers Lamp	11/15/05	162							162	108	S/L	7		23
84	Loaner Recorder, 2 headse	11/15/05	81							81	75	S/L	5		6
85	13 Loaner Recorders	2/04/06	678							678	600	S/L	5		78
90	Computer 500GB External	7/14/06	433							433	347	S/L	5		86
91	Computer Adobe Audition	9/18/06	638							638	490	S/L	5		128
92	Computer Compaq V520	12/13/06	1,070							1,070	749	S/L	5		214
93	Computer for Studio	3/16/07	1,100							1,100	733	S/L	5		220
94	Garned Degausser	10/26/06	1,250							1,250	671	S/L	7		179
95	Studio Equipment	3/29/07	372							372	177	S/L	7		53
96	17 Loaner Recorders	10/30/06	202							202	150	S/L	5		40
97	7 Loaner Recorders	4/27/07	192							192	130	S/L	5		38
98	13 Loaner Recorders	6/01/07	217							217	133	S/L	5		43
104	8 Loaner Recorders	9/20/07	210							210	119	S/L	5		42
110	2 Duplicators	10/31/08	7,562							7,562	1,800	S/L	7		1,080
111	Studio Lamp	4/16/09	207							207	37	S/L	7		30

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**Books Aloud, Inc.** 

No	Description	Date <u>Acquired</u>	Date Cost/ Sold Basis	Bus Pct.		Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Ra	Current te Depr.
112 L	aptop Computer	7/09/08		852						852	340	S/L	5	17
113 3	5 Loaner Recorders	10/01/08	1	,303						1,303	456	S/L	5	26
115 2	0 Headsets	3/05/10		312						312	21	S/L	5	6
116 6	Loaner Recorders	3/05/10		192						192	13	S/L	5	3
117 6	Loaner Recorders	6/01/10		330						330	5	S/L	5	60
119 H	P Computer & Installatio	8/27/09	2	,085						2,085	382	S/L	5	417
120 D	onor Perfect Software	9/30/09	Ę	,780						5,780	963	S/L	5	1,150
121 4	HP Computers,3 Monitors	10/30/09	8	,546						8,546	1,282	S/L	5	1,709
122 H	P P2035 Printer	11/06/09		962						962	128	S/L	5	192
123 6	52002Z P Computers	12/31/09	7	,791						7,791	909	S/L	5	1,558
129 6	Panasonic Loaner Record	9/27/10		240						240		S/L	5	40
130 2	0 Loaner Tape Players	11/19/10		515						515		S/L	5	69
131 2	Sony Dual Cassettee	9/27/10		238						238		S/L	7	28
132 D	ual Tape Deck	11/19/10		488						488		S/L	7	47
133 4	CD Players	11/19/10		429						429		S/L	7	4
134 H	P Server & Installation	7/09/10	5	,843						5,843		S/L	5	1,169
135 S	tudio Computers & Instal	10/12/10	7	,314						7,314		S/L	5	1,093
136 T	eam Viewer & Installatio	1/28/11	4	,377						4,377		S/L	5	438
137 H	ard Drives & Bay	4/16/11		569					<u> </u>	569		S/L	5	23
Т	otal Machinery and Equipment		81	,627	0	0	(	) 0	0	81,627	29,223			11,480
Misce	ellaneous													
23 T	apes and Albums	1/01/87	3	,182						3,182	3,182	S/L	12	(
24 T	apes and Albums	1/01/88	Ç	,633						9,633	9,633	S/L	12	(
25 T	apes and Albums	1/01/89	13	,750						13,750	13,750	S/L	12	(
oc <del>-</del>	apes and Albums	1/01/90	10	,573						10,573	10,573	S/L	12	

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**Books Aloud, Inc.** 

		Date	Date Cost/	Bus.	Cur 179	Special Depr.	Prior 179/ Bonus/	Prior Dec. Bal.	Salvage /Basis	Depr.	Prior				Current
No.	Description	Acquired	Sold Basis	Pct.	Bonus	Allow.	Sp. Depr.	Depr.	Reductn	Basis	Depr.	Method	Life	Rate	Depr.
27	Tapes and Albums	1/01/91	14,512							14,512	14,512	S/L	12		0
28	Tapes and Albums	1/01/92	7,175							7,175	7,175	S/L	12		0
29	Tapes and Albums	1/01/93	1,839							1,839	1,839	S/L	12		0
30	Tapes and Albums	1/01/94	9,259							9,259	9,259	S/L	12		0
31	Tapes and Albums	1/01/95	7,841							7,841	7,841	S/L	12		0
32	Tapes and Albums	1/01/96	7,462							7,462	7,462	S/L	12		0
33	Tapes and Albums	1/01/97	6,811							6,811	6,811	S/L	12		0
36	Tapes and Albums	1/01/98	6,433							6,433	6,433	S/L	12		0
41	Tapes and Albums	1/01/99	6,963							6,963	6,671	S/L	12		292
42	Tapes and Albums	1/01/00	5,821							5,821	5,093	S/L	12		485
43	Tapes and Albums	1/01/01	7,382							7,382	5,844	S/L	12		615
45	Tapes and Albums	1/01/02	2,980							2,980	2,110	S/L	12		248
46	Tapes and Albums	1/01/03	870							870	545	S/L	12		73
48	Tapes and Albums	1/01/04	10,115							10,115	5,479	S/L	12		843
73	Tapes & Albums	1/01/05	5,508							5,508	2,525	S/L	12		459
74	CDs & Albums	1/01/05	769							769	352	S/L	12		64
76	Commercial Audio Books	6/27/05	1,556							1,556	1,556	S/L	5		0
77	Commercial Audio Books	6/28/05	21,425							21,425	21,425	S/L	5		0
78	Commercial Audio Books	6/30/05	3,100							3,100	3,100	S/L	5		0
86	Tapes & Albums	1/01/06	6,339							6,339	2,377	S/L	12		528
87	Commercial Audio Tapes	12/29/05	664							664	598	S/L	5		66
88	Commercial Audio Tapes	3/30/06	427							427	370	S/L	5		57
89	Commercial Audio Tapes	5/31/06	384							384	320	S/L	5		64
99	Tapes & Albums	1/01/07	7,848							7,848	2,289	S/L	12		654
100	Commercial Audio Books	8/12/06	211							211	72	S/L	12		18
101	Commercial Audio Books	9/12/06	15,000							15,000	4,792	S/L	12		1,250
105	Tapes & Albums	1/01/08	12,037							12,037	2,505	S/L	12		1,003

6/30/11

## 2010 California Book Depreciation Schedule

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**Books Aloud, Inc.** 

<u>No.</u>	Description	Date Acquired	Date Cost. Sold Basi	Bus Pct		Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	_Life	Rate	Current Depr.
106	Commercial Audio Books	9/14/07		210						210	50	S/L	12		18
107	Commercial Audio Books	6/02/08	1	,500						17,500	3,038	S/L	12		1,458
108	Commercial Audio Books	6/19/08		135						135	27	S/L	12		11
114	Tapes & Albums	1/01/09		1,828						4,828	603	S/L	12		402
118	Tapes & Albums	1/01/10		5,377						5,377	224	S/L	12		448
128	Promotional DVD	11/19/09		,885						1,885	419	S/L	3		628
138	Tapes and Albums	1/01/11		3,008						3,008		S/L	12		125
139	4828 Commercial Audio Boo	6/01/11	4	3,280						48,280		S/L	10		402
	Total Miscellaneous		28	),092	0	0	(	) (	0	289,092	170,854				10,211
	Total Depreciation		41	3,540	0	0	(	) (	0	418,540	242,475			_	22,758
	Grand Total Depreciation		41	3,540	0	0	(	) (	0	418,540	242,475			_	22,758

## Form **990**

#### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2010 calen	dar year, or tax year beginni	ing 7/01	, 2010,	and ending	6/3	30	, 2	011	
В	Check	if applicable:						D Employ	er Identificati	ion Number	
	Ad	ddress change	Books Aloud, Inc.					23-	7317533	3	
	I     Na	ame change	P. O. Box 5731					E Telepho	ne number		
		itial return	San Jose, CA 9515	0				408-	-808-26	51.3	
		erminated					-	100	000 20	313	
								<b>C</b> o		192,	607
		mended return	<b>F</b> Name and address of principal o	officer				G Gross re	eceipts \$ n for affiliates		X No
	A	oplication pending	Same As C Above	Jilicer.				affiliates incl		Yes Yes	A No
_	т			\ d (incomb on )	4047(-)(1)				(see instruction		шмо
÷		exempt status	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or						
<u>J</u>			w.booksaloud.org					xemption nu			
K		n of organization:		Association Other	<u> </u>	Year of Formation	n: 1973	S INIS	tate of legal of	domicile: CA	
<b>P</b> a	art I	Summa				<del></del>					
	1		be the organization's mission								
ce			<u>for people unable</u>								
nar			e to stimulate mir							<u>cougn ou</u>	<u>r</u>
Ver	2	_ Reading	<u>by Listening" pro</u> ox ► if the organization	ograll	arations or disp	ocod of more	o than 25	0/ of itc	not accete		
တိ			ting members of the govern						3	·.	7
త			dependent voting members						4		7
Activities & Governance			of individuals employed in o						5		13
ξ			of volunteers (estimate if no	-					6		140
ĕ			ed business revenue from Pa						7a		0.
	b	Net unrelated	business taxable income from	om Form 990-T, lir	ne 34				7 b		0.
							Pr	rior Year		Current Ye	
4	8	Contributions	and grants (Part VIII, line 1	h)				296,1	39.	182,	535.
Revenue	9	Program serv	rice revenue (Part VIII, line 2	2g)							
eve	10		come (Part VIII, column (A)					3	80.		272.
ď	11		e (Part VIII, column (A), line		•			3,9			298.
			e – add lines 8 through 11 (r					300,4	21.	188,	105.
	13	Grants and s	milar amounts paid (Part IX	(, column (A), lines	1-3)						
	14	Benefits paid	to or for members (Part IX,	column (A), line 4	-)						
'n	15	Salaries, other	er compensation, employee	benefits (Part IX, o	column (A), lines	5-10)		232,5	43.	219,	088.
se	16a	Professional	fundraising fees (Part IX, co	olumn (A), line 11e	)						
Expenses	b	Total fundrais	sing expenses (Part IX, colur	mn (D), line 25) ▶		8,890.					
ŭ			es (Part IX, column (A), line					83,2	59	89	270.
	18		es. Add lines 13-17 (must ed					315,8			358.
		•	expenses. Subtract line 18	•				-15,3		-120,	
- S S		Trevenue less	expenses. Subtract line 10	110111 11110 12			Reginning	g of Curren		End of Yea	
	20	Total assets	(Part X, line 16)				Degililini	310,7			217.
Asse	21		s (Part X, line 26)					50,0			757.
Net Assets Fund Balan			,					260,7		•	
	22 art II	Signatu	fund balances. Subtract line	e 21 from line 20				200,7	12.	140,	460.
con	der pena nplete. D	alties of perjury, I d Declaration of prep	eclare that I have examined this returnary arer (other than officer) is based on al	n, including accompanyir III information of which pr	ng schedules and state eparer has any knowle	ements, and to the edge.	ie best of m	y knowledge	and belief, it	t is true, correct,	and
Sig	nn	Signatu	re of officer				Dat	e			
He		Toy	ce L. Meurer				Fvecu	tivo I	Directo	r	
•••			print name and title.				LACCU	CIVE I	TIECTO	) <u>T</u>	
		Print/Type r	reparer's name	Preparer's signature		Date		Check X	r : PTIN		
D-	اہ:	, ,	. Vettorel	- 1-2 2- 2-1g-16-60-0				<u> </u>	<u>'</u> "	1408132	
Pa				rel, CPA		1		self-employe	tu [FU.	140013Z	
	epare e On	ds.			0.2				<b>-</b> 77- 00	120000	
U3	011	Firm's addre		•	UZ				<u>► 77-00</u>		
			San Jose, CA S					Phone no.		364-232	-
Ma	y tne I	iks discuss th	is return with the preparer s	snown above? (see	instructions)				Х	Yes	No

# Form 990 (2010) Books Aloud, Inc. 23-7317533 Page 3 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	<b>a</b> Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	<b>b</b> Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	<b>d</b> 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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
	<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12	La Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12a		Х
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	₽ Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
	<b>b</b> If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) Books Aloud, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		X
ŀ	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? <i>If 'Yes,' complete Schedule L, Part l</i>	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
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):			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Χ
á	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,' complete Schedule R, Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance	-
--	---

Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Χ	
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 13			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	5c		
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50		<b> </b>
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Χ
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	-		
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O.</i>	14b		

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

Section A. Governing Body and Management

bec	tion A. Governing Body and Management		-	1			
				Yes	No		
1 a	a Enter the number of voting members of the governing body at the end of the tax year	1a 7					
ŀ	Enter the number of voting members included in line 1a, above, who are independent	1b 7					
2	Did any officer, director, trustee, or key employee have a family relationship or a business reofficer, director, trustee or key employee?	elationship with any other	2		X		
3			3				
		on?	3		X X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Λ		
5	Did the organization become aware during the year of a significant diversion of the organiza	tion'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 the governing body?							
ŀ	a Are any decisions of the governing body subject to approval by members, stockholders, or continuous and the governing body subject to approval by members, stockholders, or continuous and the governing body.		7a 7b		X		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	a The governing body?		8a	Χ			
	Each committee with authority to act on behalf of the governing body?		8b	- 21	X		
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca 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 Inte	rnal Revenue Code.)	-				
				Yes	No		
10 a	a Does the organization have local chapters, branches, or affiliates?		10a		X		
ŀ	of If 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10b				
11 a	a Has the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11 a	Χ			
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O							
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х			
	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?		12b	Х			
(	Does the organization regularly and consistently monitor and enforce compliance with the po				v		
13	Schedule O how this is done		12c		X X		
	Does the organization have a written document retention and destruction policy?		14		X		
15	·						
	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de			,,,			
	a The organization's CEO, Executive Director, or top management official. See . Schedule		15a	X			
ı	Other officers of key employees of the organizationSee .Schedule. O		15b	Χ			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year?		16a		Χ		
ŀ	o If 'Yes,' has the organization adopted a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements?	s to safeguard the	16b				
Sec	tion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed ► CA						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available. Check all that apply.	and 990-T (501(c)(3)s only) a	vailabl	e for p	oublic		
	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 available to the public. See Schedule O	ments, conflict of interest pol	icy, ar	ıd fina	ncial		
	State the name, physical address, and telephone number of the person who possesses the Joyce L. Meurer 150 E. San Fernando Street San Jose CA 9		anizati	on:			

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	ndividual trustee or director	Institutional trustee	officer Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Betsy Kerr Director	1	Х						0.	0.	0.
(2) Alfred V. Reuter Treasurer	2	Х		Х				0.	0.	0.
(3) Deb Wible Chairman	2	Х		Х				0.	0.	0.
(4) Dan Caputo Jr Director	1	Х						0.	0.	0.
(5) Christine Tower Secretary	2	Х		Х				0.	0.	0.
(6) Mark Rickert Director	1	Х						0.	0.	0.
_(7)_Ron_WestphalVice-Chairman	2	Х		Х				0.	0.	0.
(8) Joyce L. Meurer Executive Direc	40				Х			67,600.	0.	0.
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
DAA	•			01071	- 10	/21/10		· ·		Form <b>990</b> (2010)

Form 990 (2010) Books Aloud, Inc.									23-731753			age <b>8</b>
Part VII   Section A. Officers, Directors, Trus	tees, k	(ey	Em			es,	and			loyee		าt)
(A)	(B)		,	•	c) 			(D)	(E)		(F)	
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer		Mighest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo cor or a	stimated unt of oth opensation of the ganization of related panization of the ganization of the ganiza	her on n d
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
(26)												
(27)												
(28)												
(29)												
1 b Sub-total							•	67,600.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).							<b>•</b>	0. 67,600.	0.			0.
<ul><li>2 Total number of individuals (including but not limite from the organization ► 0</li></ul>	d to tho	se li	sted	l abo	ove)	who	o red	ceived more than	\$100,000 in reporta	able co	mpens	ation
3 Did the organization list any <b>former</b> officer, director	or trust	ee, I	key	emp	oloy	ee, o	or hi	ghest compensate	ed employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such in  4 For any individual listed on line 1a, is the sum of re	portable	e cor	npe	nsat	tion	and	oth	er compensation		. 3		X
the organization and related organizations greater to such individual	han \$15 	0,00	0?	If 'Y	es'	com · · · ·	plet	e Schedule J for		. 4		Х
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? <i>If 'Yes,' a</i> Section B. Independent Contractors	complete	ation Sc	n fro hed	om a ule .	any <i>J fo</i>	unre r <i>su</i>	late ch p	ed organization or erson	individual	. 5		Х
Complete this table for your five highest compensate compensation from the organization.	ed inde	pend	dent	cor	ntrac	tors	tha	t received more th	nan \$100,000 of			
(A) Name and business address  (B) Description of services								Compe	<b>C)</b> ensatio	n		
None ,												
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	nose	list	ed a	above) who receiv	ed more than			

Pa	rt VIII   Statement of Revenue				
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a   b Membership dues 1 b   c Fundraising events 1 c   d Related organizations 1 d   e Government grants (contributions) 1 e   f All other contributions, gifts, grants, and similar amounts not included above 1 f   g Noncash contributions included in Ins 1a-1f: \$ 48,280.   h Total. Add lines 1a-1f Business Code    Business Code	182,535.			
PROGRAM S	<u> </u>				
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li></ul>	272.			272.
OTHER REVENUE	(i) Real (ii) Personal  6a Gross Rents  b Less: rental expenses. c Rental income or (loss)  d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory.  b Less: cost or other basis and sales expenses				
	d Net gain or (loss)				
ОТН	b Less: direct expenses	5,298.			5 200
	9a Gross income from gaming activities. See Part IV, line 19	3,230.			5,298.
	c Net income or (loss) from gaming activities▶				
	10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue Business Code  11 a				
	11a b				
	с				
	d All other revenue				
	e Total. Add lines 11a-11d	100 105	0	0	E 570
	<b>12 Total revenue.</b> See instructions ▶	188,105.	0.	0.	5,570.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must compl	(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	67,600.	54,080.	6,760.	6,760.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	122,977.	122,977.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	7,914.	7,742.	86.	86.
10	Payroll taxes	20,597.	19,155.	721.	721.
11	Fees for services (non-employees):				
á	a Management				
ŀ	<b>)</b> Legal				
	Accounting	2,400.		2,400.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	00.000	00.070		
	g Other	33,272.	33,272.		
	Advertising and promotion	400	200	1.5	1 -
13	Office expenses.	429.	399.	15.	15.
14	Information technology				
15	Royalties				
16 17	Occupancy				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	183.	183.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,759.	21,740.	353.	666.
23	Insurance	1,377.		1,377.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
	Equipt Maintenance Contract	6,221.	5,785.	218.	218.
	Book Mailers & Oper Supplies	5,555.	5,555.		
	Computer Supplies	3,470.	3,227.	121.	122.
	Parking	3,087.	2,967.	60.	60.
	Storage Rent	2,589.	2,408.	90.	91.
	All other expenses	7,928.	6,521.	1,256.	151.
	Total functional expenses. Add lines 1 through 24f	308,358.	286,011.	13,457.	8,890.
	Joint costs. Check here ► X if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				5 <b>200</b> (2013)
BAA					Form <b>990</b> (2010)

1 Cash — non-interest-bearing. 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	1 2 3	( <b>B</b> ) End of year 41, 915.
2 Savings and temporary cash investments. 205, 953.  3 Pledges and grants receivable, net. 4 Accounts receivable, net.	. 2	41 . 915 .
3 Pledges and grants receivable, net		41.915.
4 Accounts receivable, net	3	11,310.
· ·		
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule 1	4	
	5	
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).	6	
	7	
8 Inventories for sale or use.	8	
Notes and loans receivable, net	9	
	9	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
<b>b</b> Less: accumulated depreciation. 10b 263,607. 104,759.	. 10 c	153,302.
11 Investments – publicly traded securities.	11	
12 Investments – other securities. See Part IV, line 11	12	
13 Investments – program-related. See Part IV, line 11	13	
14 Intangible assets.	14	
15 Other assets. See Part IV, line 11	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	. 16	195,217.
17 Accounts payable and accrued expenses	17	
18 Grants payable	18	
19 Deferred revenue	19	
20 Tax-exempt bond liabilities	20	
A 21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.	22	
\$ 23 Secured mortgages and notes payable to unrelated third parties	23	
24 Unsecured notes and loans payable to unrelated third parties		50,000.
25 Other liabilities. Complete Part X of Schedule D.	25	4,757.
<b>26 Total liabilities.</b> Add lines 17 through 25. 50,000.		54,757.
N Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.		
§ 27 Unrestricted net assets 55,953.	. 27	-112,842.
27 Unrestricted net assets 55, 953.  28 Temporarily restricted net assets 20 Permanently restricted net assets 204 759	28	100,000.
<b>20 1</b> Cititationally restricted field association and a second s	. 29	153,302.
Organizations that do not follow SFAS 117, check here		
Fi lines 30 through 34.		
lines 30 through 34.  Solution 20 Capital stock or trust principal, or current funds	30	
	31	
32 Retained earnings, endowment, accumulated income, or other funds	32	
31 Paid-in or capital surplus, or land, building, or equipment fund	. 33	140,460.
§ 34 Total liabilities and net assets/fund balances. 310,712.	. 34	195,217.

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Part XI Reconciliation of Net Assets						
Check if Schedule O contains a response to any question in this Part XI				X		
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1	188,105	·		
2 Total expenses (must equal Part IX, column (A), line 25)	2	3	308,358	<u> </u>		
3 Revenue less expenses. Subtract line 2 from line 1			20,253	_		
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	260,712	· ·		
5 Other changes in net assets or fund balances (explain in Schedule O). See. Schedule . O			•			
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	L40,460	) .		
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response to any question in this Part XII				٦		
			Yes No	<u> </u>		
1 Accounting method used to prepare the Form 990: X Cash Accrual Other						
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	X			
<b>c</b> If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?		udit, 2c		_		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	e issued or	າ a 				
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth i Audit Act and OMB Circular A-133?	n the Singl	le <b>3a</b>	X	ζ		
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required	audit 3b	,			
ВАА		Forn	n <b>990</b> (201	0)		

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

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the	organiz	ation							Employe	r identificat	tion number		
			ıd, Inc.								317533			
Par	t I _	Reas	son for Pub	lic Charity Status	(All organizations	must o	comple	te this	part.)	See i	<u>nstruct</u>	ions.		
The o	orga	nizatio	n is not a priva	ate foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1	A church, convention of churches or association of churches described in <b>section 170(b)(1)(A)(i)</b> .													
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3		A hosp	pital or a coope	erative hospital servic	e organization describe	ed in <b>se</b> d	ction 17	0(b)(1)(A	4)(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 org <b>170(b)</b>	ganization oper <b>(1)(A)(iv).</b> (Co	rated for the benefit omplete Part II.)	f a college or university	y owned	or oper	ated by	a gover	nmenta	I unit de:	scribed in s	sectio	n
6														
7	X	in <b>sec</b>	tion 170(b)(1)(	<b>A)(vi).</b> (Complete Pai	rt II.)		_	vernme	ntal uni	t or fron	n the ger	neral public	: desc	ribed
8		A com	munity trust de	escribed in section 17	70(b)(1)(A)(vi). (Comple	te Part I	l.)							
9		from a	activities relate	d to its exempt function	) more than 33-1/3% or ons – subject to certain s taxable income (less	n excebt	ions. ar	nd (2) no	o more t	han 33-	1/3% of	its support	from	aross
10				section 509(a)(2). (Co					<b>500</b> ( )	/ <b>4</b> \				
10	$\vdash$	,	,	'	exclusively to test for pu		,		` '	` '			,	
11		more descri	ganization orga publicly suppor bes the type of	anized and operated e ted organizations des f supporting organizat	exclusively for the bene- scribed in section 509(a tion and complete lines	it of, to a)(1) or s 11e thr	perform section 5 ough 11	i the fur 509(a)(2 h.	). See <b>s</b>	of, or ca section	rry out tr 509(a)(3)	ne purpose . Check th	s of o	ne or that
	a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other													
е		other	ecking this box than foundation n 509(a)(2).	, I certify that the org n managers and other	anization is not controll than one or more pub	led dired licly sup	ctly or in ported o	directly organiza	by one itions de	or more escribed	disquali in section	ified persoi on 509(a)(1	ns ) or	
f														
g					on accepted any gift o					ollowing	persons	;?		· 
		<i>(</i> 1)	. مطیع میں سیموسی	dina aktor an implina aktor a	antrala aither alama ar	4 a a a 4 b a .	ما المانيان .		ومانيوما	دان ما اما	and (iii)		Yes	No
		(i) /	elow, the gove	erning body of the sui	ontrols, either alone or oported organization?		with be		escribe	u III (II)	anu (III)	11 g (i)		
			_		bed in (i) above?									
			-	•	described in (i) or (ii) a									
h					e supported organization							<u> </u>		
			e of supported	(ii) EIN	(iii) Type of organization	1	Is the	(v) Did v	ou notify	(vi)	s the	(vii) Amou	nt of sur	nort
			ganization	(11) 2.11	(described on lines 1-9 above or IRC section	organiz	zation in i) listed in	the organ	nization in n (i) of	organiz	ration in	(VII) / IIIIOGI	it or sup	port
					(see instructions))	your go	verning ment?	your s	upport?	organize	nn (i) ed in the S.?			
						Yes	No	Yes	No	Yes	No			
						103	110				110			
(A)														
<u>(B)</u>														
<u>(C)</u>														
<u>(D)</u>														
<u>(E)</u>														
Total														

BAA 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.)

2 Tax revenues levice for the organization's benefit and either paid to it or expended on its behalf.  3 The value of services or facilities trainshed by a organization without charge.  4 Total. Add lines 1 through 3.  5 The portion of total present of total charge.  5 The portion of total present of total charge.  6 Public support. Subtract line 5 through 3.  6 Public support. Subtract line 5 through 3.  7 Amounts from line 1. column (1).  6 Public support. Subtract line 5 to mine 1 that exceeded 2% of the amount shown on line 11, column (1).  7 Amounts from line 4.  8 Gross income from interest, dividends, payments received on securities learn, rents, royaltes and income from payment from 229.  9 Amounts from line 4.  9 10 Total support. Subtract line 5 to secure of the payment of the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital sassets (Explain in Part IV).  11 Total support. Add lines 7 through 10.  12 Gross receiples from related activities, etc (see instructions).  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.  Section C. Computation of Public Support Percentage  8 Loss and the payment of the pay	Sec	tion A. Public Support		1			1				
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.  3 The value of services or facilities turnished by a organization without charge.  4 Total, Add lines 1 through 3.  5 The portion of tetal contributions by each person (other than a governmental unit or public) supported organization's programmental unit or public) supported organization's programmental unit or public) supported organization's programmental unit organization included on line 1 factors and the programmental unit organization and the programmental unit organization included on line 1 factors and the programmental unit organization with the programmental unit organization and the programmental unit organization securities (as a programmental unit organization) included on line 1 factors and the programmental unit organization unit	Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total			
organization's benefit and either paid to it or expended on its behalf.  3 The value of services or governmental unit to the organization without charge. 114,660. 114,660. 114,660. 114,660. 573,30.  4 Total. Add lines 1 through 3. 396,549. 385,992. 339,140. 330,663. 297,195. 1,749,53 contributions by each person (other than a governmental unit or publicly supported organization. See of the anomal shown on line 11, column (f).  6 Public support. Subtract line 5 from line 8. 396,549. 385,992. 339,140. 330,663. 297,195. 1,749,53 contributions by each person (other than a governmental unit or publicly supported union 1 organizations of the state of th	1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	281,889.	271,332.	224,480.	216,003.	182,535.	1,176,239.			
facilities furnished by a governmental unit to the organization without charge and the property of the propert	2	organization's benefit and either paid to it or expended						0.			
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	4	facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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			•			573,300. 1,749,539. 340,980.			
Calendar year (or fiscal year beginning in)  7 Amounts from line 4		from line 4						1,408,559.			
7 Amounts from line 4											
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 229. 2,500. 2,281. 380. 272. 5,66.  9 Net income from unrelated 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. 2 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.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). [14] 80.35  15 Public support percentage from 2009 Schedule A, Part II, line 14. [15] 79.15  16a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [17] 10%-facts-and-circumstances test — 2010. 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. [18] 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the	begi	nning in) ►	* *	<b>(b)</b> 2007	```	, ,	, ,				
dividends, payments received on securities loans, rents, royalties and income from similar sources.  229. 2,500. 2,281. 380. 272. 5,66.  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 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.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). 14 80.33  15 Public support percentage from 2009 Schedule A, Part II, line 14 15 79.14  16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  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.  b 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-a	7	Amounts from line 4	396,549.	385,992.	339,140.	330,663.	297,195.	1,749,539.			
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 1,755,20  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.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). 14 80.3 or 16 a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  16 a 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.  17 a 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	8	dividends, payments received on securities loans, rents, royalties and income from	229.	2,500.	2,281.	380.	272.	5,662.			
gain or loss from the sale of capital assets (Explain in Part IV.).  11 Total support. Add lines 7 through 10.  12 Gross receipts from related activities, etc (see instructions).  12 If	9	business activities, whether or not the business is regularly						0.			
through 10	10	gain or loss from the sale of capital assets (Explain in						0.			
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.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).  15 Public support percentage from 2009 Schedule A, Part II, line 14  16 a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17 a 10%-facts-and-circumstances test — 2010. 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 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, 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 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, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the	11	Total support. Add lines 7 through 10						1,755,201.			
Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activ	rities, etc (see inst	ructions)			12	0.			
Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(	3) ▶ □			
Public support percentage from 2009 Schedule A, Part II, line 14							, ,				
16 a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  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.  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.  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								80.3%			
<ul> <li>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.</li> <li>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.</li> <li>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</li> </ul>							·				
and stop here. The organization qualifies as a publicly supported organization.  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.  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	100	and <b>stop here.</b> The organization	qualifies as a pub	olicly supported or	ganization			X			
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	b										
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the	17 a	or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how									
		<b>b 10%-facts-and-circumstances test</b> — <b>2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
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 ►  BAA  Schedule A (Form 990 or 990-EZ) 26		<b>Private foundation.</b> If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a						

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

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

Sec	tion A. Public Support							
	dar year (or fiscal yr beginning in)►	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 201	0	<b>(f)</b> 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.							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
J	facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
ŀ	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.							
(	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support		T	T	T			
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 201	0	(f) Total
10 a	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	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.)							
	Total support. (Add Ins 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 5	01(c)(3)	<u> </u>
	tion C. Computation of Pul							
	Public support percentage for 20			ne 13, column (f)	<b>)</b>		15	%
	Public support percentage from 2	•	•				16	%
	tion D. Computation of Inv						1	<u> </u>
	Investment income percentage f				ımn (f))		17	%
	Investment income percentage f	· ·	• •	-		ŀ	18	%
	<b>33-1/3% support tests</b> – <b>2010.</b> If is not more than 33-1/3%, check	the organization	did not check the	box on line 14, a	and line 15 is more	e than 33-1/	3%, and zation	line 17
Ł	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or l	ine 19a, and line	16 is more t	han 33-1	/3%, and ► □
20	<b>Private foundation.</b> If the organi		•		·		-	<b>—</b>

Schedule A	(Form 990 or 990-EZ	2) 2010 Boo	ks Aloud,	Inc.			23-7317533	Page <b>4</b>
Part IV	Supplemental In Part II, line 17a (See instructions	<b>formation.</b> Cor 17b; and F c).	Complete this Part III, line	s part to p 12. Also c	provide the exp complete this p	planations requart for any ac	uired by Part I dditional inform	I, line 10; nation.
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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

2010

Name of the organization		Employer identification number
Books Aloud, Inc.		23-7317533
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <u>3</u> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as 527 political organization	s a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a p 501(c)(3) taxable private foundation	orivate foundation
Check if your organization is covered by the <b>Go Note.</b> Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule. anization can check boxes for both the General Rule and	a Special Rule. See instructions.
General Rule  For an organization filing Form 990, 990-E2 contributor. (Complete Parts I and II.)	Z, or 990-PF that received, during the year, \$5,000 or mo	re (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and receive	form 990 or 990-EZ, that met the 33-1/3% support test of d from any one contributor, during the year, a contributio VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts	n of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organiz aggregate contributions of more than \$1,00 the prevention of cruelty to children or anim	ation filing Form 990 or 990-EZ, that received from any on the form use exclusively for religious, charitable, scientific, linals. Complete Parts I, II, and III.	one contributor, during the year, terary, or educational purposes, or
contributions for use <i>exclusively</i> for religiou If this box is checked, enter here the total or purpose. Do not complete any of the parts	ation filing Form 990 or 990-EZ, that received from any case, charitable, etc., purposes, but these contributions did recontributions that were received during the year for an examples the <b>General Rule</b> applies to this organization because.	not aggregate to more than \$1,000. clusively religious, charitable, etc, ause it received nonexclusively
religious, charitable, etc, contributions of \$5	5,000 or more during the year	
990-PF) but it <b>must</b> answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file e 2 of their Form 990, or check the box on line H of its Fog requirements of Schedule B (Form 990, 990-EZ, or 990	orm 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act Notice, se 990EZ, or 990-PF.	ee the Instructions for Form 990, Sche	dule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1

of Part I

Books Aloud, Inc.

Employer identification number

of 2

Part I	Contributors (see instructions.)	·	
(a)	(b)	(c)	(d)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	George H. Sandy Foundation		Person X
	P. O. Box 591717	\$10,000.	Payroll Noncash
	San Francisco, CA 94159		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Variety Audio Foundation		Person X
	P. O. Box 5731	\$6,116.	Payroll Noncash
	San Jose, CA 95150		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	City of San Jose		Person X
	200 E. Santa Clara Ave	\$29,871.	Payroll Noncash
	San Jose, CA 95113		(Complete Part II if there is a noncash contribution.)
<b>/-</b> \	(b)	(5)	4.15
(a) Number	Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
` '	• • • • • • • • • • • • • • • • • • • •	Aggregate	Type of contribution  Person X
` '	Name, address, and ZIP + 4  Leventon Family Trust	Aggregate	Type of contribution
` '	Name, address, and ZIP + 4  Leventon Family Trust	Aggregate contributions	Person X Payroll
` '	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue	Aggregate contributions	Person X Payroll Noncash (Complete Part II if there
4  (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)	Aggregate contributions  \$5,500.  (c) Aggregate	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X
4 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4	Aggregate contributions  \$5,500.  (c) Aggregate	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution
4 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust	\$5,500.	Type of contribution  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll
4 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust  P. O. Box 1121	\$5,500.	Type of contribution  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II if there
(a) Number 5	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  (b)	Aggregate contributions  \$ 5,500.  (c) Aggregate contributions  \$ 25,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution.)
(a) Number 5 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  (b)  Name, address, and ZIP + 4	Aggregate contributions  \$ 5,500.  (c) Aggregate contributions  \$ 25,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution.)
(a) Number 5 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  (b)  Name, address, and ZIP + 4  Leo M Shortino Family Foundation	Aggregate contributions  \$5,500.  (c) Aggregate contributions  \$25,000.  (c) Aggregate contributions	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Nancash Contribution.)

of Part I

Books Aloud, Inc.

Page 2 of 2

Employer identification number

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Kelso Rothschild by Robert Barrett  8743 Sungate Place NE  Bremerton, WA 98311	\$ <u>18,280.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	J. Duncan Benas  398 Beverly Place  Pacifica, CA 94044	\$25,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(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) Number	(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) Number	(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) Number	(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.)

Page 1

of 1

of Part II

Books Aloud, Inc.

Employer identification number

Part II Noncash Property (see instructions.)

23-7317533

(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
7	Commercial Audio Books			
		\$	18,280.	11/10/10
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
8	Commercial Audio Books			
		\$	25,000.	2/15/11
(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
		\$		
BAA	 	edul	e <b>B</b> (Form 990, 990-EZ	or 990-PF) (2010

Doolea Mloud Inc

Employer identification number

	Aloud, Inc.			23-731753	3
Part III	Exclusively religious, charitable, e organizations aggregating more th	tc, individual contribution an \$1,000 for the year.Co	ns to secti mplete cols (	on 501(c)(7), (8), or (10) a) through (e) and the following	ng line entry.
	For organizations completing Part III, enter contributions of <b>\$1,000 or less</b> for the year.	(Enter this information once. S	naritable, etc, See instruction	ns.) 🟲 \$	N/A
(a)	(b)	(c)		(d)	
No. from Part I	Purpose of gift	Use of gift		Description of how gi	ft is held
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to tran	sferee
(a)	(b)	(c)		(d)	
No. from	Purpose of gift	Use of gift		Description of how gi	ft is held
Part I					
		(e)			
		Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Rela	ationship of transferor to tran	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gi	ft is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to tran	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gi	ft is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to tran	sferee
	1			·	

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

Books Aloud, Inc. 23-7317533 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 2 Aggregate contributions to (during year). . . . Aggregate grants from (during year) . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?. No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a 2b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a)...... 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No 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 during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: **►**\$ (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X. ▶\$

Part III   Organizations Maintain	ing Collection	ons of Art, Histo	orical Treasures, or	Other Similar Ass	ets (co	ntinu	<u>ed)</u>
3 Using the organization's acquisition items (check all that apply):	n, accession, an	d other records, ch	eck any of the following	that are a significant u	use of its	collect	tion
a Public exhibition		<b>d</b> Loan	or exchange programs				
<b>b</b> Scholarly research		e Other					
c Preservation for future generat							
<b>4</b> Provide a description of the organi Part XIV.		·			se in		
5 During the year, did the organization assets to be sold to raise funds rate	her than to be r	naintained as part	of the organization's col	lection?			No
Part IV Escrow and Custodial A 9, or reported an amount	Arrangement nt on Form 99	s. Complete if 90, Part X, line	organization answe 21.	red 'Yes' to Form 9	∌90, Paı ——	rt IV,	line
1 a Is the organization an agent, truste included on Form 990, Part X?	ee, custodian, or	other intermediary	for contributions or oth	er assets not	Yes	Г	No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIV and o	complete the follow	ing table:				
					Amount		
<b>c</b> Beginning balance							
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance							٦
2a Did the organization include an am		90, Part X, line 21	<u>′ </u>		Yes	L	No
b If 'Yes,' explain the arrangement in Part V Endowment Funds. Con		rganization and	swared 'Vas' to Form	m 990 Part IV line	2 10		
Tart v Endowment runds: Oon	(a) Current year	(b) Prior yea				our years	hack
<b>1 a</b> Beginning of year balance	(a) carrone your		(O) The yours such	(u) Three years buch	(0)	Jul your	Buok
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage	of the year end	balance held as:					
a Board designated or quasi-endown	nent ►	%					
<b>b</b> Permanent endowment ▶	%						
c Term endowment ►	<u> </u>						
3a Are there endowment funds not in	the possession	of the organization	that are held and admir	nistered for the	_		
organization by:						Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations							
<b>b</b> If 'Yes' to 3a(ii), are the related org		•			3b		
4 Describe in Part XIV the intended Part VI Land, Buildings, and Ed							
Description of investment		Cost or other basis	(b) Cost or other	(c) Accumulated	(4) B	Book va	-luo
·		(investment)	basis (other)	depreciation	(u) D	OUR Va	lue
<b>1 a</b> Land							
<b>b</b> Buildings							
c Leasehold improvements			04 200	42 275		40	01/
<b>d</b> Equipment			84,289.	43,375.			914.
e Other	•	Form 900 Part V	332,620.	220,232.			388.
BAA	(u) must equal l	ыні ээυ, Fait Λ, (	.oranin ( <i>b),</i> iine 10( <i>c).).</i>		dule <b>D</b> (Fo		

Schedule **D** (Form 990) 2010

Part VII Investments-Other Securities. See Form 990, Part X, line 12. N/A					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: ket value		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
<u>(C)</u>					
(D)					
(E)					
<u>(F)</u>					
(H)					
(l)					
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).					
Part VIII Investments-Program Related. (See	Form 990, Part X,	line 13) N/A			
(a) Description of investment type	(b) Book value	(c) Method of valuat			
		Cost or end-of-year mark	ket value		
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)					
Part IX Other Assets. (See Form 990, Part X,			4.5		
	scription		<b>(b)</b> Book value		
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, column(B)		▶			
Part X Other Liabilities. (See Form 990, Part					
(a) Description of liability	(b) Amount	_			
(1) Federal income taxes (2) Withheld Payroll Tax Payable	4,75	57			
(3)	7,7	57.			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>▶</b> 4,75				

**2.** FIN 48 (ASC 740) 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 (ASC 740).

Schedule <b>D</b>	(Form 990) 2010 Books Aloud, Inc.	23-7317533	Page <b>5</b>
Part XIV	(Form 990) 2010 Books Aloud, Inc.  Supplemental Information (continued)		

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

Transactions With Interested Persons

2010

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(9) (10) ► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization Books Aloud, Inc. 23-7317533 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No (1) (2) (3) (4)(5) (6)Enter the amount of tax imposed on the organization managers or disqualified persons during the year under ▶\$ section 4958. Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (f) Approved by board or committee? (a) Name of interested person and purpose (b) Loan to or from (c) Original principal amount (d) Balance due (e) In default? (g) Written agreement? То From Yes No Yes No Yes No (1) (2) (3)(4) (5)(6)(7) (8) (9) (10)Total Grants or Assistance Benefitting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance (1)(2) (3) (4) (5) (6)(7)(8)

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

Schedule **L** (Form 990 or 990-EZ) 2010

	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi	zation
	organization			Yes	nues?
(1) Mark Rickert	Board Member	4,950.	Computer Maintenance		Х
(2) Clifford Meurer, dba Felt	Relative	33,272.			X
(3)					
(4)					
(5)				-	
(6) (7)					
(8)					
(9)					
(10)					<u> </u>
Part V Supplemental Information					
Complete this part to provide addition	mai imormation for response	ss to questions on Sci	ieddie E (See ilistractions).		
		 			· — - · — -
					· — -
					· —

# SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047 2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization Books Aloud, Inc. 23-7317533

Pai	rt I Types of Property						
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) I of determinantribution a	ning amounts
1	Art—Works of art			, , ,			
2	Art—Historical treasures.						
3	Art–Fractional interests						
4	Books and publications.	Х		43,280.	FMV		
5	Clothing and household goods	71		13/2001	1111		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property.						
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						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other ► ( )						
29	Number of Forms 8283 received by the organization	on during the	e tax year for contribut	tions for which the			
	organization completed Form 8283, Part IV, Done	e Acknowled	lgement		29		
						Yes	No
30 a	During the year, did the organization receive by or hold for at least three years from the date of the i purposes for the entire holding period?	ontribution a	ny property reported in ution, and which is no	n Part I, lines 1-28 that t required to be used fo	it must r exempt	30 a	X
Ŀ	If 'Yes,' describe the arrangement in Part II.						
	Does the organization have a gift acceptance poli-	cy that requi	res the review of any i	non-standard contribution	ons?	31	Х
32 a	Does the organization hire or use third parties or noncash contributions?					32a	Х
b	If 'Yes,' describe in Part II.						
	If the organization did not report an amount in col	lumn (c) for	a type of property for	which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2010

Schedul	e <b>M</b> (Form 990) 201	0 Books Alou	id, Inc.		23-7317533	Page 2
Part II	Supplemental and 33. Also of	<b>Information.</b> Complete this pa	omplete this part art for any additior	to provide the informational information.	on required by Part I, lines 30	o, 32b,

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

Books Aloud, Inc.	23-7317533
Form 990, Part III, Line 4a - Program Service Accomplishments	
The program service activity provided by Books Aloud, Inc is a	free lending library
of books recorded by volunteer voices digitally and transferre	d onto cassette tapes
and CDs for those who can only read by listeningthe blind a	nd disabled. During
fiscal_year_ended_June_30,_2011,_252_new_recorded_book_titles_	were added to the
library. A selection committee of volunteers met regularly to	plan for excellence in
book material. 35,123 albums were in circulation during this	fiscal year, providing
an average of 20,360 listening hours, each month. The average	book taped by
volunteers is from 200 to 400 pages and takes about four to tw	elve_cassettes_to
record. Staff and volunteers duplicate each master tape, so t	hat many albums of the
book are available for circulation. Tapes are mailed out for	30 to 90 days to a
client. Client files are maintained to record preference to t	ype of books, book
requests and other information in order to service each client	<u>individually. In</u>
addition, many schools, hospitals and senior citizen facilitie	s_and_organizations_use
the services. This year 40 mini satellite libraries were serv	iced_in_collaboration
with senior homes and 30 Special Education Classes in Santa Cl	ara County School
Systems Home_deliveries continue_by_staff_and_volunteers_usi	ng the donated delivery _
vehicle. While clients are mainly located in California, 15%	of the taped books are
loaned_to_clients_out-of-state The Lions_Club's_monthly_maga	zine_is_recorded_and
sent_to_an_average_of_140_blind_members_of_Lions_Clubs_in_the	United States, Canada
and_four_other_countries. In this fiscal year, the volunteer	voices also recorded
the many community service materials for the City of San Jose,	the County of Santa
Clara, various community service organizations and art agencie	s for distribution to
blind and disabled persons. An average of 53 volunteers assis	t the staff every month
with work of the program, ranging from cataloging, circulation	, editing, repair,
mailing and making labels in Braille for the cassettes and alb	ums. An average of 64

Name of the organization Books Aloud, Inc.	Employer identification number 23-7317533					
Form 990, Part III, Line 4a - Program Service Accomplishments	·					
individuals record the books, magazines and city and county in	formational materials					
in the recording booth every month. Portable tape recorders are available to loan to						
clients. Government support is realized by the provisions of US PO Free Matter for						
the Blind mailing and the use of occupancy and delivery by the	the Blind mailing and the use of occupancy and delivery by the San Jose Public					
Library. This year the "Sight & Sound" project was enlarged of	ue to the requests from					
parents and teachers of the learning disabled and dyslexic stu	dents. The audio book					
along with the printed book is sent to this classification of	clients, thereby,					
increasing their ability of becoming "readers". We currently	have over 850 kits.					
Due to the availability of commercially recorded audio books,	we now have an even					
greater number of titles for our disabled clients. Commercial	ly recorded books have					
been donated to Books Aloud, which in turn, are assembled and	placed in the					
collection and available for distribution to our clients. Thi	s year we placed over					
500 commercially recorded albums in our collection.						
Form 990, Part VI, Line 11b - Form 990 Review Process						
Presented to and Reviewed by Executive Director Prior to Filin	<u>g</u>					
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO,	Exec. Dir., or Top Mgtment					
Annual discussion and approval of executive director compensat	ion by Board of					
Directors.						
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Office	rs & Key Employees					
Annual employee reviews with discussion and approval by Board	of Directors					
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available						
Form 990 available annually on charity website. A copy of the	Form 990 is given or					
mailed to anyone requesting a copy and is posted on organizati	on's website.					

2010	Schedule O - Supplemental Information	Page 1
	Books Aloud, Inc.	23-7317533
Form 990, Part XI, L Other Changes in N	Line 5 Net Assets or Fund Balances	
Rounding	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1. 1.

# Form **8868** (Rev January 2011)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

If you ar	e filing for an Automatic 3-Month Extension, con	nplete only	Part I and check this box		► Х
<ul><li>If you ar</li></ul>	e filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of th	is form).	
Do not com	plete Part II unless you have already been grante	d an autom	natic 3-month extension on a previously	filed Form 8868.	
corporation request an e	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click of	t automatic) Part I or Paust be sent	) 3-month extension of time. You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instruct	ectronically file Form nformation Return for	8868 to r Transfers
Part I A	automatic 3-Month Extension of Time.	Only subm	nit original (no copies needed).		
	on required to file Form 990-T and requesting an a		· · · · · · · · · · · · · · · · · · ·	complete Part I only.	▶
•	rporations (including 1120-C filers), partnerships,			,	
	Name of exempt organization			Employer identification r	number
Type or					
print	Books Aloud, Inc.			23-7317533	
File by the due date for	Number, street, and room or suite number. If a P.O. box, see in	nstructions.		120 102 100	
filing your return. See	P. O. Box 5731				
instructions.	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.		
	San Jose, CA 95150				
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		01
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BI	<u> </u>	02	Form 1041-A		08
Form 990-E	Z	03	Form 4720		09
Form 990-PI	F	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephon If the org If this is check th	is are in the care of .   Joyce L. Meurer  De No.   408-808-2615  Ganization does not have an office or place of buston for a Group Return, enter the organization's four is box.   If it is for part of the group, checknison is for.	digit Group	e United States, check this box	this is for the whole	group,
until _	est an automatic 3-month (6 months for a corpora $2/15$ , 20 $12$ _ , to file the exempt orgetension is for the organization's return for: calendar year 20 or tax year beginning _ $7/01$ , 20 $10$ _	janization r	eturn for the organization named above.		
	ax year entered in line 1 is for less than 12 mont ange in accounting period	hs, check r	eason: Initial return Fir	nal return	
nonref	application is for Form 990-BL, 990-PF, 990-T, 47 undable credits. See instructions			3a \$	0.
payme	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment al	lowed as a	credit	3b \$	0.
<u>EFTPS</u>	ce due. Subtract line 3b from line 3a. Include you 6 (Electronic Federal Tax Payment System). See	instructions	<b>.</b>	3c \$	0.
Caution. If y	ou are going to make an electronic fund withdraw	wai with this	s Form 8868, see Form 8453-EO and Fo	rm 88/9-EU for	

OMB No. 1545-1709

Form <b>886</b>	<b>8</b> (Rev 1-2011)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-I	Month Extensio	n, complete only Part II and check	this box	► Х
	y complete Part II if you have already been gra		·	ısly filed Form 8868.	
• If you	are filing for an Automatic 3-Month Extension	, complete only	Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month I	Extension of	<b>Time.</b> Only file the original (	(no copies needed).	
	Name of exempt organization			Employer identification numb	er
Type or					
print	Books Aloud, Inc.			23-7317533	
File by the	Number, street, and room or suite number. If a P.O. box, se	e instructions.			
File by the extended					
due date for filing the return. See	P. O. Box 5731				
instructions.	City, town or post office, state, and ZIP code. For a foreign	address, see instruct	ions.		
	San Jose, CA 95150				
Enter the	Return code for the return that this application	is for (file a se	parate application for each return).		01
Application	on	Return	Application		Return
ls For		Code	ls For		Code
Form 990		01			
Form 990	-BL	02	Form 1041-A		08
Form 990	-EZ	03	Form 4720		09
Form 990	-PF	04	Form 5227		10
Form 990	-T (section 401(a) or 408(a) trust)	05	Form 6069		11
	-T (trust other than above)	06	Form 8870		12
	not complete Part II if you were not already g		matic 3-month extension on a previ	iously filed Form 8868.	
	ooks are in care of. <u>Joyce L. Meurer</u>				
	none No. ► <u>408-808-2615</u>	FAX No.		_	
	organization does not have an office or place o				
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's	four digit Group	DExemption Number (GEN)	If thi	s is for the
whole gro	up, check this box $\dots$ $ hildsymbol{ ho}$ $\square$ . If it is for part of the	he group, check	this box ▶ 🔲 and attach a list w	ith the names and EINs	of all
	the extension is for.				
4 I red	quest an additional 3-month extension of time u	Intil $5/15$	, 20 <u>12</u> .		
<b>5</b> For	calendar year , or other tax year begi e tax year entered in line 5 is for less than 12 i	nning <u>7/01</u>	$\_$ $_$ $_$ $_$ $_$ $_$ $_$ $_$ $_$ $_$ $_$	. <u>6/30</u> , 20 _	<u>11</u> .
		months, check r	reason: Initial return	Final return	
	Change in accounting period				
	e in detail why you need the extension $-\frac{A_0}{A_0}$				<u>ide</u>
	<u>urce statements in order to ha</u>	<u>ave the in</u>	<u>formation necessary to</u>	<u>complete the </u>	
pr	eparation of the tax return.			1 1	
noni	is application is for Form 990-BL, 990-PF, 990-refundable credits. See instructions				
payr	is application is for Form 990-PF, 990-T, 4720, ments made. Include any prior year overpayme Form 8868.	nt allowed as a	credit and any amount paid previous	usly	
c Bala	ince due. Subtract line 8b from line 8a. Include PS (Electronic Federal Tax Payment System).	vour pavment	with this form, if required, by using		
			d Verification	· · · · ·	
Under penalt correct, and	ies of perjury, I declare that I have examined this form, includir complete, and that I am authorized to prepare this form.			nowledge and belief, it is true,	
Signature	Title	Execut	ive Director	Date ►	
BAA		FIF70502I	_ 11/15/10	Form <b>8868</b>	(Rev 1-2011)

# TAXABLE YEAR California Exempt Organization Annual Information Return

FORM 199

	<b>O</b> /\lin	idai iiii	omadon i	CCUIII							
Calendar ye	ear 2010 o <u>r fi</u> sca	al year begir	nning month 07	day <b>01</b>	year 20	10, and endin	ng month 06		,	year 2	2011
A First Retu		S	<b>B</b> Type of organization	Exempt	under Section	23701 <u>D</u> (	(insert letter)		ORP #		
	X No			IRC Sec	tion 4947(a)(1)	trust			0-06879	48	
,	ganization Name								EIN		
BOOKS A Address	LOUD, INC	•						2	23-7317	<u>533                                   </u>	
P. O. E	30X 5731							St	ate ZIP Code		
CAN TOC	PE CA 0511	50						0.0	atc 211 00dt	•	
	SE, CA 951! Return?		• Yes	X No	co	ntributions check h	ox. See General Inst	truction	F		
	subordinate/affiliate		<b>—</b>		No	filing fee is require	ed <u></u>		 . <u></u>	. • [	X
a le this	a aroun filina for affi	iliatos?	• —				sed 1 X Cash		Accrual	3	Other
See Ger	neral Instruction L			No	I If	exempt under R&T(	Section 23701d, ha	is the or	rganization du	iring the	year:
	enter the number o				le	gislation or any ball	y political campaign ot measure, or (3) n	nade an	election unde	er	
	affiliates included? .		Yes	No	R	&TC Section 23704.5 molete and attach f	5 (relating to lobbýin orm FTB 3509, Polit	ig by pu ical or I	ıblic charities) Legislative Ac	)? If 'Yes tivities h	s,'
• ,	' attach a list. See in	•				-	izations				_
<b>d</b> Is this a	a separate return file oup ruling?	ed by an organi	zation covered Yes	No	<b>J</b> Di	d the organization h	nave any changes in	its activ	ities noverni		
	Group Exemption No			Ш	ar	ticles of incorporation	on, or bylaws that ha	ave not	been reported	d to the	
	ster of subordinates			No			If 'Yes,' complete a				
E Final retu	rn?									Yes	X No
•	Dissolved •	Surrendere	ed (Withdrawn)			=	empt under R&TC S		23701g? ●	Yes	X No
•	Merged/Reorganized	d (attach explar	nation)				of gross receipts fr				
	checked, enter date				L Is	the organization un	der audit by the IRS	or has	the		
			lowing federal forms or s			•	year?			Yes	X No
1 • [			3 • (Schedule H)			=	Limited Liability Con			Yes	X No
G If organiza	ation is exempt unde al. or charitable, and	er R&TC Section d is supported r	n 23701d and is exclusive primarily (50% or more)	ly religious, by public			ile Form 100 or Forn ?			Yes	X No
			required to file this								
	1 Gross sale	es or receipt	s from other source	s. From Side	2, Part II,	line 8	•	1		10	,152.
	2 Gross due	es and asses	ssments from memb	ers and affili	ates		•	2			
Receipts and	<b>3</b> Gross con	Gross contributions, gifts, grants, and similar amounts received						3		182	<u>,535.</u>
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.										
			npleted. If the resul				ruction B ●	4		192	<u>,687.</u>
	_					5					
			nd sales expenses			6		7			
			and line 6					7 8		102	,687.
			ubtract line 7 from isbursements. From					9			, 940.
Expenses	·		er expenses and dis					10			,253.
		<u> </u>	See General Instru					11			,
Filing	12 Total payr	nents						12			
Fee	13 Penalties	and Interest	. See General Instr	uction J				13			
	<b>14</b> Use tax. S	See General	Instruction K				•	14			
	15 Balance d	lue. Add line	e 11, line 13, and lir from the result	ne 14.				15			
			that I have examined this of preparer (other than tax						knowledge an	d belief,	it is true,
Sign	correct, and complet	te. Declaration of	of preparer (other than taxp	payer) is based or Title	n all information	n of which preparer h	nas any knowledge.  Date	ı		,	,
Here	Signature -				.m		Date	•	Telephone	0.53	2
	of officer			[EXECU	JTIVE D	IRECTOR Date	Check	$\frac{4}{2}$	08-808 Preparer's		
Paid	Preparer's signature						if self- employed		014081		•
Preparer's	Firm's name	MARY F VETTORET. CPA						FEIN			
Use Only	(or yours, if self-employed)			SUITE 10	)2			7	7-0038	808	
	and address SAN JOSE, CA 95124						•	Telephone			
										64-2	322
	May the FTB d	liscuss this r	eturn with the prepare	arer shown al	bove? See	instructions		•	X Yes	ot	No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

		1	Gross sales or receipts from all	business activities. See in	nstructions		1		
		2	Interest			•	2	272.	
		3	Dividends			•	3		
Rece	ipts	4	Gross rents				4		
from	-	5	Gross royalties		5				
Other Sour		6	Gross amount received from sa	•	6				
		7	Other income. Attach schedule		7	9,880.			
			-	3,000.					
		•	<b>Total</b> gross sales or receipts from Enter here and on Side 1, Part		-		8	10,152.	
		9					9	10/1021	
		9 Contributions, gifts, grants, and similar amounts paid. Attach schedule.   10 Disbursements to or for members.   •							
		11	Compensation of officers, direct				10 11	67,600.	
Evno	ncoc		·				12	122,977.	
Expe and	11562	12	Other salaries and wages				13	122,911.	
Disb	ırse-	13	Interest				14	20 507	
ment	S	14	Taxes					20,597.	
		15	Rents				15	00 750	
		16	Depreciation and depletion (See	•			16	22,759.	
		17	Other. Attach schedule				17	79,007.	
<u> </u>			Total expenses and disbursements. Add				18	312,940.	
	<u>edule</u>	<u> L</u>	Balance Sheets	Beginning of t			of taxable		
Asse				(a)	(b)	(c)		(d)	
1			receivable		205,953.		•	41,915.	
2 3			eivable. Attach schedule						
			tate government obligations				•		
			n other bonds. Attach sch						
			n stock. Attach schedule		•				
			ns (number of loans)						
			nents. Attach schedule						
			ssets			416,90	10		
			ated depreciation		104,759.	263,60		153,302.	
			ateu uepreciation		104,739.	203,00	//·	133,302.	
			Attach schedule						
			Attacii Scileuule		310,712.			195,217.	
			et worth		310,712.			193,217.	
			able				-		
			, gifts, or grants payable						
			tes payable. Attach schedule ST4		50,000.		•	50,000.	
16 17			yable		30,000.			30,000.	
18			es. Attach schedule					1 757	
			or principle fund		260,712.		-	4,757. 140,460.	
			oital surplus. Attach reconciliation		200,712.			140,400.	
			ings or income fund				-		
			es and net worth		310,712.			195,217.	
	edule					•			
			Do not complete this sched			nn (d), is less than s	\$25,000		
1	Net inco	ome pe	er books	<b>-120,253.</b>	7 Income recorded or	n books this year			
			ne tax	•	not included in this				
			ital losses over capital gains	•	Attach schedule				
4			corded on books this year.		8 Deductions in this	-			
			ıle	•	against book incom				
5			orded on books this year not deducted						
_		return.	Attach schedule	•		nd line 8			
6	Total.	. 1 .!	Laurello Line F	10 Net income per return.					
	Add line	e i thr	ough line 5	-120,253.	Subtract line 9 from	m line 6		-120,253.	

Side 2 Form 199 C1 2010 059 3652104 CACA1112L 12/21/10

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

Department of the Treasury Internal Revenue Service

### California Copy

### **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization		Employer identification number
Books Aloud, Inc.		23-7317533
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 <b>not</b> treated as 527 political organization	a private foundation
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pr	ivate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>Ge</b>	eneral Rule or a Special Rule.	
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a	Special Rule. See instructions.
General Rule		
	, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
contributor. (Complete Parts I and II.)		
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and received	orm 990 or 990-EZ, that met the 33-1/3% support test of t d from any one contributor, during the year, a contribution VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I	of the greater of (1) \$5,000 or
	ation filing Form 990 or 990-EZ, that received from any on 0 for use <i>exclusively</i> for religious, charitable, scientific, literals. Complete Parts I, II, and III.	
For a section 501(c)(7), (8), or (10) organiz	ation filing Form 990 or 990-EZ, that received from any on	e contributor, during the year,
If this box is checked, enter here the total of	s, charitable, etc, purposes, but these contributions did no contributions that were received during the year for an <i>exc</i> unless the <b>General Rule</b> applies to this organization becau	<i>lusively</i> religious, charitable, etc,
religious, charitable, etc, contributions of \$5	5,000 or more during the year	
990-PF) but it <b>must</b> answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Se 2 of their Form 990, or check the box on line H of its Forg requirements of Schedule B (Form 990, 990-EZ, or 990-	m 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act Notice, se 990EZ, or 990-PF.	e the Instructions for Form 990, Sched	ule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1

of Part I

Books Aloud, Inc.

Employer identification number

of 2

23-7317533

Part I	Contributors (see instructions.)	<u>.</u>	
(a)	(b)	(c)	(d)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	George H. Sandy Foundation		Person X
	P. O. Box 591717	\$10,000.	Payroll Noncash
	San Francisco, CA 94159		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Variety Audio Foundation		Person X
	P. O. Box 5731	\$6,116.	Payroll Noncash
	San Jose, CA 95150		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	City of San Jose		Person X
	200 E. Santa Clara Ave	\$29,871.	Payroll Noncash
	San Jose, CA 95113		(Complete Part II if there is a noncash contribution.)
(0)	(b)	(a)	(4)
(a) Number	Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
` '	• • • • • • • • • • • • • • • • • • • •	Aggregate	Type of contribution  Person X
` '	Name, address, and ZIP + 4  Leventon Family Trust	Aggregate	Type of contribution
` '	Name, address, and ZIP + 4  Leventon Family Trust	Aggregate contributions	Person X Payroll
` '	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue	Aggregate contributions	Person X Payroll Noncash (Complete Part II if there
4  (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)	Aggregate contributions  \$5,500.  (c) Aggregate	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X
4 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4	Aggregate contributions  \$5,500.  (c) Aggregate	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution
4 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust	\$5,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll
4 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust  P. O. Box 1121	\$5,500.	Type of contribution  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II if there
(a) Number 5	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  (b)	Aggregate contributions  \$ 5,500.  (c) Aggregate contributions  \$ 25,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution.)
(a) Number 5 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  (b)  Name, address, and ZIP + 4	Aggregate contributions  \$ 5,500.  (c) Aggregate contributions  \$ 25,000.	Person X Payroll (Complete Part II if there is a noncash contribution)  Person X Payroll (d) Type of contribution  Person X Payroll (Complete Part II if there is a noncash contribution)  (d) Type of contribution  (d) Type of contribution  Person X Payroll (d) Type of contribution.)
(a) Number 5 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  (b)  Name, address, and ZIP + 4  Leo M Shortino Family Foundation	Aggregate contributions  \$5,500.  (c) Aggregate contributions  \$25,000.  (c) Aggregate contributions	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Nancash Contribution.)

of Part I

Books Aloud, Inc.

Page 2 of 2

Employer identification number

23-7317533

Part I	Contributors	(see	instructions.)	

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Kelso Rothschild by Robert Barrett  8743 Sungate Place NE  Bremerton, WA 98311  (b)	\$18,280.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
Number	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
8	J. Duncan Benas  398 Beverly Place  Pacifica, CA 94044	\$25,000.	Person Payroll Noncash X  (Complete Part II if there is a noncash contribution.)
(a) Number	(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) Number	(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) Number	(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) Number	(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.)

Page

of 1

of Part II

Name of organization
Books Aloud, Inc.

Employer identification number

23-7317533

### 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
7	Commercial Audio Books			
		\$_	18,280.	11/10/10
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
8	Commercial Audio Books			
		\$	25,000.	2/15/11
(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
		-  \$_		

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

Doolea Mloud Inc

Employer identification number

	Aloud, Inc.			23-731753	3
Part III	Exclusively religious, charitable, e organizations aggregating more th	tc, individual contribution an \$1,000 for the year.Co	ns to secti mplete cols (	on 501(c)(7), (8), or (10) a) through (e) and the following	ng line entry.
	For organizations completing Part III, enter contributions of <b>\$1,000 or less</b> for the year.	(Enter this information once. S	naritable, etc, See instruction	ns.) 🟲 \$	N/A
(a)	(b)	(c)		(d)	
No. from Part I	Purpose of gift	Use of gift		Description of how gi	ft is held
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to tran	sferee
(a)	(b)	(c)		(d)	
No. from	Purpose of gift	Use of gift		Description of how gi	ft is held
Part I					
		(e)			
		Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Rela	ationship of transferor to tran	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gi	ft is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to tran	sferee
(a) No. from Part I	(b) (c) Purpose of gift Use of gift			(d) Description of how gi	ft is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to tran	sferee
	1			·	

2010 Corporation Depreciation and Amortization

	ch to Form 100 or Form	100W. FOR	M 199									
Corpo	ration name							Califor	nia cor	rporatio	on number	
BOO	OKS ALOUD, INC.							D-0	687	948		
Par			perty Under IRC Se									
1	Maximum deduction un								1		\$25,000	<u>)</u>
2	Total cost of IRC Section		•						2		4000 000	_
3	Threshold cost of IRC S								3	-	\$200,000	<u>J</u>
4	Reduction in limitation.								<u>4</u> 5	-		_
<u>5</u>	Dollar limitation for tax		act line 4 from line	(b) Cost (business)					3	<u> </u>		
0	(a) Des	scription of property		(n) cost (nasiliess)	use only)	(6)	ected c	051				
7	Listed property (elected	I IRC Section 17	79 cost)		7							
8	Total elected cost of IR					line 7			8	Τ		_
9	Tentative deduction. Er								9			_
10	Carryover of disallowed								10	1		_
11	Business income limita	ition. Enter the s	smaller of business	income (not less t	han zero)	or line 5.			11			
12	IRC Section 179 expens	se deduction. A	dd line 9 and line 1	0, but do not enter	more than	n line 11.			12			
	Carryover of disallowed	d deduction to 20	011. Add line 9 and	l line 10, less line 1	2	13						
Par	t II Depreciation and	l Election of Add	ditional First Year I	Expense Deduction	Under R	&TC Secti	on 24	356				
14	(a)	(b)	<b>(c)</b> Cost or	(d)	(e)	a- <b>(f)</b> Life	Ι.	()	3)	£	(h)	
	Description of property	Date acquired	other basis	Depreciation allowed or	Deprecia tion	or rat		Deprecii this		101	Additional first year	
	. 11 9			allowable in	method				,		depreciation	
DD 7	TITE MUNICIPAL	10/01/75	1.50	earlier years	0./7		1 5					_
	AILLE TYPEWRIT	12/01/75	150.	150.	S/L		15					_
	LE CABINETS	5/01/78	145.	145.	S/L		15					_
	LE CABINET	5/01/79	237.	237.	S/L		15					_
	BLE, CABINET,	9/01/79	289.	289.	S/L		15					_
5 (	CABINETS, TABL	6/01/80	1,148.	1,148.	S/L		15					
15	Add the amounts in col	lumn (g) and co	lumn (h). The total	of column (h) may	not excee	ed 1	5	2'	7 7 1	50		
Par	\$2,000. See instruction till Summary	is for lifte 14, co	iumin (n)				5		2,7	39.		_
	Total: If the corporation	a is alacting:										-
10	IRC Section 179 expens	se, add the amo	ount on line 12 and	line 15, column (g)	or or							
	Additional first year dep Depreciation (if no elec-	preciation under	R&TC Section 243	356, add the amoun	ts on line	15, colum	ns (g)	and (h	or (	16		
17	Total depreciation clain			•	107				_	16 17		_
	Depreciation adjustmen		•						· · ·	17		_
	Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16,	enter the difference	here and	on Form	100 oı	٢				
	Form 100W, Side 1, lin state adjustments on F	e 12. (If Califorr	nia depreciation am	nounts are used to o	determine	net incom	e bef	ore		18		
Par		01111 100 01 1 0111	Troott, no aajastn	11011t 10 110003341 y . ).								_
19	(a)	(b)	(c)	(	d)	(e)		(f)			(g)	_
	Description	Date	Cost or	r Amort	ization	R&T		Period			Amortization	
	of property	acquired	other bas		r allowable er years	sections (see ins		percent	age		for this year	
				56	<i>y</i>	(				1		_
												_
										1		_
										1		_
										1		_
20	Total. Add the amounts	s in column (a)							20	1		_
21	Total amortization clain								21	1		_
22	Amortization adjustmen									1		_
22	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the difference	here and	on Form	100 oi	r				
	Form 100W, Side 1, lin	e 12							22			_

2010 Corporation Depreciation and Amortization

•	_	_	
•	u	u	_
_	$\boldsymbol{n}$	$\boldsymbol{\smallfrown}$	~

	ch to Form 100 or Form	100W. FOR	M 199							
Corpo	ration name						Califor	nia cor	poratio	n number
BOO	OKS ALOUD, INC.						D-0	687	948	
Par	t I Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179						
1	Maximum deduction un	ider IRC Section	179 for California.					1		\$25 <b>,</b> 000
2	Total cost of IRC Section		•					2		
3	Threshold cost of IRC S		•					3		\$200,000
4	Reduction in limitation.							4		
5_	Dollar limitation for tax		act line 4 from line					5		
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Elected	d cost			
	<del> </del>									
	Listed property (alastos	J IDC Section 1	70 andt)		7					
7 8	Listed property (elected Total elected cost of IR					line 7		8	Τ	
9	Tentative deduction. Er							9		
10	Carryover of disallowed							10	1	
11	Business income limita		,					11		
12	IRC Section 179 expen			•	-			12		
13	Carryover of disallowed	d deduction to 20	011. Add line 9 and	line 10, less line 1	2	13				
Par	t II Depreciation and	Election of Ad	ditional First Year I	Expense Deduction	Under R	RTC Section 2	24356			
14	(a)	_(b)	<b>(c)</b> Cost or	(d)	(e)	(f) Life	_ (	g)		(h)
	Description of property	Date acquired	other basis	Depreciation allowed or	Deprecia tion	or rate	Depreci this	ation year	tor	Additional first year
	σ. ρ. σρσ. τη	aoqaoa	511.51 2dicio	allowable in	method	0. 1415		<i>y</i> • • • •		depreciation
		6 (01 (01		earlier years	- /-					
	LE CABINETS	6/01/81	726.	726.	S/L	15				
	CABINETS	12/01/81	656.	656.	S/L	15				
_	TAPE CABINETS	10/01/82	632.	632.	S/L	15				
	LE CABINET	6/01/84	148.	148.	S/L	15 15				
	BINETS, BOOK TR	6/01/85	863.	863.	S/L					
15	Add the amounts in col \$2,000. See instruction	lumn (g) and co s for line 14, co	lumn (h). The total lumn (h)	of column (h) may	not excee	d <b>15</b>				
Par	t III Summary									
16	Total: If the corporation			l' 15   ( )						
	IRC Section 179 expense Additional first year dep	preciation under	R&TC Section 243	56, add the amoun	ts on line	15. columns (	(a) and (h	) or		
	Depreciation (if no elec	ction is made), e	enter the amount fro	om line 15, column	(g)				16	
	Total depreciation clain		•					· · ·	17	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16,	enter the difference	ce here and	d on Form 10	0 or			
	Form 100W, Side 1, lin	e 12. (If Californ	nia depreciation am	ounts are used to	determine	net income b	efore			
D	state adjustments on F	orm 100 or Forn	n 100W, no adjustn	nent is necessary.).					18	
Par		(1-)	(0)		٠,	(2)	<b>(6</b> )		1	(=)
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost or		<b>d)</b> :ization	(e) R&TC	<b>(f)</b> Period	lor		<b>(g)</b> Amortization
	of property	acquired		is allowed or	r allowable	section	percent			for this year
				in earli	er years	(see instr)				
20	Total. Add the amounts	in column (a)		I		1		20		
21	Total amortization clain	(3)						21		
								<del></del>	1	
22	Amortization adjustmer Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the difference	here and	on Form 100	or			
	Form 100W, Side 1, lin	e 12	· · · · · · · · · · · · · · · · · · ·					22		_

2010 Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 199										
Corpo	ration name						Califor	nia cor <sub>l</sub>	poratio	n number
BOO	KS ALOUD, INC.						D-0	6879	948	
Parl	I Election to Expen	nse Certain Pro	perty Under IRC Se	ection 179						
1	Maximum deduction un	ider IRC Section	179 for California.					1		\$25,000
2	Total cost of IRC Section		•					2		
3	Threshold cost of IRC S		,					3		\$200,000
4	Reduction in limitation.			,				4		
	Dollar limitation for tax		act line 4 from line					5		
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Elected	d cost			
	Listed property (alasto)	NIDC Section 17	70 cost)		7					
7 8	Listed property (elected Total elected cost of IR					line 7		8	T	
9	Tentative deduction. Er							9		
10	Carryover of disallowed							10		
11	Business income limita							11		
12	2 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11									
13	Carryover of disallowed	d deduction to 20	011. Add line 9 and	l line 10, less line 1	2	13				
Parl	II Depreciation and	Election of Add	ditional First Year I	Expense Deduction	under R	TC Section 2	24356			
14	(a)	(b)	<b>(c)</b> Cost or	(d)	(e)	- <b>(f)</b> Life	_ (	g)		(h)
	Description of property	Date acquired	other basis	Depreciation allowed or	Deprecia tion	or rate	Depreci this	ation year	tor	Additional first year
	o. p. op o. cy	aoqaoa	31.3. 243.3	allowable in	method	0		<i>y</i> • • • •		depreciation
		6 (01 (06	F4 F	earlier years	G /-	1.5				
	BINETS	6/01/86	515.	515.	S/L	15				
	SHELF CABINET	12/01/86	310.	310.	S/L	15				
	BINETS	12/01/86	385.	385.	S/L	10				
	SINET	1/01/87	347.	347.	S/L	15				
	SETTE CABINET	2/01/88	1,708.	1,708.	S/L	10				
15	Add the amounts in col \$2,000. See instruction	lumn (g) and co	lumn (h). The total	of column (h) may	not excee	d <b>15</b>				
Parl	• •	15 101 11116 14, 00	iuiiiii (ii)			13			l	
16	Total: If the corporation	n is electing:								
10	IRC Section 179 expen	se, add the amo	ount on line 12 and	line 15, column (g)	or or					
	Additional first year dep Depreciation (if no elec-	preciation under stion is made) le	R&TC Section 243 Inter the amount fro	56, add the amoun	nts on line i	15, columns (	(g) and (h	or .	16	
17	Total depreciation clain	•							17	
18	Depreciation adjustmer	nt. If line 17 is a	reater than line 16.	enter the difference	ce here and	d on Form 10	0 or			
	Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16,	enter the difference	e here and	on Form 100	or			
	Form 100W, Side 1, lin state adjustments on F	orm 100 or Forn	na depreciation am n 100W, no adjustn	nent is necessary.).	uetermine 	net income b	eiore 		18	
Parl	IV Amortization		·	-						
19	(a)	(b)	(c)		d)	(e)	(f)			(g)
	Description of property	Date acquired	Cost or other bas		tization r allowable	R&TC section	Period percent			Amortization for this year
	or property	acquired	other bas		er years	(see instr)	percent	.agc		ioi tilis year
								•		
20	Total. Add the amounts	(3)						20		
21	Total amortization clair	med for federal p	ourposes from fede	ral Form 4562, line	: 44			21		
22	Amortization adjustmen	nt. If line 21 is g	reater than line 20,	enter the difference	ce here and	d on Form 10	0 or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin	e 6. It line 21 is e 12	less than line 20,	enter the difference	e here and	on Form 100	or	22		
		<u> </u>							·	

2010 Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 199										
Corpo	ration name						Califor	rnia cor	poratio	n number
BOO	OKS ALOUD, INC.						D-0	6879	948	
Parl	t I Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179						
1	Maximum deduction un	der IRC Section	179 for California.					1		\$25 <b>,</b> 000
2	Total cost of IRC Section		•					2		
3	Threshold cost of IRC S		•					3		\$200,000
4	Reduction in limitation.			•				4		
	Dollar limitation for tax		act line 4 from line					5		
6	(a) Des	scription of property		(b) Cost (business (	use only)	(c) Electe	d cost			
								-		
								-		
								-		
	Listed property (alastas	I IDC Section 1	70 andt)		7					
7 8	Listed property (elected Total elected cost of IR					line 7		8	T	
9	Tentative deduction. Er							9		
10	Carryover of disallowed							10		
11										
12										
13	Carryover of disallowed	deduction to 20	011. Add line 9 and	line 10, less line 1	2	13				
Parl	t II Depreciation and	Election of Add	ditional First Year I	Expense Deduction	Under R8	TC Section 2	24356			
14	(a)	(b)	<b>(c)</b> Cost or	_ (d)	(e)	- Life	_ ((	g)_		(h)
	Description of property	Date acquired	other basis	Depreciation allowed or	Deprecia tion	or rate	Depreci this	ation year	tor	Additional first year
	o. p. op o. cy	aoqaoa	511.51 2dicio	allowable in	method	0		y ca.		depreciation
		0 /01 /00	4 000	earlier years	- /-	1.0				
	BINET	3/01/89	1,277.	1,277.	S/L	10				
	LE & CASSETTE	5/01/90	1,677.	1,677.	S/L	10				
	OK TRUCK	6/01/91	398.	398.	S/L	10				
	BINETS	3/01/92	382.	382.	S/L	10				
	NDER, CALCULATO	3/01/92	651.	651.	S/L	5				
15	Add the amounts in col \$2,000. See instruction	umn (g) and co s for line 14, co	lumn (h). The total lumn (h)	of column (h) may	not excee	d <b>15</b>				
Parl	t III Summary									
16	Total: If the corporation			r 15 1 ()						
	IRC Section 179 expense Additional first year dep	preciation under	R&TC Section 243	56, add the amoun	its on line 1	15. columns	(a) and (h	) or		
	Depreciation (if no elec	tion is made), e	enter the amount fro	om line 15, column	(g)			· · · L	16	
	Total depreciation clain		•	,				· · ·   _	17	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g e.6. If line 17 is	reater than line 16,	enter the difference	ce here and	d on Form 10 on Form 100	0 or			
	Form 100W, Side 1, lin	e 12. (If Californ	nia depreciation am	ounts are used to	determine i	net income b	efore			
D	state adjustments on F	orm 100 or Forn	n 100W, no adjustn	nent is necessary.).					18	
Par		(b)	(0)		۵۱	(0)	(6)		1	(a)
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost or		<b>d)</b> :ization	(e) R&TC	<b>(f)</b> Period	dor		<b>(g)</b> Amortization
	of property	acquired	other bas		r allowable	section	percent	age		for this year
				iii edilii	er years	(see instr)				
										_
20	Total. Add the amounts	in column (a)						20		
21	Total amortization clain	(5)						21		
22	Amortization adjustmer									
	Form 100W, Side 1, lin	e 6. If line 21 iš	less than line 20,	enter the difference	here and	on Form 100	or	-		
	Form 100W, Side 1, lin	e 12						22	<u> </u>	

## 2010 Corporation Depreciation and Amortization

	ch to Form 100 or Form	100W. FOR	M 199									
Corpo	ration name								Califor	nia co	rporatio	on number
BOO	OKS ALOUD, INC.								D-0	687	948	
Par	t I Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179								
1	Maximum deduction un									1		\$25 <b>,</b> 000
2	Total cost of IRC Section		•							2		
3	Threshold cost of IRC S		•							3		\$200,000
4	Reduction in limitation.			,						<u>4</u> 5	-	
5_	Dollar limitation for tax		act line 4 from line							5		
6	(a) Des	scription of property		(b) Cost (bu	isiness u	se only)	(C) El	ected c	OST			
_	Listed and the Calasta	J. IDO 0 ti 17	70									
7 8	Listed property (elected Total elected cost of IR						ino 7			8	T	
9	Tentative deduction. Er									9		
10	Carryover of disallowed									10		
11	Business income limita		,							11		
12	IRC Section 179 expen			•		-				12		
13	Carryover of disallowed											
Par	t II Depreciation and	l Election of Ad	ditional First Year I	Expense Ded	luction	Under R&	TC Section	on 24	356			
14	(a)	(b)	<b>(c)</b> Cost or	(d)		(e)	(f) Life		(6	g)		(h)
	Description of property	Date	Cost or other basis	Depreciat allowed		Deprecia- tion	Life or rat		Depreci	ation year		Additional first
	or property	acquired	Other basis	allowable		method	OI Tat	5	uns	yeai		year depreciation
				earlier ye								·
	OK TRUCK & CAB	5/01/93	5,214.	·	214.	S/L		10				
	ECTRIC BRAILLE	8/01/92	925.		925.	S/L		5				
	PES AND ALBUMS	1/01/87	3,182.		182.	S/L		12				
	PES AND ALBUMS	1/01/88	9,633.		633.	S/L		12				
TAI	PES AND ALBUMS	1/01/89	13,750.	13,	750.	S/L		12				
15	Add the amounts in col \$2,000. See instruction	lumn (g) and co	lumn (h). The total lumn (h)	of column (h	n) may	not exceed	1 1	5				
Par	t III Summary						•	•			•	
16	Total: If the corporation											
	IRC Section 179 expen Additional first year dep	se, add the amo	ount on line 12 and	line 15, colu	mn (g)	or	5 colum	ac (a)	and (h	۱ ۵۲		
	Depreciation (if no elec	ction is made), e	enter the amount from	om line 15, c	olumn	(g)					16	
17	Total depreciation clain	ned for federal p	ourposes from fede	ral Form 456	2, line	22				[	17	
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter the dif	fferenc	e here and	on_Form	100	or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin											
	state adjustments on F										18	
Par	t IV Amortization											
19	(a)	(b)	(c)		(0		(e)		(f)			(g)
	Description of property	Date acquired	Cost or other bas		Amorti wed or	allowable	R&T0 sectio		Period percent			Amortization for this year
		aoquoo	00. 500			er years	(see ins		p 0. 0 0	ago		
20	Total. Add the amounts	107								20		
21	Total amortization clair	med for federal p	ourposes from fede	ral Form 456	2, line	44				21		
22	Amortization adjustmer	nt. If line 21 is q	reater than line 20,	, enter the dit	fferenc	e here and	on Form	100	or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20.	enter the diffe	erence	here and o	on Form	100 oi	r	22		

2010 Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 199										
Corpo	ration name						Califor	nia corp	poratio	n number
ВОС	OKS ALOUD, INC.						D-0	6879	948	
Part		nse Certain Proj	perty Under IRC Se	ection 179						
1	Maximum deduction un	der IRC Section	179 for California.					1		\$25,000
2	Total cost of IRC Section	on 179 property	placed in service					2		
3	Threshold cost of IRC S	Section 179 prop	erty before reducti	on in limitation				3		\$200,000
4	Reduction in limitation.	Subtract line 3	from line 2. If zero	or less, enter -0				4		
5	Dollar limitation for tax	able year. Subtr	act line 4 from line	1. If zero or less,	enter -0			5		
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Elected	d cost			
7	Listed property (elected	IRC Section 17	'9 cost)		7					
8	Total elected cost of IR					line 7		8		
9	Tentative deduction. Er							9		
10	Carryover of disallowed							10		
11	Business income limita							11		
12										
13	Carryover of disallowed									
Part	t II Depreciation and	Election of Add	ditional First Year I	Expense Deduction	n Under R&	TC Section 2	24356			
14	(a)	(b)	(c)	(d)	(e)	(f)	((	g)		(h)
	Description	Date	(c) Cost or	Depreciation	Deprecia		Depreci	ation	for	Additional first
	of property	acquired	other basis	allowed or allowable in	tion method	or rate	this	year		year depreciation
				earlier years	metriou					acpreciation
TAE	PES AND ALBUMS	1/01/90	10,573.	10,573.	S/L	12				
TAE	PES AND ALBUMS	1/01/91	14,512.	14,512.	S/L	12				
TAE	PES AND ALBUMS	1/01/92	7,175.	7,175.	S/L	12				
TAE	PES AND ALBUMS	1/01/93	1,839.	1,839.	S/L	12				
TAE	PES AND ALBUMS	1/01/94	9,259.	9,259.	S/L	12				
15	Add the amounts in col	ump (a) and cal		of column (h) may	not oveco	d				
13	\$2,000. See instruction	s for line 14, co	lumn (h)	(11) 111ay		<b>15</b>				
Parl	t III Summary					•				
16	Total: If the corporation	n is electing:								
	IRC Section 179 expens	se, add the amo	unt on line 12 and	line 15, column (g)	) or	15	(-)   ( -			
	Additional first year dep Depreciation (if no elec-	oreciation under ction is made), e	R&IC Section 243 Inter the amount fro	om line 15. column	its on line (a)	15, columns (	(g) and (n	or .	16	
17	Total depreciation clain	•						_	17	
	Depreciation adjustmer	•	•							
	Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16, 6	enter the difference	e here and	on Form 100	or			
	Form 100W, Side 1, lin state adjustments on F	e 12. (It Calitorr orm 100 or Forn	na depreciation am	nounts are used to one	determine	net income b	etore		18	
Parl		01111 100 01 1 0111	1 10011, no adjustit	nent is necessary.						
19	(a)	(b)	(c)	-	d)	(e)	(f)			(g)
	Description	Date	Cost or	r Amort	tization	R&TC	Period	lor		Amortization
	of property	acquired	other bas		r allowable		percent	age		for this year
				iii edili	er years	(see instr)			-	
20	Total Add the amenimate	vin column (n)						20	1	_
20	Total. Add the amounts	(3)						20	-	
21	Total amortization clain							21		
22	Amortization adjustmer Form 100W, Side 1, lin	nt. If line 21 is g	reater than line 20,	, enter the difference	ce here and	d on Form 10	0 or			
	Form 100W, Side 1, lin	e 12		e une unierence				22		
	·									

2010 Corporation Depreciation and Amortization

	ch to Form 100 or Form	100W. FORI	М 199				1			
Corpo	ration name									n number
	OKS ALOUD, INC.						D-0	6879	948	
Par			perty Under IRC Se						1	
1	Maximum deduction un							1		\$25,000
2 3	Total cost of IRC Section Threshold cost of IRC S							3		\$200,000
3 4	Reduction in limitation.		-					4		\$200,000
5	Dollar limitation for taxa							5		
6		scription of property		(b) Cost (business		(c) Electe				
	(/	<del></del>		(,	,,	(0) =:::::				
7	Listed property (elected	IRC Section 17	<sup>7</sup> 9 cost)		7					
8	Total elected cost of IR							8		
9	Tentative deduction. Er							9		
10	Carryover of disallowed		,					10		
11	Business income limita			•	-			11		
12 13	IRC Section 179 expensions Carryover of disallowed							12		
Par				Expense Deduction		•	2/1356			
14	(a)							'a)		(h)
14	Description	<b>(b)</b> Date	<b>(c)</b> Cost or	<b>(d)</b> Depreciation	(e) Deprecia	- <b>(f)</b> Life	Deprec		for	Additional first
	of property	acquired	other basis	allowed or allowable in	tion method	or rate	this	year		year depreciation
				earlier years	metriou					depreciation
TAI	PES AND ALBUMS	1/01/95	7,841.	7,841.	S/L	12				
TAI	PES AND ALBUMS	1/01/96	7,462.	7,462.	S/L	12				
TAI	PES AND ALBUMS	1/01/97	6,811.	6,811.	S/L	12				
TAI	PES AND ALBUMS	1/01/98	6,433.	6,433.	S/L	12				
PIC	CTURE	9/03/97	116.	116.	S/L	10	)			
15	Add the amounts in col	lumn (a) and co	lumn (h). The total	of column (h) may	not exceed	۱				
	\$2,000. See instruction	s for line 14, co	lumn (h)			15				
<u>Par</u>	t III Summary									
16	Total: If the corporation IRC Section 179 expens	n is electing:	unt on line 10 and	line 1E solumn (a)	١. ٥٣					
	Additional first year dep	se, add the amo oreciation under	R&TC Section 243	356, add the amoun	ts on line 1	5, columns	(g) and (h	n) or		
	Depreciation (if no elec	tion is made), e	enter the amount fro	om line 15, column	(g)			` <u>L</u>	16	
	Total depreciation clain		·					· · · ·   _	17	
18	Depreciation adjustment Form 100W, Side 1, line									
	Form 100W, Side 1, line	e 12. (If Californ	nia depreciation am	nounts are used to	determine r	net income b	pefore	1.		
Par	state adjustments on Fo	orm 100 or Forn	n 100w, no adjustn	nent is necessary.).					18	
<u>19</u>		(b)	(a)		۹,	(0)	(6)			(a)
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost or		<b>d)</b> :ization	(e) R&TC	(f) Period	d or		<b>(g)</b> Amortization
	of property	acquired	other bas		r allowable er vears	section (see instr)	percen	tage		for this year
				iii calli	or years	(SCC IIISII)	<u> </u>			
						1				_
						†				
20	Total. Add the amounts	s in column (a)						20		
21	Total amortization clain	(3)						21		
22	Amortization adjustmen	'	'	•						
	Form 100W, Side 1, line	e 6. If line 21 iš	less than line 20.	enter the difference	here and	on Form 100	or or			
	Form 100W, Side 1, line	e 12						22		

2010 Corporation Depreciation and Amortization

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Attac	Attach to Form 100 or Form 100W. FORM 199									
Corpo	ration name						Califo	ornia corp	oration	number
BOO	OKS ALOUD, INC.						D-0	6879	48	
Par	t I Election to Exper	nse Certain Pro	perty Under IRC Se	ection 179						
1	Maximum deduction un	ider IRC Section	179 for California.					1		\$25,000
2	Total cost of IRC Section		•					2		
3	Threshold cost of IRC S		-							\$200,000
4	Reduction in limitation.			,				_		
5_	Dollar limitation for tax	-	act line 4 from line					5		
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Elec	ted cost	_		
								_		
								_		
								_		
7	Listed property (elected	N IDC Section 1	79 cost)		7			-		
8	Total elected cost of IR					ine 7		8		
9	Tentative deduction. Er							9		
10	Carryover of disallowed							10		
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5									
12	IRC Section 179 expens	se deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11		12		
13	,									
Par	t II Depreciation and	Election of Ad	ditional First Year I	Expense Deduction	Under R&	TC Section	1			
14	<b>(a)</b> Description	(b)	<b>(c)</b> Cost or	(d)	(e)	(f)	Depred	(g)	for	<b>(h)</b> Additional first
	of property	Date acquired	other basis	Depreciation allowed or	Deprecia tion	<ul> <li>Life or rate</li> </ul>	this	salion i Syear	101	year
		·		allowable in	method			,		depreciation
C 7 C	SSETTE CABINET	12/02/98	4,839.	earlier years 4,839.	S/L	1	0			
	PES AND ALBUMS	1/01/99	6,963.	6,671.	S/L	1		29	2	
	PES AND ALBUMS	1/01/00	5,821.	5,093.	S/L	1		48		
	PES AND ALBUMS	1/01/01	7,382.	5,844.	S/L	1		61		
	ARI DUPLICATOR	8/16/01	6,745.	6,745.	S/L		7	01	٠.	
			-			1	1			
15	Add the amounts in col \$2,000. See instruction									
Par		,	7							
16	Total: If the corporation	n is electing:								
	IRC Section 179 expense Additional first year dep	se, add the amo	ount on line 12 and	line 15, column (g)	) <b>or</b> ts on line 1	15 column	c (a) and (	h) <b>0</b> r		
	Depreciation (if no elec	ction is made), e	enter the amount from	om line 15, column	(g)		s (y) and (i	1	6	
17	Total depreciation clain	ned for federal p	ourposes from fede	ral Form 4562, line	22			1	7	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16,	, enter the difference	ce here and	d on Form	100 or			
	Form 100W Side 1 lin	e 12 (If Californ	nia depreciation am	nounts are used to i	determine i	net income	hefore			
	state adjustments on F	orm 100 or Forr	n 100W, no adjustn	nent is necessary.).				1	8	
Par			1	т.		1	1	I		
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost or	r Amort	<b>d)</b> :ization	(e) R&TC	(f) Perio	d or		<b>(g)</b> Amortization
	of property	acquired		sis allowed o	r allowable	section	percen			for this year
				ın earli	er years	(see inst	<u>ר</u>			
						-				
										_
20	Total. Add the amounts	in column (a)						20		
21	Total amortization clain	(3)						21		
		·	·	•						
22	Amortization adjustmer Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20.	enter the difference	here and	on Form 10	00 or			
	Form 100W, Side 1, lin	e 12	<u></u>					22		

2010 Corporation Depreciation and Amortization

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	ch to Form 100 or Form	100W. FOR	4 199								
Corpo	ration name							Californ	nia cor <sub>l</sub>	ooration	n number
BOO	OKS ALOUD, INC.							D-0	6879	948	
Par	t I Election to Exper	nse Certain Pro	perty Under IRC Se	ection 179							
1	Maximum deduction un	der IRC Section	179 for California.						1		\$25 <b>,</b> 000
2	Total cost of IRC Section		•						2		
3	Threshold cost of IRC S								3		\$200,000
4	Reduction in limitation.							ľ	4		
5	Dollar limitation for taxa		act line 4 from line						5		
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) E	ected c	ost			
	1:-41	UDO 0 #: 1 =	70 1)								
8	Listed property (elected Total elected cost of IR					ino 7			8	Π	
9	Tentative deduction. Er								9		
10	Carryover of disallowed								10		
11	Business income limita		,						11		
12	IRC Section 179 expens			•	-				12		
13	·										
Par	t II Depreciation and	Election of Add	ditional First Year I	Expense Deduction	n Under R&	TC Secti	on 24	356			
14	(a)	(b)	(c)	(d)	(e)	- <b>(f)</b>		(9	ı)		(h)
	Description of property	Date acquired	Cost or other basis	Depreciation allowed or	Deprecia tion	- Life or ra		Deprecia this	ation	for	Additional first year
	or property	acquired	Other basis	allowable in	method	01 14		uns .	ycai		depreciation
				earlier years							
	PES AND ALBUMS	1/01/02	2,980.	2,110.	S/L		12			18.	
	PES AND ALBUMS	1/01/03	870.	545.	S/L		12			73.	
	PES AND ALBUMS	1/01/04	10,115.	5,479.	S/L		12		84	13.	
	LK PLANTS	8/05/03	290.	285.	S/L		7			5.	
KOI	NICA 7055 COPI	8/04/03	10,000.	10,000.	S/L		5				
15	Add the amounts in col	umn (g) and co	umn (h). The total	of column (h) may	not exceed	d	_				
D	\$2,000. See instruction:	s for line 14, co	lumn (h)				5				
Par											
16	Total: If the corporation IRC Section 179 expens		unt on line 12 and	line 15. column (a)	) or						
	Additional first year der	preciation under	R&TC Section 243	356, add the amoun	ts on line 1	15, colum	ns (g)	and (h)	or		
17	Depreciation (if no electrotal depreciation claim	•							_	16 17	
			•						· · ·	17	
10	Depreciation adjustment Form 100W, Side 1, line	e 6. If line 17 is	less than line 16,	enter the difference	here and	on Form	100 o	r			
	Form 100W, Side 1, line state adjustments on Fo	e 12. (If Californ	nia depreciation am	nounts are used to	determine i	net incon	ie bef	ore		18	
Par		01111 100 01 1 0111	1 100vv, 110 aujustii	nent is necessary.).						10	
19	(a)	(b)	(c)	-	d)	(e)		(f)			(g)
	Description	Date	Cost or	r Amort	ization	R&T		Period			Amortization
	of property	acquired	other bas		r allowable er years	sections (see in:		percenta	age		for this year
				54111	. ,	(230	/				
20	Total. Add the amounts	in column (a)							20		
21	Total amortization clain								21		
22	Amortization adjustmen							i			
22	Form 100W, Side 1, line	e 6. If line 21 iš	less than line 20,	enter the difference	here and	on Form	100 o	r			
	Form 100W, Side 1, line	e 12	· · · · · · · · · · · · · · · · · · ·						22	]	

2010 Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 199										
Corpo	ration name						Califor	nia corpor	ration number	
BOO	KS ALOUD, INC.						D-0	68794	18	
Par	l I Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179						
1	Maximum deduction un	nder IRC Section	179 for California.					1	\$25 <b>,</b> 000	
2	Total cost of IRC Section		•					2		
3	Threshold cost of IRC S		-					3	\$200,000	
4	Reduction in limitation.			,				4		
5_	Dollar limitation for tax		act line 4 from line					5		
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Electe	d cost			
	Listed property (alcotor	d IDC Section 1	70 coct)		7					
7 8	Listed property (elected Total elected cost of IR					line 7		8		
9	Tentative deduction. Er							9		
10	Carryover of disallowed							10		
11	Business income limita							11		
12	2 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11									
13	Carryover of disallowed	d deduction to 20	011. Add line 9 and	l line 10, less line 1	12	13				
Par	t II Depreciation and	Election of Ad	ditional First Year I	Expense Deduction	under R8	TC Section 2	24356			
14	(a)	_(p)	<b>(c)</b> Cost or	(d)	(e)	(f) Life	_ (	g)	(h)	
	Description of property	Date acquired	Cost or other basis	Depreciation allowed or	Deprecia tion	- Life or rate	Depreci this	ation fo year	r Additional first year	
	o. p. op o. ty	aoqaoa	5t.151 2d6.6	allowable in	method	0		<i>y</i> • • • • • • • • • • • • • • • • • • •	depreciation	
	/T113 EOD	0 (00 (00		earlier years						
	MINATOR	8/07/03	75.	75.	S/L	5		0.50		
	FERENCE TABLE	8/14/03	2,500.	1,729.	S/L	10		250		
	SSETTE CABINET	12/18/03	517.	359.	S/L	10		52		
	AILLER	6/30/04	1,140.	1,140.	S/L	5				
	LOANER HEAD SE	4/09/04	53.	53.	S/L					
15	Add the amounts in col \$2,000. See instruction	lumn (g) and co is for line 14, co	lumn (h). The total	of column (h) may	not excee	d <b>15</b>				
Par	t III Summary					•				
16	Total: If the corporation									
	IRC Section 179 expen Additional first year dep	se, add the amo	ount on line 12 and R&TC Section 243	line 15, column (g. 356, add the amoun	) <b>or</b> its on line i	15 columns i	(a) and (h	) or		
	Depreciation (if no elec	ction is made), e	enter the amount fro	om line 15, column	(g)			16	j	
	Total depreciation clain		'	•				17	'	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16,	enter the difference	ce here and	d on Form 10	0 or			
	Form 100W, Side 1, lin	e 12. (If Californ	nia depreciation am	ounts are used to	determine	net income b	efore			
<u> </u>	state adjustments on F	orm 100 or Forn	n 100W, no adjustn	nent is necessary.).				18	3	
Par		4.5		<u> </u>	· B					
19	<b>(a)</b> Description	(b) Date	(c) Cost or		<b>d)</b> tization	(e) R&TC	<b>(f)</b> Period	lor	<b>(g)</b> Amortization	
	of property	acquired		is allowed or	r allowable	section	percent		for this year	
				in earli	er years	(see instr)		+	_	
								+		
								+		
20	Total. Add the amounts	s in column (a)		<u> </u>		1		20		
21	Total amortization clair	(5)						21		
22	Amortization adjustmer Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or			
	Form 100W, Side 1, lin	e 12	· · · · · · · · · · · · · · · · · · ·					22		

2010 Corporation Depreciation and Amortization

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	ch to Form 100 or Form	100W. FOR	M 199							
Corpo	ration name						Calif	ornia cor	poratio	n number
BOO	OKS ALOUD, INC.						D-0	0687	948	
Part			perty Under IRC Se							
1	Maximum deduction un							1		\$25,000
2	Total cost of IRC Section	, , ,	•						-	4000 000
3 4	Threshold cost of IRC S Reduction in limitation.		•						-	\$200,000
5	Dollar limitation for tax			,						
6		scription of property	act line 4 from line	(b) Cost (business		(c) Elec				
	(4) 500	somption of property		(b) cost (business)	acc city)	(0) 2.00	104 0001			
7	Listed property (elected	d IRC Section 17	79 cost)		7					
8	Total elected cost of IR									
9	Tentative deduction. En									
10	Carryover of disallowed									
11	Business income limita			•	-			11 12		
12 13	IRC Section 179 expen Carryover of disallowed							12		
Part			ditional First Year I			•	24356			
14	(a)	(b)		(d)	(e)			(g)		(h)
•	Description	Date	(c) Cost or	Depreciation	Deprecia		Depred	ciation	for	Additional first
	of property	acquired	other basis	allowed or allowable in	tion method	or rate	tnis	s year		year depreciation
				earlier years						
	SONY TAPE DEC	7/02/03	1,126.	1,126.	S/L		7			
	CROPHONE, FOA	12/10/03	899.	845.	S/L		7		54.	
	OTH TABLE & PL	12/30/03	179.	118.	S/L	1			18.	
	RECORDER	3/18/04	665.	602.	S/L	_	7		53.	
STU	JDIO EQUIPT	12/13/03	1,200.	1,127.	S/L		7		73.	
15	Add the amounts in co	lumn (g) and co	lumn (h). The total	of column (h) may	not excee	d 15				
Parl	\$2,000. See instruction	is for line 14, co	iumn (n)			15				
16	t III Summary  Total: If the corporation	a is alacting:								
10	IRC Section 179 expen	se, add the amo	ount on line 12 and	line 15, column (g)	or or					
	Additional first year de Depreciation (if no elec	preciation under stion is made)e	R&TC Section 243	56, add the amoun	ts on line ' (a)	15, columns	s (g) and (	h) <b>or</b>	16	
17	Total depreciation clair	•						_	17	
18	Depreciation adjustmer	nt. If line 17 is g	reater than line 16,	enter the difference	ce here and	d on Form 1	00 or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin									
	state adjustments on F	orm 100 or Forn	n 100W, no adjustn	nent is necessary.).					18	
Parl	t IV Amortization									
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost or		<b>d)</b> :ization	(e) R&TC	(f) Perio	) nd or		<b>(g)</b> Amortization
	of property	acquired		is allowed o	r allowable	section	percer			for this year
				in earli	er years	(see instr	)			_
						1	+			
						1	1			
						+	+			
						1	+			
20	Total. Add the amounts	s in column (a)		I		_1		20		
21	Total amortization clair	(3)								
22	Amortization adjustment Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the difference	here and	on Form 10	00 or			
	Form 100W, Side 1, lin	e 12	· · · · · · · · · · · · · · · · · · ·					22		_

2010 Corporation Depreciation and Amortization

	ch to Form 100 or Form	100W. <b>FOR</b>	M 199								
Corpo	ration name							Califor	nia cor	poratio	on number
BOO	OKS ALOUD, INC.	D-					D-0687948				
Par			perty Under IRC Se								
1	Maximum deduction un								1	ــــــ	\$25,000
2	Total cost of IRC Section		•						2	+-	****
3	Threshold cost of IRC S								3	₩	\$200,000
4	Reduction in limitation.								<u>4</u> 5	+	
<u>5</u>	Dollar limitation for taxa		act line 4 from line	(b) Cost (business					3		
0	(a) Des	cription of property		(n) cost (nasiliess	use only)	(6)	Elected	CUST			
7	Listed property (elected	LIRC Section 17	79 cost)		7						
8	Total elected cost of IR					line 7			8	$\overline{}$	
9	Tentative deduction. Er								9		-
10	Carryover of disallowed								10		
11	Business income limita	tion. Enter the s	smaller of business	income (not less t	han zero)	or line 5	5		11		
12	IRC Section 179 expens			•					12	$\perp$	
	Carryover of disallowed										
Par	t II Depreciation and	Election of Add	ditional First Year I	Expense Deduction	1 Under R			4356			
14	(a) Description	<b>(b)</b> Date	<b>(c)</b> Cost or	(d) Depreciation	(e) Deprecia	(1	<b>)</b> fe	Depreci	g)	for	<b>(h)</b> Additional first
	of property	acquired	other basis	allowed or	tion	orr		this		101	year
				allowable in earlier years	method	I					depreciation
1 0	LOANER HEAD S	7/13/04	109.	109.	S/L		5				
	LOANER RECORDE	5/08/05	72.	72.	S/L		5				
	LOANER RECORDE	6/18/05	177.	177.	S/L		5				
	LOANER RECORDE	6/20/05	568.	568.	S/L		5				
	OVD PLAYERS	3/30/05	227.	227.	S/L		5				
		•	•								
15	Add the amounts in col \$2,000. See instruction:	umn (g) and col s for line 14 co	lumn (h). The total	of column (h) may	not excee	ed	15				
Par	· ·	3 101 11110 14, 00	1411111 (11)								
	Total: If the corporation	is electina:									
	IRC Section 179 expens	se. add the amo	ount on line 12 and	line 15, column (g	) or		,				1
	Additional first year dep Depreciation (if no elec	preciation under tion is made), e	R&IC Section 243 Inter the amount fro	356, add the amour om line 15. column	its on line	15, colu	mns (g	g) and (n	) or	16	1
17	Total depreciation claim	•		·	,				_	17	
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter the difference	ce here an	id on Foi	m 100	or			
	Form 100W, Side 1, line Form 100W, Side 1, line	e 6. If line 17 is	less than line 16, o	enter the difference	e here and	on Forn	n 100 (	or fore			1
	state adjustments on Fo	orm 100 or Forn	n 100W, no adjustn	nent is necessary.).						18	
Par	t IV Amortization										
19	(a)	(b)	(c)	(	d)	(e	)	_ (f)			(g)
	Description of property	Date acquired	Cost or other bas		tiźation r allowable	R& e sect		Period percent			Amortization for this year
		aoqaoa	01.101 200		er years	(see i		po. 00c			
										$\perp$	
										$\perp$	
										$oldsymbol{oldsymbol{oldsymbol{eta}}}$	
										<del></del>	
										$oldsymbol{oldsymbol{oldsymbol{eta}}}$	
20	Total. Add the amounts								20	ــــــ	
21	Total amortization clain	ned for federal p	ourposes from fede	ral Form 4562, line	: 44				21	ــــــ	
22	Amortization adjustmen	nt. If line 21 is g	reater than line 20,	, enter the difference	ce here an	d on_Fo	m 100	or or			
	Form 100W, Side 1, line Form 100W, Side 1, line	e 6. If line 21 is e 12	less than line 20,	enter the difference	e here and	I on Forn	n 100 (	or	22		
	i Jilli 19044, Oluc I, IIII	·									

2010 Corporation Depreciation and Amortization

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	ch to Form 100 or Form	100W. FOR	М 199								
Corpo	ration name							Californ	nia cor	poratio	n number
BOO	OKS ALOUD, INC.	D-					D-0687948				
Par	t I Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179							
1	Maximum deduction un	ider IRC Section	179 for California.						1		\$25 <b>,</b> 000
2	Total cost of IRC Section		•						2		
3	Threshold cost of IRC S								3		\$200,000
4	Reduction in limitation.							ľ	4		
5	Dollar limitation for tax		act line 4 from line						5		
6	(a) Des	scription of property		(b) Cost (business i	use only)	(c)	Elected	cost			
7	Listed property (elected									1	
8	Total elected cost of IR								8		
9	Tentative deduction. Er								9		
10	Carryover of disallowed		,						10		
11	Business income limita			•	-				11		
12	IRC Section 179 expen								12		
Par	Carryover of disallowed			Expense Deduction			tion 21	1256			
										- 1	41.5
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	<b>(d)</b> Depreciation	(e) Deprecia	a- <b>(f</b>	e	Deprecia	<b>!)</b> ation	for	<b>(h)</b> Additional first
	of property	acquired	other basis	allowed or	tion	or ra		this		101	year
				allowable in earlier years	method						depreciation
5 F	BARCODE SCANNE	2/28/05	2,177.	2,177.	S/L		5				
	LIVERY VEHICLE	12/17/04	5,870.	5,870.	S/L		5				
		1/01/05	5,508.	2,525.	S/L		12		1 -	59.	
TAPES & ALBUMS		1/01/05	769.	352.	S/L		12				
	CDS & ALBUMS 1/01/05 COMMERCIAL AUDIO 6/27/05		1,556.	1,556.	S/L		5		04.		
					•						
15	Add the amounts in col						15				
Par	\$2,000. See instruction	IS 101 III1E 14, CO	iuiiiii (ii)				13				
	t III Summary  Total: If the corporation	, is alsoting.									
10	IRC Section 179 expens	se, add the amo	ount on line 12 and	line 15, column (g)	) or						
	Additional first year der	oreciation under	R&TC Section 243	56, add the amoun	ts on line	15, colur	nns (g	) and (h)	or or	10	
17	Depreciation (if no electron of the control of the	-							_	16 17	
	Depreciation adjustmen		•						⊢	17	
10	Form 100W, Side 1, lin	e 6. If line 17 is g	less than line 16,	enter the difference	here and	on Form	111 100 1 100 c	r			
	Form 100W, Side 1, lin state adjustments on F	e 12. (If Californ	nia depreciation am	ounts are used to	determine	net inco	me bet	fore		18	
Par		01111 100 01 1 0111	ii 100vv, 110 aujustii	ient is necessary.).						10	
19		(b)	(c)		d)	(6)		<b>(f)</b>			(a)
13	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost or	Amort	ization	(e) R&	TC	<b>(f)</b> Period	or		<b>(g)</b> Amortization
	of property	acquired	other bas		r allowable er years	secti		percenta	age		for this year
				iii caiiii	ei yeais	(366 11	1511)				
							-+				
				1							
				<u> </u>							
20	Total Add the seest-	vin column (c)						I	20	1	
20	Total. Add the amounts								20	1	
21	Total amortization clain							i	21	1	
22	Amortization adjustmer Form 100W, Side 1, lin	nt. If line 21 is g	reater than line 20	enter the difference	ce here and	d on For	m 100	or			
	Form 100W, Side 1, lin	e 12			allu				22		
	-			<del></del>							

2010 Corporation Depreciation and Amortization

	ch to Form 100 or Form	100W. FOR	4 199								
Corporation name Californ							Califor	California corporation number			
BOO	OKS ALOUD, INC.	D-					D-0687948				
Par	t I Election to Exper	nse Certain Pro	perty Under IRC Se	ection 179							
1									1		\$25,000
2	Total cost of IRC Section	, , ,	•						2		****
3	Threshold cost of IRC S								3		\$200,000
4 5	Reduction in limitation.  Dollar limitation for taxa								<u>4</u> 5		
6		scription of property	act line 4 from line	(b) Cost (business )			lected o				
- 0	(a) Des	scription or property		(b) Cost (business t	use only)	(6)	lecteu t	.031			
7	Listed property (elected	IRC Section 17	'9 cost)		7						
8	Total elected cost of IR					line 7			8		
9	Tentative deduction. Er								9		
10	Carryover of disallowed								10		
11	Business income limita			•					11		
12	IRC Section 179 expens			•	T. Control of the Con				12		
Par	Carryover of disallowed						: O4	256			
				Expense Deduction						ı	4.5
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	<b>(d)</b> Depreciation	(e) Deprecia	a- <b>(f)</b> Lif	е	<b>و)</b> Deprecia	<b>3)</b> ation	for	<b>(h)</b> Additional first
	of property	acquired	other basis	allowed or	tion	or ra		this			year
				allowable in earlier years	method						depreciation
CON	MERCIAL AUDIO	6/28/05	21,425.	21,425.	S/L		5				
	MERCIAL AUDIO	6/30/05	3,100.	3,100.	S/L		5				
	NICWALL FIREWA	7/05/05	731.	731.	S/L		5				
VIEWSONIC MONITO		1/21/06	433.	391.	S/L		5		4	12.	
EPS	SON RX50	<del>'</del>		199.	S/L		5	31.			
15	Add the amounts in col	ump (a) and co	lumn (h). The total	of column (h) may	not evcee	rq					
	\$2,000. See instruction	s for line 14, co	lumn (h)				15				
Par	t III Summary										
16	Total: If the corporation	is electing:		line 15 lener (c)							
	IRC Section 179 expense Additional first year dep	preciation under	R&TC Section 243	56, add the amoun	ts on line	15, colun	nns (a)	and (h	or or		
	Depreciation (if no elec	•							_	16	
	Total depreciation clain		•						· · ·   [-	17	
18	Depreciation adjustment Form 100W, Side 1, line	it. If line 1/ is g e 6  If line 17 is	reater than line 16, less than line 16	enter the difference enter the difference	te here and	d on Forr	n 100 100 ດ	or r			
	Form 100W, Side 1, line state adjustments on Fo	e 12 (If Californ	nia denreciation am	iounts are used to a	determine	net incor	ne hef	ore		10	
Par		orm 100 or Form	1 100w, no adjustir	nent is necessary.).						18	
19	(a)	(b)	(c)	- (	d)	(6)		(f)			(g)
13	Description	Date	Cost or	Amort	ization	(e) R&T	C	Period	or		Amortization
	of property	acquired	other bas		r allowable er years	section (see in		percent	age		for this year
				iii carii	,	(300 11					
20	Total. Add the amounts	in column (g)							20		
21	Total amortization clain								21		
22	Amortization adjustmen										
	Form 100W, Side 1, line	e 6. If line 21 iš	less than line 20,	enter the difference	here and	on Form	100 o	r	22		
	Form 100W, Side 1, line	e 12				<u> </u>			22	<u> </u>	

2010 Corporation Depreciation and Amortization

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	ch to Form 100 or Form	100W. FOR	М 199						
Corpo	ration name						Californi	ia corporation	on number
BOO	OKS ALOUD, INC.						D-06	87948	
Par	t I Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179					
1	Maximum deduction un	nder IRC Section	179 for California.					1	\$25,000
2	Total cost of IRC Section	on 179 property	placed in service					2	
3	3 Threshold cost of IRC Section 179 property before reduction in limitation								\$200,000
4	Reduction in limitation.			•			-	4	
5_	Dollar limitation for tax		act line 4 from line	1. If zero or less,	enter -0			5	
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Electe	d cost		
7	Listed property (elected								
8	Total elected cost of IR							8	
9	Tentative deduction. En							9	
10	Carryover of disallowed		•					10	
11	Business income limita			•	-			11	
12	IRC Section 179 expen							12	
13 Part	Carryover of disallowed					•	24256		
	•		ditional First Year						4.5
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	(d) Depreciation	(e) Deprecia	a- <b>(f)</b> Life	(g) Deprecia	) tion for	<b>(h)</b> Additional first
	of property	acquired	other basis	allowed or	tion	or rate	this y		year
				allowable in earlier years	method				depreciation
VAN	MAHA AMPLIFIER	5/31/06	2,147.	1,789	. S/L	5		358.	
	ADERS LAMP	11/15/05	162.	108		7		23.	
	ANER RECORDER,	11/15/05	81.	75		5		6.	
	LOANER RECORD	2/04/06	678.	600		5		78.	
	PES & ALBUMS	1/01/06	6,339.	2,377		12	528.		
IAI	ES & ALDUMS	1/01/06	0,339.	2,311	·  5/1	1 12		320.	
15	Add the amounts in co \$2,000. See instruction	lumn (g) and co	lumn (h). The total	of column (h) ma	y not excee	d <b>15</b>			
Par	• •	IS 101 IIIIE 14, CO	numm (n)			13			
		a ia alaatina.							
16	Total: If the corporation IRC Section 179 expen	se, add the amo	ount on line 12 and	line 15, column (	g) or				
	Additional first year der	preciation under	R&TC Section 243	356, add the amou	nts on line	15, columns	(g) and (h)	or	
17	Depreciation (if no electronal depreciation clair	•							
	Depreciation adjustmen		'	,				17	
10	Form 100W, Side 1, lin	ie 6. If line 17 is g	less than line 16,	enter the difference	e here and	on Form 100	or		
	Form 100W, Side 1, lin	ie 12. (If Califori	nia depreciation am	nounts are used to	determine	net income b	efore	18	
Par	state adjustments on F	OTTI TOO OF FOIL	ii 1000v, 110 aujustii	nent is necessary.	<i>)</i>			10	
		(h)	(a)		(4)	(0)	<b>(6</b> )		(a)
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost or		<b>(d)</b> rtization	(e) R&TC	<b>(f)</b> Period	or	<b>(g)</b> Amortization
	of property	acquired		sis allowed	or allowable	section	percenta	ge	for this year
				ın ear	lier years	(see instr)			
						+			
	T. I. A. I. I.						ı	00	
20	Total. Add the amounts	107					<u> </u>	20	
21	Total amortization clair	med for federal p	ourposes from fede	eral Form 4562, lin	e 44			21	
22	Amortization adjustmen	nt. If line 21 is g	reater than line 20	, enter the differer	nce here an	d on Form 10	0 or		
	Form 100W, Side 1, lin Form 100W, Side 1, lin	ie o. it line 21 is ie 12	iess than line 20,	enter the different	e nere and	on Form 100	or	22	
	· · · · · · · · · · · · · · · · · · ·								

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Attac	ch to Form 100 or Form	100W. FORI	И 199							
Corpoi	Corporation name California corporation number									
BOO	OKS ALOUD, INC.						D-0	6879	48	
Parl	l I Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179						
1	Maximum deduction un							1		\$25,000
2	Total cost of IRC Section		•					2		
3	Threshold cost of IRC S		-					3		\$200 <b>,</b> 000
4	Reduction in limitation.			*				4		
	Dollar limitation for tax	-	act line 4 from line					5		
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Elect	ea cost	_		
								_		
								-		
								-		
7	Listed property (elected	N IDC Section 1	79 cost)		7			-		
8	Total elected cost of IR					line 7		8		
9	Tentative deduction. Er							9		
10	Carryover of disallowed							10		
11	Business income limita	tion. Enter the	smaller of business	income (not less t	han zero)	or line 5		11		
12	IRC Section 179 expen			•	-			12		
13	,	d deduction to 20	011. Add line 9 and	l line 10, less line 1	2	13				
Par	t II Depreciation and	Election of Ad	ditional First Year I	Expense Deduction	1 Under R	&TC Section	24356			
14	<b>(a)</b> Description	(b)	<b>(c)</b> Cost or	(d)	(e)	(f)	Depreci	g)	اماما	(h)
	of property	Date acquired	other basis	Depreciation allowed or	Deprecia tion	a- Life or rate	this	year	or Add	itional first year
	, , ,	·		allowable in	method			,	dep	preciation
- CON	MEDCIAL AUDIO	12/20/05	664	earlier years	C /T		-		<i>c</i>	
	MERCIAL AUDIO	12/29/05 3/30/06	664. 427.	598. 370.	S/L S/L	5			6. 7.	
	MERCIAL AUDIO	5/31/06	384.	320.	S/L		-		4.	
	MERCIAL AUDIO PUTER 500GB E	7/14/06	433.	347.	S/L	5			6.	
	PUTER ADOBE A	9/18/06	638.	490.	S/L	5	-	12		
					•		1	12	·-	
15	Add the amounts in col \$2,000. See instruction									
Parl		10 101 1110 1 1, 00				· · · · · · · · · · · · · · · · · · ·	Į			
16	Total: If the corporation	n is electina:								
	IRC Section 179 expens	se, add the amo	ount on line 12 and	line 15, column (g)	or					
	Additional first year dep Depreciation (if no elec-	preciation under ction is made), e	R&IC Section 243 Inter the amount fro	56, add the amoun om line 15. column	its on line	15, columns	(g) and (r	) or 1	6	
17	Total depreciation clain	•		•	107			_	7	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16,	enter the difference	ce here an	d on Form 1	00 or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16,	enter the difference	here and	on Form 10	0 or before			
	state adjustments on F	orm 100 or Forn	n 100W, no adjustn	nent is necessary.).				1	8	
Parl	t IV Amortization						,			
19	(a)	(b)	(c)	()	d)	(e)	(f)	یم اد	Λ	(g)
	Description of property	Date acquired	Cost or other bas		tization r allowable	R&TC section	Period			rtization nis year
	,				er years	(see instr)		-		-
							1			
							1			
							1			
							1			
20	Total. Add the amounts	(3)						20		
21	Total amortization clain	ned for federal p	ourposes from fede	ral Form 4562, line	44			21		
22	Amortization adjustmen	nt. If line 21 is g	reater than line 20	, enter the difference	ce here an	d on Form 1	00 or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin	e b. ii iine 21 is e 12	iess trian line 20,	enter the alfference	nere and	on Form ۱۵۰		22		
	,,						·			

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	ch to Form 100 or Form	100W. FOR	М 199								
Corpo	ration name							Califor	nia cor	poratio	n number
BOO	OKS ALOUD, INC.							D-0	687	948	
Par	t I Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179							
1	Maximum deduction un								1		\$25 <b>,</b> 000
2	Total cost of IRC Section		•						2		4000 000
_	<ul> <li>Threshold cost of IRC Section 179 property before reduction in limitation.</li> <li>Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0</li> </ul>								3 4		\$200,000
4 5	Dollar limitation for tax								5		
6		scription of property	act line 4 from line	(b) Cost (business)			Elected		,		
	(a) Do.	scription or property		(b) Oost (business	use only)	(0,	Liceted	0031			
7	Listed property (elected	d IRC Section 17	79 cost)		7						
8	Total elected cost of IR					line 7			8	Π	
9	Tentative deduction. En								9		
10	Carryover of disallowed	d deduction from	n prior taxable year	s					10		
11	Business income limita			•	-				11		
12	IRC Section 179 expen						1 <u>.</u>		12		
	Carryover of disallowed							4050			
Par	•		ditional First Year I								
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	(d) Depreciation	(e) Deprecia	a-   (	ife	Deprecia	<b>g)</b> ation	for	<b>(h)</b> Additional first
	of property	acquired	other basis	allowed or	tion	or	rate	this	year	101	year
				allowable in earlier years	method						depreciation
CON	IPUTER COMPAQ	12/13/06	1,070.	749.	S/L		5		21	L4.	
	PUTER FOR STU	3/16/07	1,100.	733.	S/L		5	220.			
	RNED DEGAUSSER	10/26/06	1,250.	671.	S/L		7	179.			
	JDIO EQUIPMENT	3/29/07	372.	177.	S/L		7		53.		
	LOANER RECORD	10/30/06	202.	150.	S/L		5		40.		
					•	- d					
15	Add the amounts in co \$2,000. See instruction						15				
Par	t III Summary										
16	Total: If the corporation	n is electing:									
	IRC Section 179 expen Additional first year de	ise, add the amo	ount on line 12 and	line 15, column (g)	) <b>or</b> Its on line	15 colu	imne (a	a) and (h	) Or		
	Depreciation (if no elec	ction is made), e	enter the amount from	om line 15, column	(g)				<u> </u>	16	
17	Total depreciation clair	med for federal p	ourposes from fede	ral Form 4562, line	22					17	
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter the difference	e here an	d on Fo	rm 100	or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin	e 12 (If Californ	nia denreciation am	nounts are used to a	determine	net inco	ome he	fore			
	state adjustments on F	orm 100 or Forn	n 100W, no adjustn	nent is necessary.).						18	
Par				Т.		1 .	_			1	
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost or	r Amort	<b>d)</b> :ization	R8	e) RTC	<b>(f)</b> Period	l or		<b>(g)</b> Amortization
	of property	acquired		sis allowed or	r allowable	sec	tion	percent			for this year
				ın earlı	er years	(see	ınstr)				
										<del>                                     </del>	
							+			-	
							+			1	
										1	
20	Total Add the amounts	s in column (c)							20	<del>                                     </del>	
20 21	Total. Add the amounts  Total amortization clair								21	1	
									41	1	
22	Amortization adjustment Form 100W, Side 1, lin	ie 6. If line 21 is	less than line 20,	enter the difference	here and	on Fori	m 100 (	or			
	Form 100W, Side 1, lin	ie 12							22		

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	ch to Form 100 or Form	100W. <b>FOR</b> I	M 199							
Corpoi	ration name							Californ	nia corpor	ration number
BOO	OKS ALOUD, INC.							D-0	58794	18
Part	t I Election to Exper	nse Certain Pro	perty Under IRC Se	ection 179						
1	Maximum deduction un	der IRC Section	179 for California.						1	\$25,000
2	Total cost of IRC Section		•					H	2	
3	Threshold cost of IRC S		-					-	3	\$200,000
4	Reduction in limitation.			,				ŀ	4	
5_	Dollar limitation for taxa		act line 4 from line						5	
6	(a) Des	cription of property		(b) Cost (business	use only)	(c)	Elected	cost		
	Listed property (elected									
8	Total elected cost of IR Tentative deduction. Er								9	
9 10	Carryover of disallowed							-	10	
11	Business income limita							-	11	
12	IRC Section 179 expens			•	-				12	
13	Carryover of disallowed									
Parl				Expense Deduction	-	•	tion 24	1356		
14	(a)	(b)	(c)	(d)	(e)	(f	)	( <u>c</u>	1)	(h)
	Description	Date	(c) Cost or	Depreciation	Deprecia			Deprecia	ation fo	r Additional first
	of property	acquired	other basis	allowed or allowable in	tion method	or r	ate	this	year	year depreciation
				earlier years						doprociation.
7 I	LOANER RECORDE	4/27/07	192.	130.	S/L		5		38	
13	LOANER RECORD	6/01/07	217.	133.	S/L		5		43	
TAE	PES & ALBUMS	1/01/07	7,848.	2,289.	S/L		12 654.			
COM	MERCIAL AUDIO	8/12/06	211.	72.	S/L	12				
COM	MERCIAL AUDIO	9/12/06	15,000.	4,792.	S/L		12	1	. <b>,</b> 250	
15	Add the amounts in col	umn (a) and co	lumn (h). The total	of column (h) may	not excee	d				
	\$2,000. See instruction	s for line 14, co	lumn (h)				15			
Parl	t III Summary									T
16	Total: If the corporation		unt on line 10 and	line 1E solumn (a)	۱ ۵ ۳					
	IRC Section 179 expense Additional first year dep	preciation under	R&TC Section 243	56, add the amoun	its on line 1	15. colu	nns (a	) and (h)	or	
	Depreciation (if no elec	tion is made), e	enter the amount fro	om line 15, column	(g)				16	
	Total depreciation clain		•	•					17	'
18	Depreciation adjustment Form 100W, Side 1, line	nt. If line 17 is g	reater than line 16,	enter the difference	ce here and	d on For	m 100	or		
	Form 100W, Side 1, line	e 12. (If Californ	nia depreciation am	ounts are used to	determine i	net inco	me bet	fore		
	state adjustments on F	orm 100 or Forn	n 100W, no adjustn	nent is necessary.).					18	
Parl				Г.		1			1	
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost or		<b>d)</b> tization	(e R&	TC	<b>(f)</b> Period	or	<b>(g)</b> Amortization
	of property	acquired		is allowed o	r allowable	sect	on	percenta		for this year
				in earli	er years	(see i	nstr)			
	T. I. A.I									
20	Total. Add the amounts	(5)						F	20	
21	Total amortization clain	ned for federal p	ourposes trom fede	rai Form 4562, line	: 44				21	
22	Amortization adjustmer Form 100W, Side 1, line	nt. If line 21 is g	reater than line 20	enter the difference	ce here and	d on For	m 100	or		
	Form 100W, Side 1, line Form 100W, Side 1, line	e 12		e une unierence				"	22	
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	ch to Form 100 or Form	100W. <b>FOR</b> I	м 199								
Corpo	ration name							Californ	nia cor <sub>l</sub>	poratio	n number
BOO	OKS ALOUD, INC.							D-0	6879	948	
Par			perty Under IRC Se					-			
1	Maximum deduction un							ŀ	1		\$25,000
2	Total cost of IRC Section		•						2		2000 000
3	Threshold cost of IRC S Reduction in limitation.								<u>3</u> 4		\$200,000
4 5								ľ	5		
6	Dollar limitation for taxa	scription of property	act line 4 from line	(b) Cost (business)			Elected of				
- 0	(a) Des	scription or property		(b) Cost (business	use only)	(0)	_iecteu t	,031			
7	Listed property (elected	I IRC Section 17	79 cost)		7						
8	Total elected cost of IR					ine 7			8		
9	Tentative deduction. Er								9		
10	Carryover of disallowed								10		
11	Business income limita	tion. Enter the s	smaller of business	income (not less t	han zero) d	or line 5.		[	11		
12	IRC Section 179 expens								12		
	Carryover of disallowed										
Par	t II Depreciation and	Election of Ad	ditional First Year I	Expense Deduction	Under R&	TC Sect	ion 24	356			
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	(d) Depreciation	(e) Deprecia	- <b>(f)</b>		Deprecia	) ation	for	<b>(h)</b> Additional first
	of property	acquired	other basis	allowed or	tion	or ra		this	year	101	year
				allowable in	method						depreciation
BOC	KCASES	9/11/07	333.	earlier years 94.	S/L		10		-	33.	
	ERAL FILES &	1/18/08	953.	238.	S/L		10			5.	
	LOANER RECORDE	9/20/07	210.	119.	S/L		5	42.			
	PES & ALBUMS	1/01/08	12,037.	2,505.	S/L		12				
	MERCIAL AUDIO	9/14/07	210.	50.	S/L 12					.8.	
						_	12				
15	Add the amounts in col \$2,000. See instruction						15				
Par	• •	<u> </u>	(11)								
	Total: If the corporation	n is electina:									
	IRC Section 179 expens	se. add the amo	ount on line 12 and	line 15, column (g)	or		, ,				
	Additional first year dep Depreciation (if no elec-	preciation under tion is made), e	enter the amount from	om line 15. column	its on line i (a)	15, colur	nns (g	) and (n)	or	16	
17	Total depreciation clain	•							_	17	
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter the difference	ce here and	d on Fori	n 100	or			
	Form 100W, Side 1, line Form 100W, Side 1, line	e 6. If line 17 is	less than line 16,	enter the difference	here and	on Form	100 o	r			
	state adjustments on Fo	orm 100 or Forn	n 100W, no adjustn	nent is necessary.).					•	18	
Par	t IV Amortization										
19	(a)	(b)	(c)	, (	d)	(e)	-	_ (f)			(g)
	Description of property	Date acquired	Cost or other bas		ization r allowable	R&1 secti		Period percenta			Amortization for this year
				in earli	er years	(see ir	ıstr)				
						$\perp$					
						1		1		-	
20	Total. Add the amounts								20	-	
21	Total amortization clain	ned for federal p	ourposes from fede	ral Form 4562, line	44				21		
22	Amortization adjustmen	nt. If line 21 is g	reater than line 20	, enter the difference	ce here and	d on For	n 100	or			
	Form 100W, Side 1, line Form 100W, Side 1, line	e 6. II IINE 21 IS e 12	iess than line 20,	enter the alfference	riere and	on Form	100 0		22		
	, ,									•	

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	ch to Form 100 or Form	100W. FOR	M 199								
Corpo	ration name						Califo	California corporation number			
BOO	OKS ALOUD, INC.						D-0	68794	18		
Par			perty Under IRC Se								
1	Maximum deduction un							1	\$25 <b>,</b> 000		
2	Total cost of IRC Section	, , ,	•					2	****		
3 4	Threshold cost of IRC S Reduction in limitation.		-					3	\$200,000		
5	Dollar limitation for tax			,				5			
6		scription of property	act line 4 from line	(b) Cost (business )		(c) Elect		J			
	(4) 500	somption of property		(b) oost (business t	asc only)	(C) LICCO	00 0000	_			
								-			
7	Listed property (elected	d IRC Section 17	<sup>7</sup> 9 cost)		7						
8	Total elected cost of IR							8			
9	Tentative deduction. Er							9			
10	Carryover of disallowed							10			
11	Business income limita			•	•			11			
12 13	IRC Section 179 expen Carryover of disallowed							12			
Par			ditional First Year I				24356				
14	(a)	(b)		(d)	(e)			g)	(h)		
• •	Description	Date	(c) Cost or	Depreciation	Deprecia		Depreci	iation fo	r Additional first		
	of property	acquired	other basis	allowed or allowable in	tion method	or rate	this	year	year depreciation		
				earlier years					aopi colation		
CON	MERCIAL AUDIO	6/02/08	17,500.	3,038.	S/L	12	2	1,458.			
CON	MERCIAL AUDIO	6/19/08	135.	27.	S/L	12		11.			
	INATING MACHI	4/16/09	208.	32.	S/L	ţ		62.			
	DUPLICATORS	10/31/08	7,562.	1,800.	S/L	_		1,080			
STU	JDIO LAMP	4/16/09	207.	37.	S/L		7	30	0.		
15	Add the amounts in col	lumn (g) and co	lumn (h). The total	of column (h) may	not exceed	d .					
Par	\$2,000. See instruction	is for line 14, co	lumn (n)			15					
		a is algoring.									
16	Total: If the corporation IRC Section 179 expen	se, add the amo	ount on line 12 and	line 15, column (g)	or or						
	Additional first year dep Depreciation (if no elec-	preciation under	R&TC Section 243	56, add the amoun	ts on line 1	15, columns	(g) and (h	i) or			
17	Total depreciation clain	•									
	Depreciation adjustmer		•								
	Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16,	enter the difference	here and	on Form 10	0 or				
	Form 100W, Side 1, lin state adjustments on F	orm 100 or Forr	n 100W, no adjustn	nent is necessary.).				18	3		
Par	t IV Amortization										
19	(a)	(b)	(c)		d)	(e)	_ (f)		(g)		
	Description of property	Date acquired	Cost or other bas		ization r allowable	R&TC section	Period percent		Amortization for this year		
	,	'		in earli	er years	(see instr)		<u> </u>			
							-				
							1				
	T-1-1 A-1-1 11 11 11 11 11 11 11 11 11 11 11 11	tion and the second						20			
20	Total. Add the amounts	(5)						20			
21	Total amortization clair							21			
22	Amortization adjustmer Form 100W, Side 1, lin	nt. If line 21 is g e 6. If line 21 is	reater than line 20, less than line 20	, enter the difference	e here and	d on Form 1	00 or 0 or				
	Form 100W, Side 1, lin	e 12					· · · · · · · · · · · · · · · · · · ·	22			

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Part I	S ALOUD, INC.							Califor	nia corp	oratior	n number
Part I											
	Flection to Exper							D-0	687 <u>9</u>	48	
1 N	=ioodioii to =xpoi	ise Certain Pro	perty Under IRC Se	ection 179							
	Maximum deduction un	der IRC Section	179 for California.						1		\$25,000
	otal cost of IRC Section		•						2		
	hreshold cost of IRC S		-						3		\$200,000
	Reduction in limitation.			,					4		
	Oollar limitation for tax		act line 4 from line						5		
6	(a) Des	cription of property		(b) Cost (business	use only)	(c)	Elected	cost			
		11000 1: 1	70 1)								
	isted property (elected otal elected cost of IR					lina 7			8		
	entative deduction. Er								9		
	Carryover of disallowed								10		
	Business income limita		•						11		
	RC Section 179 expens			•	-				12		
	carryover of disallowed				F						
Part I	l Depreciation and	Election of Ad	ditional First Year I	Expense Deduction	า Under R8	&TC Sec	ction 2	4356			
14	(a)	(b)	<b>(c)</b> Cost or	(d)	(e)	(1	<b>f)</b> ife	(9	<b>3</b> )		(h)
	Description of property	Date acquired	Cost or other basis	Depreciation allowed or	Deprecia tion		ife rate	Deprecia this		or	Additional first year
	or property	acquired	Other basis	allowable in	method	01 1	atc	tilis	ycai		depreciation
				earlier years							
	OP COMPUTER	7/09/08	852.	340.	S/L		5		17		
	OANER RECORD	10/01/08	1,303.	456.	S/L		5		26		
	S & ALBUMS	1/01/09	4,828.	603.	S/L	-	12		40	-+	
	EADSETS	3/05/10	312.	21.	S/L		5			3.	
6 LC	ANER RECORDE	3/05/10	192.	13.	S/L	1	5		3	8.	
15 A	add the amounts in col	umn (g) and co	lumn (h). The total	of column (h) may	not excee	d	4.5				
Part I	2,000. See instruction	s for line 14, co	iumn (n)				15				
-		is algetings									
II.	otal: If the corporation RC Section 179 expens	se. add the amo	ount on line 12 and	line 15, column (g	or or						
Α	Additional first year dep Depreciation (if no elec	preciation under	R&TC Section 243	56, add the amoun	ts on line	15, colu	ımns (	g) and (h	or 1	6	
	otal depreciation clain	•								7	
	Depreciation adjustmen		•						· · ·   - '	<u>'</u>	
F	orm 100W, Side 1, lin	e 6. If line 17 is	less than line 16, 6	enter the difference	here and	on Forr	n 100	or			
F	orm 100W, Side 1, lin tate adjustments on Fo	e 12. (If Califori orm 100 or Forr	nia depreciation am	nounts are used to represent to	determine	net inco	ome be	efore	1	8	
Part I		01111 100 01 1 011	1 10011, 110 dajastii	icht is heccssary.).					.	•	
19	(a)	(b)	(c)	(	d)	(€	•)	(f)			(g)
	Description	Date	Cost or	Amort	ization	R&	ťΤC	Period			Amortization
	of property	acquired	other bas		r allowable er years	sect (see		percent	age		for this year
					,	,	- /				
<b>20</b> T	otal. Add the amounts	in column (g).							20		
	otal amortization clain	(3)							21		
	mortization adjustmer										
F	orm 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the difference	here and	on Forr	n 100	or	.		
F	form 100W, Side 1, line	e 12							22		

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20	U	<b>L</b>
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	ch to Form 100 or Form	100W. FORI	М 199							
Corpo	ration name							alifornia co		n number
	OKS ALOUD, INC.						D.	-0687	948	
Par			perty Under IRC Se					- 1 -	1	
1	Maximum deduction un									\$25,000
2	Total cost of IRC Section								-	<u> </u>
3	Threshold cost of IRC S		-						-	\$200,000
4 5	Reduction in limitation.  Dollar limitation for taxa									
6		cription of property	act line 4 from line	(b) Cost (business (			cted cost	5		
	(a) Des	cription or property		(b) Cost (business t	use only)	(6) 110	cieu cosi	_		
								_		
								_		
								_		
7	Listed property (elected	LIRC Section 17	79 cost)		7			_		
8	Total elected cost of IR		•			line 7		. 8	T	
9	Tentative deduction. Er									
10	Carryover of disallowed									
11	Business income limitat	tion. Enter the s	smaller of business	income (not less t	han zero) d	or line 5		11		
12	IRC Section 179 expens	se deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11		12		
13	Carryover of disallowed	deduction to 20	011. Add line 9 and	l line 10, less line 1	2	13				
Par	t II Depreciation and	Election of Ad	ditional First Year I	Expense Deduction	Under R8	TC Section	n 24356			
14	(a)	(b)	(c)	(d)	(e)	- <b>(f)</b> Life	Dam.	(g)	£	(h)
	Description of property	Date acquired	Cost or other basis	Depreciation allowed or	Deprecia tion	or rate		eciation his year		Additional first year
	. 11			allowable in	method			. ,		depreciation
		6 (01 (10	222	earlier years	0.7-		_			
_	LOANER RECORDE	6/01/10	330.	5.	S/L	<u> </u>	5		66.	
_	PES & ALBUMS	1/01/10	5,377.	224.	S/L		L2		48.	
_	COMPUTER & IN	8/27/09	2,085.	382.	S/L		5		17.	
_	NOR PERFECT SO	9/30/09	5,780.	963.	S/L	-	5	1,1		
	HP COMPUTERS, 3	10/30/09	8,546.	1,282.	S/L		3	1,7	09.	
15	Add the amounts in col	umn (g) and co	lumn (h). The total	of column (h) may	not exceed	d <b>1</b> 5	_			
Par	\$2,000. See instructions  t III Summary	S 101 IIIIe 14, CO	iumm (ii)				,			
	Total: If the corporation	ia alaatingu								
10	IRC Section 179 expens	se, add the amo	ount on line 12 and	line 15, column (g)	or or					
	Additional first year dep Depreciation (if no elec	preciation under	R&TC Section 243	356, add the amoun	its on line 1	15, columr	ns (g) and	l (h) <b>or</b>	16	
17	Total depreciation claim	•		·	,			_	17	
	Depreciation adjustmen		·						''	
10	Form 100W, Side 1, line	e 6. If line 17 iš	less than line 16,	enter the difference	here and	on Form 1	00 or			
	Form 100W, Side 1, line state adjustments on Fo	e 12. (If Califorr orm 100 or Forn	nia depreciation am n 100W no adjustn	nounts are used to (	determine	net income	e before		18	
Par	•									
19	(a)	(b)	(c)	(	d)	(e)		(f)		(g)
	Description	Date	Cost or	r Amort	ization	R&TC	Per	riod or		Amortization
	of property	acquired	other bas		r allowable er vears	section (see inst		entage		for this year
					<i>J</i>	(2.2.2	1			
						1				
						1				
20	Total. Add the amounts	in column (a)						20		
21	Total amortization clain	(3)								
		'	'	•				·		
22	Amortization adjustment Form 100W, Side 1, line	e 6. If line 21 iš	less than line 20.	enter the difference	here and	on Form 1	00 or			
	Form 100W, Side 1, line	e 12						22		

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	ch to Form 100 or Form	100W. FOR	М 199									
Corpo	ration name							Californ	nia cor	poratio	n number	
BO	OKS ALOUD, INC.							D-0	687	948		
Par	t I Election to Exper	nse Certain Pro	perty Under IRC Se	ection 179								
1								ŀ	1		\$25,000	0
2	Total cost of IRC Section		•						2		4000 00	_
3	Threshold cost of IRC S Reduction in limitation.								<u>3</u> 4		\$200,000	U
4 5	Dollar limitation for tax							ľ	5			
6		scription of property	act line 4 from line	(b) Cost (business)			Elected					
	(a) Dos	scription of property		(b) Oost (business	use only)	(0)	LICCTOR	0031				
7	Listed property (elected	IRC Section 17	79 cost)		7							
8	Total elected cost of IR					line 7			8			_
9	Tentative deduction. Er								9			
10	Carryover of disallowed		'					ŀ	10			
11	Business income limita			•	-				11			
12	IRC Section 179 expen								12			_
	Carryover of disallowed							4050				
Par			ditional First Year I								4.5	
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	(d) Depreciation	(e) Deprecia	a-   (1	<b>f)</b> ife	Deprecia	<b>j)</b> ation	for	(h) Additional first	
	of property	acquired	other basis	allowed or	tion	or r		this	year		year	
				allowable in earlier years	method						depreciation	
HP	P2035 PRINTER	11/06/09	962.	128.	S/L		5		19	92.		_
	52002Z P COMPU	12/31/09	7,791.	909.	S/L		5	1	L <b>,</b> 55			
	BOOKCASES	5/06/10	552.	46.	S/L		10			55.		
	PY MACHINE	7/18/09	546.	100.	S/L		5		1	19.		
	ESENTATION PRO	6/18/10	2,000.	33.	S/L		5		4(	00.		
15	Add the amounts in col	ump (a) and co	lump (h). The total	of column (h) may	not ovece	vd.						
13	\$2,000. See instruction						15					
Par	t III Summary											
16	Total: If the corporation	n is electing:										
	IRC Section 179 expense Additional first year dep	se, add the amo oreciation under	ount on line 12 and R&TC Section 243	ilne 15, column (g. 356. add the amoun	) <b>or</b> Its on line	15. colu	mns (d	a) and (h)	or			
	Depreciation (if no elec	tion is made), e	enter the amount fro	om line 15, column	(g)				· · ·	16		
	Total depreciation clain								· · ·	17		_
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16,	, enter the difference	ce here an	d on For	rm 100 n 100 <i>i</i>	or				
	Form 100W Side 1 lin	e 12 (If Californ	nia denreciation am	nounts are used to a	determine	net inco	nme he	fore				
Davi	state adjustments on F	orm 100 or Forn	n 100W, no adjustn	nent is necessary.).						18		_
Par		4->	(-)	<del></del>	-IN	1					(-)	_
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost or	r Amort	<b>d)</b> :ization	(e R&	TC	<b>(f)</b> Period	or		<b>(g)</b> Amortization	
	of property	acquired		sis allowed or	r allowable	e sect	tion	percenta	age		for this year	
				iii eaiii	er years	(see	iiisii)					_
												_
							+			1		
							1			1		_
						1	+			1		
20	Total. Add the amounts	s in column (a)	1	l					20	<del>                                     </del>		_
21	Total amortization clain								21	1		_
22	Amortization adjustmen							i		1		_
22	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the difference	here and	on Forr	n 100 (	or				
	Form 100W, Side 1, lin	e 12							22			

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	ch to Form 100 or Form	100W. FOR	м 199						
Corpo	ration name								ration number
	OKS ALOUD, INC.						D-0	68794	48
Par			perty Under IRC Se					1 - 1	
1	Maximum deduction un							1	\$25,000
2 3	Total cost of IRC Section Threshold cost of IRC S							3	\$200,000
3 4	Reduction in limitation.		-						\$200,000
5	Dollar limitation for tax							5	
6		scription of property		(b) Cost (business		(c) Electe			
	(-7	<u></u>		()	,/	(0)			
								_	
								_	
7	Listed property (elected	d IRC Section 1	79 cost)		7				
8	Total elected cost of IR							8	
9	Tentative deduction. Er							9	
10	Carryover of disallowed							10	
11	Business income limita			•	-			11	
12 13	IRC Section 179 expen Carryover of disallowed				_			12	
Par	•		ditional First Year I				24356		
14	(a)							(a)	(h)
14	Description	<b>(b)</b> Date	<b>(c)</b> Cost or	<b>(d)</b> Depreciation	(e) Deprecia	- <b>(f)</b> Life	Deprec	<b>(g)</b> iation fo	or Additional first
	of property	acquired	other basis	allowed or allowable in	tion method	or rate	this	year	year depreciation
				earlier years	method				depreciation
BIN	NDING MACHINE	10/02/09	448.	8.	S/L	5	5	90	).
PRO	MOTIONAL DVD	11/19/09	1,885.	419.	S/L	3	3	628	3.
6 I	PANASONIC LOAN	9/27/10	240.		S/L	5	5	40	).
20	LOANER TAPE P	11/19/10	515.		S/L	5	5	69	).
2 5	SONY DUAL CASS	9/27/10	238.		S/L	7	,	28	3.
15	Add the amounts in col	lumn (a) and co	lumn (h). The total	of column (h) may	not evcee	Ь			
	\$2,000. See instruction	is for line 14, co	lumn (h)	· · · · · · · · · · · · · · · · · · ·		<b>15</b>			
Par	t III Summary								
16	Total: If the corporation	n is electing:		Con 15 and one of	<b>\</b>				
	IRC Section 179 expen Additional first year dep	se, add the amo preciation under	ount on line 12 and R&TC Section 243	ilne 15, column (g 356. add the amour	) <b>or</b> its on line 1	15. columns	(a) and (h	n) <b>or</b>	
	Depreciation (if no elec	ction is made), e	enter the amount fro	om line 15, column	(g)			16	
	Total depreciation clain		•					<u>17</u>	7
18	Depreciation adjustmer Form 100W, Side 1, lin								
	Form 100W, Side 1, lin	e 12. (If Californ	nia depreciation am	nounts are used to	determine ı	net income I	pefore		
Day	state adjustments on F	orm 100 or Forr	n 100W, no adjustn	nent is necessary.).				18	3
Par		(6)	(-)		٦٧	(0)	(6)		(**)
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost or		<b>d)</b> tization	(e) R&TC	(f) Perio	d or	<b>(g)</b> Amortization
	of property	acquired	I other bas		r allowable		percen	tage	for this year
				iii earii	er years	(see instr)		+	
		<del>                                     </del>						+	
								+	
								+	
20	Total. Add the amounts	s in column (a)		<u> </u>				20	
21	Total amortization clair	(3)						21	
		'	•	,					
22	Amortization adjustmer Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20.	enter the difference	e here and	on Form 100	or or		
	Form 100W, Side 1, lin	e 12						22	

201	~
201	Jh
701	7 · 1

	ch to Form 100 or Form	100W. FOR	м 199							
Corpo	ration name									tion number
	OKS ALOUD, INC.							D-06	8794	8
Par			perty Under IRC Se							
1	Maximum deduction un							<u> </u>	1	\$25,000
2 3	Total cost of IRC Section Threshold cost of IRC S								3	\$200,000
3 4	Reduction in limitation.		-					<u> </u>	4	\$200,000
5	Dollar limitation for tax							<u> </u>	5	
6		scription of property		(b) Cost (business			ected co			
	(-7	<u></u>		(, 0 (	,,	(-7 -				
7	Listed property (elected	d IRC Section 1	79 cost)		7					
8	Total elected cost of IR								8	
9	Tentative deduction. Er							-	9	
10	Carryover of disallowed							<u> </u>	10	
11	Business income limita			•	-			-	11 12	
12 13	IRC Section 179 expen Carryover of disallowed								12	
Par			ditional First Year I				on 243	56		
14	(a)	(b)	(c)	(d)	(e)			<u>(g)</u>	`	(h)
1-	Description	Date	Cost or	Depreciation	Deprecia			eprecia	tion for	Additional first
	of property	acquired	other basis	allowed or allowable in	tion method	or rat	е	this y	ear	year depreciation
				earlier years	method					depreciation
DUA	AL TAPE DECK	11/19/10	488.		S/L		7		47.	•
4 (	CD PLAYERS	11/19/10	429.		S/L		7		41.	
ΗP	SERVER & INST	7/09/10	5,843.		S/L		5	1	,169.	
STU	JDIO COMPUTERS	10/12/10	7,314.		S/L		5	1	,097.	•
TE	AM VIEWER & IN	1/28/11	4,377.		S/L		5		438	•
15	Add the amounts in col	lumn (a) and co	lumn (h). The total	of column (h) may	not exceed	d				
	\$2,000. See instruction	s for line 14, co	lumn (h)			1	5			
Par	t III Summary									
16	Total: If the corporation IRC Section 179 expen	n is electing:	ount on line 12 and	line 15 column (a	۱ ۵ ۳					
	Additional first year der	preciation under	R&TC Section 243	356, add the amour	its on line 1	I5, colum	ns (g)	and (h)	or	
	Depreciation (if no elec	•		· ·	,					
	Total depreciation clain		•						17	
18	Depreciation adjustmer Form 100W, Side 1, lin							r		
	Form 100W, Side 1, lin	e 12. (If Califor	nia depreciation am	nounts are used to	determine r	net incom	e befo	re	10	
Par	state adjustments on F	orm 100 or For	n 100w, no adjustn	nent is necessary.).					18	
19	(a)	(b)	(c)		d)	(0)		(f)		(a)
13	Description	Date	Cost or	r Amor	tization	(e) R&T0		Period	or	<b>(g)</b> Amortization
	of property	acquired	I other bas		r allowable er vears	sectio		ercenta	ge	for this year
				iii caiii	or yours	(300 1113	/4/			
20	Total. Add the amounts	s in column (a).							20	
21	Total amortization clair	(3)							21	
22	Amortization adjustmer	nt. If line 21 is a	reater than line 20	enter the differen	ce here and	d on Form	100 0	r F		
	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20.	enter the difference	e here and	on Form	100 or			
	Form 100W, Side 1, lin	e 12							22	

2010 Corporation Depreciation and Amortization

3885

Atta	ch to Form 100 or Form	100W. FOR	м 199						
Corpo	ration name						Califor	nia corpo	ration number
	OKS ALOUD, INC.						D-0	6879	48
Par	t I Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179					
1	Maximum deduction un	ider IRC Section	n 179 for California.					1	\$25 <b>,</b> 000
2	Total cost of IRC Section	, , ,	•					2	
3	Threshold cost of IRC S		•					3	\$200,000
4	Reduction in limitation.			,				4	
5	Dollar limitation for tax							5	
6	(a) Des	scription of property		(b) Cost (busine	ess use only)	(c) Elected	d cost		
					_				
_	Listed property (elected					. 7			
8	Total elected cost of IR			-	-			9	
9 10	Tentative deduction. Er Carryover of disallowed							10	
11	Business income limita		'					11	
12	IRC Section 179 expen			•	-			12	
	Carryover of disallowed				T T				
Par			ditional First Year			•	24356		
14		(b)		(d)	(e)	<b>(f)</b>		g)	(h)
	<b>(a)</b> Description	Date	(c) Cost or	Depreciation	Deprecia	a- Life	Deprecia	ation fo	or Additional first
	of property	acquired	other basis	allowed or allowable in	tion method	or rate	this	year	year depreciation
				earlier years					aop. colation
HAI	RD DRIVES & BA	4/16/11	569.		S/L	5		28	3.
TAI	PES AND ALBUMS	1/01/11	3,008.		S/L	12		125	5.
482	28 COMMERCIAL	6/01/11	48,280.		S/L	10		402	2.
15	Add the amounts in col	lumn (a) and co	lumn (h). The total	of column (h) m	nav not excee	ed.			
	\$2,000. See instruction	is for line 14, co	olumn (h)			15			
Par	t III Summary								
16	Total: If the corporation	n is electing:		. 15					
	IRC Section 179 expense Additional first year dep	se, add the amo preciation under	ount on line 12 and r R&TC Section 243	iline 15, column 356, add the amo	(g) <b>or</b> ounts on line	15. columns (	(a) and (h	) or	
	Depreciation (if no elec	ction is made),	enter the amount from	om line 15, colu	mn (g)			16	6
	Total depreciation clain							17	7
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16	, enter the differ	ence here and	d on Form 100	0 or		
	Form 100W, Side 1, IIII state adjustments on F	e 12. (If Califor	nia depreciation am	nounts are used	to determine	net income b	efore		
		orm 100 or Forr	m 100W, no adjustn	nent is necessar	y.)			18	3
Par				1		T			
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost or	r Δm	(d) nortization	(e) R&TC	<b>(f)</b> Period	Lor	<b>(g)</b> Amortization
	of property	acquired		sis allowed	d or allowable	esection	percent		for this year
				ın e	arlier years	(see instr)			
								-	
								-	
								-	
	<b>T. 1. 4.</b>							00	
20	Total. Add the amounts	107						20	
21	Total amortization clain	ned for federal	purposes from fede	rai Form 4562, l	ine 44			21	
22		nt. If line 21 is o	greater than line 20	, enter the differ	ence here and	d on Form 10	0 or		
	Form 100W, Side 1, lin Form 100W, Side 1, lin	e 12	iess man iine 20,	enter the amere				22	
	•								

2010	California Stateme	ents		Page 1
	Books Aloud, Inc.			23-7317533
Statement 1 Form 199, Part II, Line 7 Other Income Income from Special Events				9,880. 9,880.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, Tr	ustees and Key Employees	s		
Current Officers:  Name and Address	Title and Average Hours Per Week Devoted	Compen- l sation	Contri- bution to EBP & DC	
Betsy Kerr 1931 Alford Avenue Los Altos, CA 94024	Director 1.00		\$ 0.	
Alfred V. Reuter 394 Creekview Drive Morgan Hill, CA 95037	Treasurer 2.00	0.	0.	0.
Joyce L. Meurer 1671 Milroy Place San Jose, CA 95124	Executive Direc 40.00	67,600.	0.	0.
Deb Wible 2323 Owen Street Santa Clara, CA 95054	Chairman 2.00	0.	0.	0.
Dan Caputo Jr 2323 S. Bascom Ave Ste 100 Campbell, CA 95008	Director 1.00	0.	0.	0.
Christine Tower 2170 Laurelei Avenue San Jose, CA 95128	Secretary 2.00	0.	0.	0.
Mark Rickert 5655 Silver Creek Valley Road San Jose, CA 95138-2473	Director 1.00	0.	0.	0.
Ron Westphal 261 Manchester Ave Campbell, CA 95008	Vice-Chairman 2.00	0.	0.	0.
	Tota	1 \$ 67,600.	\$ 0.	<u>\$</u> 0.

010	California Statements	Page 2
	Books Aloud, Inc.	23-731753
Statement 3 Form 199, Part II, Line 17 Other Expenses		
Bank Charges.  Book Mailers & Oper Supp Computer Supplies.  Conferences, Conventions Delivery.  Dues & Subscriptions.  Equipt Maintenance Contr Insurance.  Lamp Repair.  Miscellaneous.  Office Expenses.  Other Employee Benefit.  Other fees.  Parking.  Postage and Shipping.  Printing and Publication Special Event Expenses.  Storage Rent.	lies. , and Meetings  act  Total	1,070. 5,555. 3,470. 183. 1,954. 395. 6,221. 1,377. 69. 697. 429. 7,914. 33,272. 3,087. 858. 646. 4,582. 2,589. 2,239.
Statement 4 Form 199, Schedule L, Line 16 Bonds and Notes Payable		
Purpose of Loan:	Variety Audio Foundation Operating 50,000.	50,000.
	Total Notes and Bonds Payable	\$ 50,000.

Other Liabilities		
Withheld Payroll Tax Payable		4,757.
Total	\$	4,757.

IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



					I I						
State Charity Registration Number	015365			Check if: Change of address Amended report							
BOOKS ALOUD, INC.					Ф						
Name of Organization P. O. BOX 5731				Corporate or (	Organization No. D=0687948						
Address (Number and Street)				Corporate or Organization No. D-0687948							
SAN JOSE, CA 95150 City or Town		State ZIP C	`ode	Federal Employer ID No. 23-7317533							
ANNUAL REGIST	RATION RE Make Check	NEWAL FEE SO		I. Code Regs. s Registry of Cha	ections 301-307, 311 and 312) ritable Trusts						
Gross Annual Revenue	Fee	Gross Annual	Revenue	Fee	Gross Annual Revenue		F	ee			
Less than \$25,000	0	Between \$100,	001 and \$250,000	0 \$50	Between \$1,000,001 and \$10 mill	ion	\$	150			
Between \$25,000 and \$100,000	\$25	Between \$250,	001 and \$1 millio	on \$75	Between \$10,000,001 and \$50 million	llion	-	225 300			
PART A – ACTIVITIES					areater than \$50 million		Ψ·	500			
For your most recent full acco	unting peri	od (beginning	7/01/10	ending	6/30/11 ) list:						
Gross annual revenue \$		188,105.	Total assets	\$	195,217.						
PART B – STATEMENTS RE	GARDING	G ORGANIZA	ATION DURING	G THE PERIO	OD OF THIS REPORT						
Note: If you answer 'yes' to any 'yes' response. Please rev	of the ques	stions below, yo instructions for	u must attach a	separate sheet uired.	providing an explanation and deta	ails fo	r ea	ach			
1 During this reporting period, we	ere there ar	ny contracts Ina	ns leases or oth	er financial tran	esactions between the	Ye	25	No			
organization and any officer, d director or trustee had any fina	irector or tri	ustee thereof eit	ther directly or wi	th an entity in v	which any such officer,	<u> </u>	ı	Х			
2 During this reporting period, was property or funds?	as there any	y theft, embezzl	ement, diversion	or misuse of th	e organization's charitable			X			
3 During this reporting period, di	d non-progr	ram expenditure	s exceed 50% of	gross revenues	5?	<u> </u>		Х			
4 During this reporting period, we Form 4720 with the Internal Re	ere any orga evenue Serv	anization funds vice, attach a co	used to pay any py.	penalty, fine or	judgment? If you filed a			Х			
5 During this reporting period, we purposes used? If 'yes,' provid service provider.	ere the serv e an attach	vices of a common ment listing the	ercial fundraiser name, address,	or fundraising o and telephone r	counsel for charitable number of the			Х			
6 During this reporting period, di the name of the agency, mailir	d the organ ng address,	ization receive a contact person,	any governmenta and telephone n	I funding? If so umber.	, provide an attachment listing SEE STATEMENT	1 2	ζ]				
7 During this reporting period, di indicating the number of raffles	d the organ s and the da	ization hold a ra ate(s) they occu	affle for charitable	e purposes? If '	yes,' provide an attachment			Х			
Does the organization conduct the program is operated by the charitable purposes.	a vehicle de charity or v	onation program whether the orga	n? If 'yes,' providanization contrac	e an attachmen ts with a comm	it indicating whether ercial fundraiser for			Х			
Did your organization have pre principles for this reporting per	pared an auriod?	udited financial s	statement in acco	ordance with ge	nerally accepted accounting			Х			
Organization's area code and telephone number 408-808-2613											
Organization's e-mail address											
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledg and belief, it is true, correct and complete.											
Signature of authorized officer	JOY(	CE L. MEUR	ER	EXECUTIVE	DIRECTOR						

2010

### **California Statements**

Page 1

**Books Aloud, Inc.** 

23-7317533

Statement 1 Form RRF-1, Part B, Line 6 Government Agency That Provided Funding

City of San Jose 200 E. Santa Clara Ave San Jose, CA 95113 Lyn Harris 408-808-2000

## Form **990**

#### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For th	ne 2010 calen	dar year, or tax	year begii	nning 7/	'01	, 2010,	, and ending	6/			2011	
В	Check it	f applicable:								D Employ	er Identif	ication Number	
	Ad	ldress change	Books Alc	ud, Inc	· .					23-	73175	33	
	Na	ime change	P. O. Box							E Telepho	ne numbe	er	
	Init	tial return	San Jose,	CA 951	.50					408	-808-	2613	
	-	rminated											
		nended return								<b>G</b> Gross re	occinto ¢	10	2,687.
		pplication pending	F Name and add	ress of princip	al officer:			T <sub>F</sub>	(a) Is this	a group retur			
	Ар	prication pending	Same As C		ar omcor.					I affiliates incl			_
_	Toy	exempt status	X 501(c)(3)	501(c) (	\	(insert no.)	4947(a)(1) or	527	If 'No,'	attach a list.	(see instr		. Ц.
<u>'</u> J			w.booksal			(IIISELL IIU.)	4547(a)(1) 01						
_				Trust		П.,, ъ		Year of Formatio		exemption nu			٠٦
K	art I			Trust	Association	Other ►	L	Year of Formatio	n: 1 <i>91</i>	3 IVI S	tate of le	gal domicile: C	,A
Γć	1	Summa	r <b>y</b> be the organiza	tion's miss	ion or most	cianificant	antivition. O-					- +b	
Governance			for peopl										
naı			e to stim Lby <u>L</u> iste								ice L	mrondir (	2ur
Ne.	2	_ Neautily	x ► if the	organizatio	n discontin	ued its oner	ations or disp	osed of mor	e than 2	 25% of its	net acc		
ŏ			oting members								3	cts.	7
જ ળ			dependent voti								4		7
iţie	5	Total number	of individuals	employed i	n calendar y	year 2010 (F	Part V, line 2a	i)			5		13
Activities &			of volunteers								6		140
ď			ed business rev								7 a		0.
	b	Net unrelated	l business taxa	ble income	from Form	990-T, line	34				7 b		0.
										Prior Year	0.0	Current	
Φ			and grants (Pa							296,1	39.	18	2,535.
Revenue			vice revenue (P								0.0		070
eve			ncome (Part VII							2 2	80.		272.
ш			e (Part VIII, co							3,9			5,298. 8,105.
			e – add lines 8						1	300,4	21.	10	0,103.
			imilar amounts										
			to or for meml							222 5	4.2	01	0 000
g	15		er compensatio							232,5	43.		9,088.
nse	16a	Professional	fundraising fee	s (Part IX,	column (A),	, line 11e)							
Expenses	b	Total fundrais	sing expenses	(Part IX, co	lumn (D), li	ne 25) 🟲		8,890.					
Ш	17	Other expens	ses (Part IX, co	lumn (A), l	ines 11a-11	d, 11f-24f)				83,2	59.	8	9,270.
	18	Total expens	es. Add lines 1	3-17 (must	equal Part	IX, column (	(A), line 25)			315,8	02.	30	8,358.
	19	Revenue less	expenses. Su	btract line	18 from line	12				-15,3	81.	-12	0,253.
P S									Beginni	ng of Curren	t Year	End of	Year
sets	20	Total assets	(Part X, line 16	)						310,7			5,217.
Net Assets Fund Baland	21	Total liabilitie	es (Part X, line	26)						50,0	00.	5	4,757.
ΡĒ	22	Net assets or	fund balances	. Subtract I	ine 21 from	line 20				260,7	12.	14	0,460.
Pa	art II	Signatu	re Block										
Und	der penal	Ities of perjury, I d	leclare that I have ex arer (other than office	kamined this re	turn, including	acçompanying s	chedules and state	ements, and to the	ne best of	my knowledge	and belie	ef, it is true, cor	rect, and
com	nplete. D	eclaration of prep	arer (other than office	cer) is based oi	n all information	n of which prepai	rer has any knowle	edge.					
		<b></b>											
Siç	gn	Signatu	re of officer						Da	ate			
He	re		ce L. Meui						Exec	utive I	Direc	tor	
		Type or	print name and title	).						_			
		Print/Type p	oreparer's name		Preparer's si	gnature		Date		Check	I if	PTIN	
Pa	id	Mary I	. Vettore							self-employe	ed I	20140813	2
Pre	epare		e ► Mary	F. Vett	orel, C	PA							
	e On			Camden		uite 102	2			Firm's EIN	<b>►</b> 77-	0038808	
				ose, CA						Phone no.	(408		322
Ma	y the II	RS discuss th	nis return with t			ove? (see in:	structions)					X Yes	No

## Form 990 (2010) Books Aloud, Inc. 23-7317533 Page 3 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	<b>a</b> Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	<b>b</b> Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	<b>d</b> 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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
	<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12	La Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12a		Х
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	₽ Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Χ
	<b>b</b> If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) Books Aloud, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		X
ŀ	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? <i>If 'Yes,' complete Schedule L, Part l</i>	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
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):			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Χ
á	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,' complete Schedule R, Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA Form 990 (2010)

14b

#### Form 990 (2010) Books Aloud, Inc. 23-7317533 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V. No Yes 3 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Χ (gambling) winnings to prize winners?... 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-13 ments, filed for the calendar year ending with or within the year covered by this return..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?...... 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3a Χ b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?...... 4a Χ **b** If 'Yes,' enter the name of the foreign country: **b** See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . . 5a Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.. 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?.... Χ 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible?..... 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?..... 7 a Χ **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . . 7h c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с **d** If 'Yes,' indicate the number of Forms 8282 filed during the year..... e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C?.... Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?..... 8 9 Sponsoring organizations maintaining donor advised funds. 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person?..... 9<sub>b</sub> 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?. **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year...... 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . . . 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans...... 13b c Enter the amount of reserves on hand ...... Χ **14a** Did the organization receive any payments for indoor tanning services during the tax year?...... 14a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.

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

Section A. Governing Body and Management

bec	tion A. Governing Body and Management		-	1				
				Yes	No			
1 a	a Enter the number of voting members of the governing body at the end of the tax year	1a 7						
ŀ	Enter the number of voting members included in line 1a, above, who are independent	1b 7						
2	Did any officer, director, trustee, or key employee have a family relationship or a business reofficer, director, trustee or key employee?	elationship with any other	2		X			
3			3					
		on?	3		X X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Λ			
5	Did the organization become aware during the year of a significant diversion of the organiza	tion's assets?	5		X			
6	Does the organization have members or stockholders?		6		Χ			
7 8	Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7a		Х			
ŀ	a Are any decisions of the governing body subject to approval by members, stockholders, or continuous and the governing body subject to approval by members, stockholders, or continuous and the governing body.		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions und the following:	ertaken during the year by						
a The governing body?								
<b>b</b> Each committee with authority to act on behalf of the governing body?								
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		8b		X			
			9		X			
sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal Revenue Code.)	-					
				Yes	No			
10 a	a Does the organization have local chapters, branches, or affiliates?		10a		X			
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?								
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
ŀ	Describe in Schedule O the process, if any, used by the organization to review this Form 99	O. See Schedule O						
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х				
	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?		12b	Х				
(	Does the organization regularly and consistently monitor and enforce compliance with the po				v			
13	Schedule O how this is done		12c		X X			
	Does the organization have a written document retention and destruction policy?		14		X			
15	·							
	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de			,,,				
	The organization's CEO, Executive Director, or top management official. See . Schedule		15a	X				
ı	Other officers of key employees of the organizationSee. Schedule. O		15b	Χ				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year?		16a		Χ			
ŀ	o If 'Yes,' has the organization adopted a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements?	s to safeguard the	16b					
Sec	tion C. Disclosure							
	List the states with which a copy of this Form 990 is required to be filed ► CA							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available. Check all that apply.	and 990-T (501(c)(3)s only) a	vailabl	e for p	oublic			
	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 available to the public. See Schedule O	ments, conflict of interest pol	icy, ar	ıd fina	ncial			
	State the name, physical address, and telephone number of the person who possesses the Joyce L. Meurer 150 E. San Fernando Street San Jose CA 9		anizati	on:				

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

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

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

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

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

Check this box if neither the organization		relate	ed or			ion co	mpe			
(A)	(B)							(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	ndividual trustee or director	Institutional trustee		all Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Betsy Kerr Director	1	Х						0.	0.	0.
(2) Alfred V. Reuter Treasurer	2	Х		Χ				0.	0.	0.
	2	Х		Χ				0.	0.	0.
(4) Dan Caputo Jr Director	1	Х						0.	0.	0.
(5) Christine Tower Secretary	2	Х		Χ				0.	0.	0.
(6) Mark Rickert Director	1	Х						0.	0.	0.
(7) Ron Westphal Vice-Chairman	2	Х		Χ				0.	0.	0.
(8) Joyce L. Meurer Executive Direc	40				Χ			67,600.	0.	0.
_( <u>9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
(13)										
(14)										
<u>(15)</u>										
(16)										
(17)										
RΛΛ						/21/10		•		Form <b>990</b> (2010)

Form 990 (2010) Books Aloud, Inc.									23-731753			age <b>8</b>
Part VII   Section A. Officers, Directors, Trus	tees, k	(ey	En			es,	and			loyee		าt)
(A)	(B)			•	c) 			(D)	(E)		(F)	
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer		Mighest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo cor or a	stimated unt of oth opensation of the ganization of related panization of the ganization of the ganiza	her on n d
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
(26)												
(27)												
(28)												
(29)												
1 b Sub-total							•	67,600.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).							<b>•</b>	0. 67,600.	0.			0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	stec	l abo	ove)	who	o red	ceived more than	\$100,000 in reporta	able co	mpens	ation
3 Did the organization list any <b>former</b> officer, director	or trust	ee, l	key	emp	oloy	ee, o	or hi	ghest compensate	ed employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such in  4 For any individual listed on line 1a, is the sum of re	<i>ndividua</i> portable	<i>l.</i> e cor	npe	nsa	tion	 and	 oth	er compensation		. 3		X
the organization and related organizations greater to such individual	han \$15 	0,00	0?	If 'Y	es'	com · · · ·	plet	e Schedule J for		. 4		Х
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? <i>If 'Yes,' a</i> Section B. Independent Contractors	complete	ation Sc	n fro hed	om a ule .	any <i>J fo</i>	unre r <i>su</i>	late ch p	ed organization or erson	individual 	. 5		Х
Complete this table for your five highest compensate compensation from the organization.	ed inde	pend	dent	cor	ntrac	ctors	tha	t received more th	nan \$100,000 of			
(A) Name and business addres	s							(B) Description (	of services	Compe	<b>C)</b> ensatio	n
None ,												_ <del></del>
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	nose	list	ed a	above) who receiv	ed more than			

rai	t viii   Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
VENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a   b Membership dues 1 b   c Fundraising events 1 c   d Related organizations 1 d   e Government grants (contributions) 1 e   f All other contributions, gifts, grants, and similar amounts not included above 1 f   g Noncash contributions included in Ins 1a-1f: \$ 48,280   h Total. Add lines 1a-1f Business Code	182,535.			
PROGRAM SERVICE REVENUE	b c d e f All other program service revenue g Total. Add lines 2a-2f.				
	Investment income (including dividends, interest and other similar amounts)	272.			272.
OTHER REVENUE	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18	5,298.			5,298.
	11a b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions	188,105.	0.	0.	5,570.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	iete column (A) but are			<u> </u>
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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, trustees, and key employees	67,600.	54,080.	6,760.	6,760.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	122,977.	122,977.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	===,			
9	Other employee benefits	7,914.	7,742.	86.	86.
10	Payroll taxes	20,597.	19,155.	721.	721.
11	Fees for services (non-employees):	,	·		
	Management				
	b Legal				
	Accounting	2,400.		2,400.	
	Lobbying	2, 100.		2, 100.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	other	33,272.	33,272.		
		33,212.	33,212.		
	Advertising and promotion	400	200	1 -	1 Γ
13	Office expenses.	429.	399.	15.	15.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	183.	183.		
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,759.	21,740.	353.	666.
23	Insurance	1,377.		1,377.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
á	Equipt Maintenance Contract	6,221.	5,785.	218.	218.
	Book Mailers & Oper Supplies	5,555.	5,555.		
	Computer Supplies	3,470.	3,227.	121.	122.
	Parking	3,087.	2,967.	60.	60.
	Storage Rent	2,589.	2,408.	90.	91.
	All other expenses	7,928.	6,521.	1,256.	151.
25	Total functional expenses. Add lines 1 through 24f	308,358.	286,011.	13,457.	8,890.
_	Joint costs. Check here ► X if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	300,330.	200,011.	10, 101.	0,030.
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1 Cash — non-interest-bearing. 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	1 2 3	( <b>B</b> ) End of year 41, 915.
2 Savings and temporary cash investments. 205, 953.  3 Pledges and grants receivable, net. 4 Accounts receivable, net.	. 2	41 . 915 .
3 Pledges and grants receivable, net		41.915.
4 Accounts receivable, net	3	11,310.
·		
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule 1	4	
	5	
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).	6	
	7	
8 Inventories for sale or use.	8	
Notes and loans receivable, net	9	
	9	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
<b>b</b> Less: accumulated depreciation. 10b 263,607. 104,759.	. 10 c	153,302.
11 Investments – publicly traded securities.	11	
12 Investments – other securities. See Part IV, line 11	12	
13 Investments – program-related. See Part IV, line 11	13	
14 Intangible assets.	14	
15 Other assets. See Part IV, line 11	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	. 16	195,217.
17 Accounts payable and accrued expenses	17	
18 Grants payable	18	
19 Deferred revenue	19	
20 Tax-exempt bond liabilities	20	
A 21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.	22	
\$ 23 Secured mortgages and notes payable to unrelated third parties	23	
24 Unsecured notes and loans payable to unrelated third parties		50,000.
25 Other liabilities. Complete Part X of Schedule D.	25	4,757.
<b>26 Total liabilities.</b> Add lines 17 through 25. 50,000.		54,757.
N Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.		
§ 27 Unrestricted net assets 55,953.	. 27	-112,842.
27 Unrestricted net assets 55, 953.  28 Temporarily restricted net assets 20 Permanently restricted net assets 204 759	28	100,000.
<b>20 1</b> Cititationally restricted field association and a second s	. 29	153,302.
Organizations that do not follow SFAS 117, check here		
Fi lines 30 through 34.		
lines 30 through 34.  Solution 20 Capital stock or trust principal, or current funds	30	
	31	
32 Retained earnings, endowment, accumulated income, or other funds	32	
31 Paid-in or capital surplus, or land, building, or equipment fund	. 33	140,460.
§ 34 Total liabilities and net assets/fund balances. 310,712.	. 34	195,217.

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Part XI Reconciliation of Net Assets									
Check if Schedule O contains a response to any question in this Part XI				X					
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1	188,105	·					
2 Total expenses (must equal Part IX, column (A), line 25)	2	3	308,358	<u> </u>					
3 Revenue less expenses. Subtract line 2 from line 1			20,253	_					
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5 Other changes in net assets or fund balances (explain in Schedule O). See. Schedule .0									
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	L40,460	) .					
Part XII Financial Statements and Reporting									
Check if Schedule O contains a response to any question in this Part XII				٦					
			Yes No	<u> </u>					
1 Accounting method used to prepare the Form 990: X Cash Accrual Other									
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.									
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X						
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	X						
<b>c</b> If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?		udit, <b>2c</b>		_					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.									
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	e issued or	າ a 							
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth i Audit Act and OMB Circular A-133?	n the Singl	le <b>3a</b>	X	ζ					
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required	audit 3b	,						
ВАА		Forn	n <b>990</b> (201	0)					

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

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the	e organiza	ation							Employe	r identificat	tion number		
			ıd, Inc.								317533			
Par	t I _	Reas	on for Pub	lic Charity Status	(All organizations	must o	comple	te this	part.)	See i	<u>nstruct</u>	ions.		
The o	orga	nizatio	n is not a priva	ite foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1		A chur	ch, convention	of churches or associ	ciation of churches desc	cribed ir	section	า 1 <b>70</b> (b)	(1)(A)(i)					
2		A scho	ool described in	n section 170(b)(1)(A)	)(ii). (Attach Schedule E	E.)								
3														
4		A med	lical research o	organization operated	in conjunction with a h	nospital (	describe	d in <b>sec</b>	ction 17	0(b)(1)(A	<b>A)(iii)</b> . Er	nter the hos	spital'	S
			city, and state											
5		An org <b>170(b)</b>	ganization oper <b>(1)(A)(iv).</b> (Co	rated for the benefit omplete Part II.)	f a college or university	y owned	or oper	ated by	a gover	nmenta	I unit de:	scribed in s	sectio	n
6					overnmental unit descri									
7	X	in <b>sec</b>	tion 1 <b>70(b)(</b> 1)(	<b>A)(vi).</b> (Complete Pai	•		_	vernme	ntal uni	t or fron	n the ger	neral public	: desc	ribed
8		A com	munity trust de	escribed in section 17	70(b)(1)(A)(vi). (Comple	te Part I	l.)							
9		from a	ictivities relate	d to its exempt function	) more than 33-1/3% of ons – subject to certain s taxable income (less	n excebt	ions. ar	nd (2) no	o more t	han 33-	1/3% of	its support	from	aross
10				section 509(a)(2). (Co			-t. O		- 500/->	/A\				
10	$\vdash$	,	, ,		exclusively to test for pu		,		` '	` '		ı	,	
11		more i descri	panization orga oublicly suppor bes the type of	inized and operated e ted organizations des f supporting organizat	exclusively for the bene- scribed in section 509(a tion and complete lines	it of, to a)(1) or s 11e thr	perform section 5 ough 11	i the fur 509(a)(2 h.	). See <b>s</b>	of, or ca section	rry out tr 509(a)(3)	ne purpose ). Check th	s of o le box	ne or that
		a 🔲 🗆	Гуре І	<b>b</b> Type II	c Type II	I — Fund	ctionally	integra	ted		d	Type III -	- Othe	er
е		other t	ecking this box than foundation n 509(a)(2).	, I certify that the org n managers and other	anization is not controlly than one or more pub	led dired licly sup	ctly or in ported o	directly organiza	by one itions de	or more escribed	disquali in section	ified persoi on 509(a)(1	าร l) or	
f		If the	organization re		rmination from the IRS					e III sup	porting	organizatio	n,	П
g					on accepted any gift o					ollowing	persons	;?		
		415					***				1		Yes	No
		(i) <i>i</i>	A person who delow, the gove	directly or indirectly co erning body of the sui	ontrols, either alone or pported organization?	togethe	r with pe	ersons c	lescribe	d in (ii)	and (III)	11 g (i)		
			-		bed in (i) above?									
			-	•	described in (i) or (ii) a									
h					e supported organization							9 (/		
			e of supported	(ii) EIN	(iii) Type of organization	1	Is the	(A) Did v	ou notify	645	s the	(vii) Amou	nt of cur	nort
			janization	(ii) Liiv	(described on lines 1-9 above or IRC section (see instructions))	organiz column (	zation in i) listed in overning	the organ	nization in n (i) of upport?	organiz	ration in nn (i) ed in the S.?	(VII) Allioui	it or sup	урогс
					(see insudedons))	docu	ment?		No	Yes	No			
						Yes	No	Yes	140	162	140			
<u>(A)</u>														
<u>(B)</u>														
(C)														
<u>(D)</u>														
<u>(E)</u>														
Total														

BAA 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.)

Sec	Section A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.').	281,889.	271,332.	224,480.	216,003.	182,535.	1,176,239.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.		
4	The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)	114,660. 396,549.	114,660. 385,992.	114,660. 339,140.	114,660. 330,663.	114,660. 297,195.	573,300. 1,749,539. 340,980.		
	Public support. Subtract line 5 from line 4						1,408,559.		
	tion B. Total Support								
begi	nning in) >	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total		
7	Amounts from line 4	396,549.	385,992.	339,140.	330,663.	297,195.	1,749,539.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	229.	2,500.	2,281.	380.	272.	5,662.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.		
11	Total support. Add lines 7 through 10						1,755,201.		
12	Gross receipts from related activ	rities, etc (see inst	ructions)			12	0.		
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(	3)		
	tion C. Computation of Pu								
	Public support percentage for 20 Public support percentage from 20						80.3 % 79.1 %		
	a 33-1/3% support test – 2010. If					·			
100	and <b>stop here.</b> The organization	qualifies as a pub	olicly supported or	ganization			X		
ł	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								
17 a	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								
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	nd-circumstances test. The organiza	test, check this ation qualifies as	box and <b>stop her</b> a publicly suppor	<b>e.</b> Explain in Part ted organization	IV how the▶		
18 BAA	· · · · · · · · · · · · · · · · · · ·	zation did not che	ck a box on line 1	3, 16a, 16b, 17a			structions ►   90 or 990-EZ) 2010		
					001				

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

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

Sec	tion A. Public Support							
	dar year (or fiscal yr beginning in)►	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	0	(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.							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
J	facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
ŀ	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.							
(	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support		T	T	T			
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	0	(f) Total
10 a	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	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.)							
	Total support. (Add Ins 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 50	01(c)(3)	<u> </u>
	tion C. Computation of Pul							
	Public support percentage for 20			ne 13, column (f))	<b>)</b>		15	%
	Public support percentage from 2	•	•			F	16	%
	tion D. Computation of Inv						1	<u> </u>
	Investment income percentage f				ımn (f))		17	%
	Investment income percentage f	· ·	• •	-		F	18	%
	<b>33-1/3% support tests</b> – <b>2010.</b> If is not more than 33-1/3%, check	the organization	did not check the	box on line 14, a	and line 15 is more	e than 33-1/	3%, and last	line 17
Ł	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or l	ine 19a, and line	16 is more t	han 33-1/	/3%, and ► □
20	Private foundation. If the organi		•		·		-	<b>—</b>

Schedule A	(Form 990 or 990-EZ	2) 2010 Boo	ks Aloud,	Inc.			23-7317533	Page <b>4</b>
Part IV	Supplemental In Part II, line 17a (See instructions	<b>formation.</b> Cor 17b; and F	Complete this Part III, line	s part to p 12. Also o	provide the exponential this provide this provide the exponential this pro	planations rec part for any a	quired by Part dditional inforn	II, line 10; nation.
	. – – – – – – –							
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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

2010

Name of the organization		Employer identification number					
Books Aloud, Inc.		23-7317533					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( <u>3</u> ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as 527 political organization	s a private foundation					
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a p 501(c)(3) taxable private foundation	orivate foundation					
Check if your organization is covered by the <b>Go Note.</b> Only a section 501(c)(7), (8), or (10) organization	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note.</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule  For an organization filing Form 990, 990-E2 contributor. (Complete Parts I and II.)	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one						
Special Rules							
509(a)(1) and 170(b)(1)(A)(vi), and receive	form 990 or 990-EZ, that met the 33-1/3% support test of d from any one contributor, during the year, a contributio VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts	n of the greater of (1) \$5,000 or					
For a section 501(c)(7), (8), or (10) organiz aggregate contributions of more than \$1,00 the prevention of cruelty to children or anim	ation filing Form 990 or 990-EZ, that received from any one for use exclusively for religious, charitable, scientific, linals. Complete Parts I, II, and III.	one contributor, during the year, terary, or educational purposes, or					
contributions for use <i>exclusively</i> for religiou If this box is checked, enter here the total or purpose. Do not complete any of the parts	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively						
religious, charitable, etc, contributions of \$5	5,000 or more during the year						
990-PF) but it <b>must</b> answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file e 2 of their Form 990, or check the box on line H of its Fog requirements of Schedule B (Form 990, 990-EZ, or 990	orm 990-EZ, or on line 2 of its Form					
BAA For Paperwork Reduction Act Notice, se 990EZ, or 990-PF.	ee the Instructions for Form 990, Sche	dule B (Form 990, 990-EZ, or 990-PF) (2010)					

Page 1

of Part I

Books Aloud, Inc.

Employer identification number

of 2

23-7317533

Part I	Contributors (see instructions.)	<u>.</u>	
(a)	(b)	(c)	(d)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	George H. Sandy Foundation		Person X
	P. O. Box 591717	\$10,000.	Payroll Noncash
	San Francisco, CA 94159		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Variety Audio Foundation		Person X
	P. O. Box 5731	\$6,116.	Payroll Noncash
	San Jose, CA 95150		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	City of San Jose		Person X
	200 E. Santa Clara Ave	\$29,871.	Payroll Noncash
	San Jose, CA 95113		(Complete Part II if there is a noncash contribution.)
(0)	(b)	(a)	(4)
(a) Number	Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
` '	• • • • • • • • • • • • • • • • • • • •	Aggregate	Type of contribution  Person X
` '	Name, address, and ZIP + 4  Leventon Family Trust	Aggregate	Type of contribution
` '	Name, address, and ZIP + 4  Leventon Family Trust	Aggregate contributions	Person X Payroll
` '	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue	Aggregate contributions	Person X Payroll Noncash (Complete Part II if there
4  (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)	Aggregate contributions  \$5,500.  (c) Aggregate	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X
4 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4	Aggregate contributions  \$5,500.  (c) Aggregate	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution
4 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust	\$5,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll
4 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust  P. O. Box 1121	\$5,500.	Type of contribution  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II if there
(a) Number 5	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  (b)	Aggregate contributions  \$ 5,500.  (c) Aggregate contributions  \$ 25,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution.)
(a) Number 5 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  (b)  Name, address, and ZIP + 4	Aggregate contributions  \$ 5,500.  (c) Aggregate contributions  \$ 25,000.	Person X Payroll (Complete Part II if there is a noncash contribution)  Person X Payroll (d) Type of contribution  Person X Payroll (Complete Part II if there is a noncash contribution)  (d) Type of contribution  (d) Type of contribution  Person X Payroll (d) Type of contribution.)
(a) Number 5 (a) Number	Name, address, and ZIP + 4  Leventon Family Trust  2387 Cory Avenue  San Jose, CA 95128  (b)  Name, address, and ZIP + 4  E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  (b)  Name, address, and ZIP + 4  Leo M Shortino Family Foundation	Aggregate contributions  \$5,500.  (c) Aggregate contributions  \$25,000.  (c) Aggregate contributions	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Nancash Contribution.)

of Part I

Books Aloud, Inc.

Page 2 of 2

Employer identification number

23-7317533

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Kelso Rothschild by Robert Barrett  8743 Sungate Place NE  Bremerton, WA 98311	\$ <u>18,280.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	J. Duncan Benas  398 Beverly Place  Pacifica, CA 94044	\$25,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(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) Number	(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) Number	(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) Number	(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.)

Page

of 1

of Part II

Name of organization
Books Aloud, Inc.

Employer identification number

23-7317533

#### 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
7	Commercial Audio Books		
		\$ 18,280.	11/10/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	Commercial Audio Books		
		\$ 25,000.	2/15/11
(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
		\$	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

Doolea Mloud Inc

Employer identification number

	Aloud, Inc.			23-731753	3
Part III	Exclusively religious, charitable, e organizations aggregating more th	tc, individual contribution an \$1,000 for the year.Co	ns to secti mplete cols (	on 501(c)(7), (8), or (10) a) through (e) and the following	ng line entry.
	For organizations completing Part III, enter contributions of <b>\$1,000 or less</b> for the year.	(Enter this information once. S	naritable, etc, See instruction	ns.) 🟲 \$	N/A
(a)	(b)	(c)		(d)	
No. from Part I	Purpose of gift	Use of gift		Description of how gi	ft is held
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to tran	sferee
(a)	(b)	(c)		(d)	
No. from	Purpose of gift	Use of gift		Description of how gi	ft is held
Part I					
		(e)			
		Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Rela	ationship of transferor to tran	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gi	ft is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to tran	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gi	ft is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to tran	sferee
	1			·	

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

Books Aloud, Inc. 23-7317533 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 2 Aggregate contributions to (during year).... Aggregate grants from (during year) . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?. No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a 2b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a)...... 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No 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 during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ►\$ (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X. ▶\$

Part III   Organizations Maintain	ing Collection	ons of Art, Histo	orical Treasures, or	Other Similar Ass	ets (co	ntinu	<u>ed)</u>
3 Using the organization's acquisition items (check all that apply):	n, accession, an	d other records, ch	eck any of the following	that are a significant u	use of its	collect	tion
a Public exhibition		<b>d</b> Loan	or exchange programs				
<b>b</b> Scholarly research		e Other					
c Preservation for future generat							
<b>4</b> Provide a description of the organi Part XIV.		·			se in		
5 During the year, did the organization assets to be sold to raise funds rate	her than to be r	naintained as part	of the organization's col	lection?			No
Part IV Escrow and Custodial A 9, or reported an amount	Arrangement nt on Form 99	s. Complete if 90, Part X, line	organization answe 21.	red 'Yes' to Form 9	∌90, Paı ——	rt IV,	line
1 a Is the organization an agent, truste included on Form 990, Part X?	ee, custodian, or	other intermediary	for contributions or oth	er assets not	Yes	Г	No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIV and o	complete the follow	ing table:				
					Amount		
<b>c</b> Beginning balance							
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance							٦
2a Did the organization include an am		90, Part X, line 21	<u>′ </u>		Yes	L	No
b If 'Yes,' explain the arrangement in Part V Endowment Funds. Con		rganization and	swared 'Vas' to Form	m 990 Part IV line	2 10		
Tart v Endowment runds: Oon	(a) Current year	(b) Prior yea				our years	hack
<b>1 a</b> Beginning of year balance	(a) carrone your		(O) The yours such	(u) Three years buch	(0)	Jul your	Buok
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage	of the year end	balance held as:					
a Board designated or quasi-endown	nent ►	%					
<b>b</b> Permanent endowment ▶	%						
c Term endowment ►	<u> </u>						
3a Are there endowment funds not in	the possession	of the organization	that are held and admir	nistered for the	_		
organization by:						Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations							
<b>b</b> If 'Yes' to 3a(ii), are the related org		•			3b		
4 Describe in Part XIV the intended Part VI Land, Buildings, and Ed							
Description of investment		Cost or other basis	(b) Cost or other	(c) Accumulated	(4) B	Book va	-luo
·		(investment)	basis (other)	depreciation	(u) D	OUR Va	lue
<b>1 a</b> Land							
<b>b</b> Buildings							
c Leasehold improvements			04 200	42 275		40	01/
<b>d</b> Equipment			84,289.	43,375.			914.
e Other	•	Form 900 Part V	332,620.	220,232.			388.
BAA	(u) must equal l	ыні ээυ, Fait Λ, (	.oranin ( <i>b),</i> iine 10( <i>c).).</i>		dule <b>D</b> (Fo		

Schedule **D** (Form 990) 2010

Part VII Investments-Other Securities. See Form 990, Part X, line 12. N/A					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: ket value		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
<u>(C)</u>					
(D)					
(E)					
<u>(F)</u>					
(H)					
(l)					
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).					
Part VIII Investments-Program Related. (See	Form 990, Part X,	line 13) N/A			
(a) Description of investment type	(b) Book value	(c) Method of valuat			
		Cost or end-of-year mark	ket value		
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)					
Part IX Other Assets. (See Form 990, Part X,			4.5		
	scription		<b>(b)</b> Book value		
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, column(B)		▶			
Part X Other Liabilities. (See Form 990, Part					
(a) Description of liability	(b) Amount	_			
(1) Federal income taxes (2) Withheld Payroll Tax Payable	4,75	57			
(3)	7,7	57.			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>▶</b> 4,75				

**2.** FIN 48 (ASC 740) 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 (ASC 740).

Schedule <b>D</b>	(Form 990) 2010 Books Aloud, Inc.	23-7317533	Page 5
Part XIV	(Form 990) 2010 Books Aloud, Inc.  Supplemental Information (continued)		

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

Transactions With Interested Persons

2010

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(9) (10) ► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization Books Aloud, Inc. 23-7317533 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax imposed on the organization managers or disqualified persons during the year under ▶\$ section 4958. Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (f) Approved by board or committee? (a) Name of interested person and purpose (b) Loan to or from (c) Original principal amount (d) Balance due (e) In default? (g) Written agreement? То From Yes No Yes No Yes No (1) (2) (3)(4) (5)(6)(7) (8) (9) (10)Total Grants or Assistance Benefitting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance (1)(2) (3) (4) (5) (6)(7)(8)

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

Schedule **L** (Form 990 or 990-EZ) 2010

	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi	zation
	organization			Yes	nues?
(1) Mark Rickert	Board Member	4,950.	Computer Maintenance		Х
(2) Clifford Meurer, dba Felt	Relative	33,272.			X
(3)					
(4)					
(5)				-	
(6) (7)					
(8)					
(9)					
(10)					<u> </u>
Part V Supplemental Information					
Complete this part to provide addition	mai imormation for response	ss to questions on Sci	ieddie E (See ilistractions).		
		 			· — - · — -
					· — -
					· —

## SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047 2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization Books Aloud, Inc. 23-7317533

Pai	rt I Types of Property						
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) I of determinantribution a	ning amounts
1	Art—Works of art			, , ,			
2	Art—Historical treasures.						
3	Art—Fractional interests						
4	Books and publications.	Х		43,280.	FMV		
5	Clothing and household goods	71		13/2001	1111		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property.						
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						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other ► ( )						
29	Number of Forms 8283 received by the organization	on during the	e tax year for contribut	tions for which the			
	organization completed Form 8283, Part IV, Done	e Acknowled	lgement		29		
						Yes	No
30 a	During the year, did the organization receive by or hold for at least three years from the date of the i purposes for the entire holding period?	ontribution a	ny property reported in ution, and which is no	n Part I, lines 1-28 that t required to be used fo	it must r exempt	30 a	X
Ŀ	If 'Yes,' describe the arrangement in Part II.						
	Does the organization have a gift acceptance poli-	cy that requi	res the review of any i	non-standard contribution	ons?	31	Х
32 a	Does the organization hire or use third parties or noncash contributions?					32a	Х
b	If 'Yes,' describe in Part II.						
	If the organization did not report an amount in col	lumn (c) for	a type of property for	which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2010

Schedul	e <b>M</b> (Form 990) 201	0 Books Alou	id, Inc.		23-7317533	Page 2
Part II	Supplemental and 33. Also of	<b>Information.</b> Complete this pa	omplete this part art for any additior	to provide the informational information.	on required by Part I, lines 30	o, 32b,

## SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

Books Aloud, Inc.	23-7317533
Form 990, Part III, Line 4a - Program Service Accomplishments	
The program service activity provided by Books Aloud, Inc is a	free lending library
of books recorded by volunteer voices digitally and transferre	d onto cassette tapes
and CDs for those who can only read by listeningthe blind a	nd disabled. During
fiscal_year_ended_June_30,_2011,_252_new_recorded_book_titles_	were added to the
library. A selection committee of volunteers met regularly to	plan for excellence in
book material. 35,123 albums were in circulation during this	fiscal year, providing
an average of 20,360 listening hours, each month. The average	book taped by
volunteers is from 200 to 400 pages and takes about four to tw	elve_cassettes_to
record. Staff and volunteers duplicate each master tape, so t	hat many albums of the
book are available for circulation. Tapes are mailed out for	30 to 90 days to a
client. Client files are maintained to record preference to t	ype of books, book
requests and other information in order to service each client	<u>individually. In</u>
addition, many schools, hospitals and senior citizen facilitie	s_and_organizations_use
the services. This year 40 mini satellite libraries were serv	iced_in_collaboration
with senior homes and 30 Special Education Classes in Santa Cl	ara County School
Systems Home_deliveries continue_by_staff_and_volunteers_usi	ng the donated delivery _
vehicle. While clients are mainly located in California, 15%	of the taped books are
loaned_to_clients_out-of-state. The Lions_Club's monthly_maga	zine_is_recorded_and
sent_to_an_average_of_140_blind_members_of_Lions_Clubs_in_the	United States, Canada
and_four_other_countries. In this fiscal year, the volunteer	voices also recorded
the many community service materials for the City of San Jose,	the County of Santa
Clara, various community service organizations and art agencie	s for distribution to
blind and disabled persons. An average of 53 volunteers assis	t the staff every month
with work of the program, ranging from cataloging, circulation	, editing, repair,
mailing and making labels in Braille for the cassettes and alb	ums. An average of 64

Name of the organization Books Aloud, Inc.	Employer identification number 23-7317533					
Form 990, Part III, Line 4a - Program Service Accomplishments	·					
individuals record the books, magazines and city and county in	formational materials					
in the recording booth every month. Portable tape recorders are available to loan to						
clients. Government support is realized by the provisions of US PO Free Matter for						
the Blind mailing and the use of occupancy and delivery by the	the Blind mailing and the use of occupancy and delivery by the San Jose Public					
Library. This year the "Sight & Sound" project was enlarged of	ue to the requests from					
parents and teachers of the learning disabled and dyslexic stu	dents. The audio book					
along with the printed book is sent to this classification of	clients, thereby,					
increasing their ability of becoming "readers". We currently	have over 850 kits.					
Due to the availability of commercially recorded audio books,	we now have an even					
greater number of titles for our disabled clients. Commercial	ly recorded books have					
been donated to Books Aloud, which in turn, are assembled and	placed in the					
collection and available for distribution to our clients. Thi	s year we placed over					
500 commercially recorded albums in our collection.						
Form 990, Part VI, Line 11b - Form 990 Review Process						
Presented to and Reviewed by Executive Director Prior to Filin	<u>g</u>					
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO,	Exec. Dir., or Top Mgtment					
Annual discussion and approval of executive director compensat	ion by Board of					
Directors.						
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Office	rs & Key Employees					
Annual employee reviews with discussion and approval by Board	of Directors					
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available						
Form 990 available annually on charity website. A copy of the	Form 990 is given or					
mailed to anyone requesting a copy and is posted on organizati	on's website.					

2010	Schedule O - Supplemental Information	Page 1
	Books Aloud, Inc.	23-7317533
Form 990, Part XI, L Other Changes in N	Line 5 Net Assets or Fund Balances	
Rounding	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1. 1.

# Form **8868** (Rev January 2011)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

If you ar	e filing for an Automatic 3-Month Extension, con	nplete only	Part I and check this box		► Х
<ul><li>If you ar</li></ul>	e filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of th	is form).	
Do not com	plete Part II unless you have already been grante	d an autom	natic 3-month extension on a previously	filed Form 8868.	
corporation request an e	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click of	t automatic) Part I or Paust be sent	) 3-month extension of time. You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instruct	ectronically file Form nformation Return for	8868 to r Transfers
Part I A	automatic 3-Month Extension of Time.	Only subm	nit original (no copies needed).		
	on required to file Form 990-T and requesting an a		· · · · · · · · · · · · · · · · · · ·	complete Part I only.	▶
•	rporations (including 1120-C filers), partnerships,			,	
	Name of exempt organization			Employer identification r	number
Type or					
print	Books Aloud, Inc.			23-7317533	
File by the due date for	Number, street, and room or suite number. If a P.O. box, see in	nstructions.		120 102 100	
filing your return. See	P. O. Box 5731				
instructions.	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.		
	San Jose, CA 95150				
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		01
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BI	<u> </u>	02	Form 1041-A		08
Form 990-E	Z	03	Form 4720		09
Form 990-PI	F	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephon If the org If this is check th	is are in the care of .   Joyce L. Meurer  De No.   408-808-2615  Ganization does not have an office or place of buston for a Group Return, enter the organization's four is box.   If it is for part of the group, checknison is for.	digit Group	e United States, check this box	this is for the whole	group,
until _	est an automatic 3-month (6 months for a corpora $2/15$ , 20 $12$ _ , to file the exempt orgetension is for the organization's return for: calendar year 20 or tax year beginning _ $7/01$ , 20 $10$ _	janization r	eturn for the organization named above.		
	ax year entered in line 1 is for less than 12 mont ange in accounting period	hs, check r	eason: Initial return Fir	nal return	
nonref	application is for Form 990-BL, 990-PF, 990-T, 47 undable credits. See instructions			3a \$	0.
payme	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment al	lowed as a	credit	3b \$	0.
<u>EFTPS</u>	ce due. Subtract line 3b from line 3a. Include you 6 (Electronic Federal Tax Payment System). See	instructions	<b>.</b>	3c \$	0.
Caution. If y	ou are going to make an electronic fund withdraw	wai with this	s Form 8868, see Form 8453-EO and Fo	rm 88/9-EU for	

OMB No. 1545-1709

Form <b>886</b>	<b>8</b> (Rev 1-2011)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-I	Month Extensio	n, complete only Part II and check	this box	► Х
	y complete Part II if you have already been gra		·	ısly filed Form 8868.	
• If you	are filing for an Automatic 3-Month Extension	, complete only	Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month I	Extension of	<b>Time.</b> Only file the original (	(no copies needed).	
	Name of exempt organization			Employer identification numb	er
Type or					
print	Books Aloud, Inc.			23-7317533	
File by the	Number, street, and room or suite number. If a P.O. box, se	e instructions.			
File by the extended					
due date for filing the return. See	P. O. Box 5731				
instructions.	City, town or post office, state, and ZIP code. For a foreign	address, see instruct	ions.		
	San Jose, CA 95150				
Enter the	Return code for the return that this application	is for (file a se	parate application for each return).		01
Application	on	Return	Application		Return
ls For		Code	ls For		Code
Form 990		01			
Form 990	-BL	02	Form 1041-A		08
Form 990	-EZ	03	Form 4720		09
Form 990	-PF	04	Form 5227		10
Form 990	-T (section 401(a) or 408(a) trust)	05	Form 6069		11
	-T (trust other than above)	06	Form 8870		12
	not complete Part II if you were not already g		matic 3-month extension on a previ	iously filed Form 8868.	
	ooks are in care of. <u>Joyce L. Meurer</u>				
	none No. ► <u>408-808-2615</u>	FAX No.		_	
	organization does not have an office or place o				
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's	four digit Group	DExemption Number (GEN)	If thi	s is for the
whole gro	up, check this box $\dots$ $ hildsymbol{ ho}$ $\square$ . If it is for part of the	he group, check	this box ▶ 🔲 and attach a list w	ith the names and EINs	of all
	the extension is for.				
4 I red	quest an additional 3-month extension of time u	Intil $5/15$	, 20 <u>12</u> .		
<b>5</b> For	calendar year , or other tax year begi e tax year entered in line 5 is for less than 12 i	nning <u>7/01</u>	$\_$ $_$ $_$ $_$ $_$ $_$ $_$ $_$ $_$ $_$ $_$	. <u>6/30</u> , 20 _	<u>11</u> .
		months, check r	reason: Initial return	Final return	
	Change in accounting period				
	e in detail why you need the extension $-\frac{A_0}{A_0}$				<u>ide</u>
	<u>urce statements in order to ha</u>	<u>ave the in</u>	<u>formation necessary to</u>	<u>complete the </u>	
pr	eparation of the tax return.			1 1	
noni	is application is for Form 990-BL, 990-PF, 990-refundable credits. See instructions				
payr	is application is for Form 990-PF, 990-T, 4720, ments made. Include any prior year overpayme Form 8868.	nt allowed as a	credit and any amount paid previous	usly	
c Bala	ince due. Subtract line 8b from line 8a. Include PS (Electronic Federal Tax Payment System).	vour pavment	with this form, if required, by using		
			d Verification	· · · · ·	
Under penalt correct, and	ies of perjury, I declare that I have examined this form, includir complete, and that I am authorized to prepare this form.			nowledge and belief, it is true,	
Signature	Title	Execut	ive Director	Date ►	
BAA		FIF70502I	_ 11/15/10	Form <b>8868</b>	(Rev 1-2011)