2012	TAX RE	TURN
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	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:	June 30, 2014
Comments:	
Route to:	

FDIL2001L 05/31/12

## 2012 Exempt Org. Return

prepared for:

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

Mary F. Vettorel, CPA 1952 Camden Ave., Suite 102 San Jose, CA 95124

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

June 30, 2014

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

Dear Executive Director:

Your 2012 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2012 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 November 15, 2013 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 \$75 payable by November 15, 2013. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before November 15, 2013 to:

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

Please be sure	to call	us if you	have any	questions.
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Sincerely,

Mary F. Vettorel

### Form **8879-EO**

## IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning  $\ 7/01$  , 2012, and ending  $\ 6/30$  ,  $\ 2013$  .

OMB No. 1545-1878

**2012** 

Form **8879-EO** 

Department of the Treasury Internal Revenue Service

► Do not send to the IRS. Keep for your records.

Employer identification number 23-7317533 Books Aloud, Inc. Executive Director Joyce L. Meurer **Part I** Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I. 1 a Form 990 check here.... ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)...... 1 b 2a Form 990-EZ check here ..... b Total revenue, if any (Form 990-EZ, line 9)...... 2b Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 Officer's PIN: check one box only Mary F. Vettorel, CPA to enter my PIN as my signature Enter five numbers, but on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature > Date ► Part III | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN...... 77054195124 I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date ▶ ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

## Form **990**

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

(a)(1) of the Internal Revenue Code

OMB No. 1545-0047

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

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

Open to Public Inspection

Α	For t	he 2012 calen	dar year, or tax	year begin	ning 7/(	01	, 2012,	and ending	6/	30	,	2013	
В	Check	if applicable:	С			-						ication Number	-
	A	ddress change	Books Alo	ud. Inc	1.					23-	73175	33	
	-	ame change	P. O. Box		•					E Telepho			
	-	nitial return	San Jose,		50					108	-808-	2613	
		erminated								400	000	2013	
	-	mended return								<b>G</b> Gross r	aaainta Ġ	200	,384.
	-	pplication pending	F Name and add	rece of principa	officer:				H(a) Is this	a group retur			X No
	A	pplication pending			ii onicer.				. ,			103	No No
_	Toy	overnt status	Same As C  X  501(c)(3)		\ <b>4</b> (i)	nsert no.)	4947(a)(1) or	527	If 'No,'	l affiliates inc ' attach a list.	(see insti	ructions)	□
<u> </u>		exempt status		501(c) (	) • (11	iisert iiu.)	4947(a)(1) 01						
_			w.booksalo			T au .	1.			exemption no			
K		n of organization:	X Corporation	Trust	Association	Other ►	L	ear of Formation	on: 197	3   W S	State of le	gal domicile: CA	
Pa	rt I	Summar Briefly deseri	bo the ergenize	tion's miss	ion or most	cianificant a	ativitias. 0						
	1	Briefly descri	be the organiza	ition's miss	ion or most	significant a	ctivities: Ot	<u>ır missi</u>	i <u>on is</u>	<u>to im</u>	<u>prove</u>	<u>e_the_qua</u>	<u>lity</u>
g		<u>of life</u>	for people	<u>unabl</u>	<u>e to ben</u>	<u>efit di</u>	rectly_f	rom the	<u>prin</u>	t <u>ed pa</u>	de' p	<u>y provid</u> i	<u>_ng</u>
Jan		a servic	e to stim by Lister	<u>liate III.</u>	inas, st	<u>ir emoti</u>	L <u>ons, an</u>	<u>a roste</u>	r inde	ерепает	<u>ice t</u>	nrough o	īī
Governance	2	Check this ho	ox ► if the	organizatio	LOGLAIII.	ed its opera	tions or disp	osed of mo	re than 3	25% of its	not acc		
Ö	3		oting members								<b>3</b>	ets.	9
৽ၓ	4		dependent votir								4		9
ties	5		of individuals								5		5
Activities &	6	Total number	of volunteers (	estimate if	necessary).						6		120
Ac			ed business rev								7 a		0.
	b	Net unrelated	l business taxal	ole income	from Form 9	990-T, line 3	4				7 b		0.
										Prior Year		Current Y	
<u>a</u>	8		and grants (Pa							421,3	328.	339	<u>,637.</u>
Revenue	9		vice revenue (Pa										
eve	10		ncome (Part VII		•						39.		189.
ш	11		e (Part VIII, col				•			29,4			<u>,630.</u>
	12		e – add lines 8							451,5	86.	382	,456.
	13		imilar amounts										
	14		to or for memb										
S	15		er compensation							122,5	16.	159	<u>,360.</u>
nse	16 a	Professional	fundraising fees	s (Part IX, o	column (A),	line 11e)							
Expenses	b	Total fundrais	sing expenses (	Part IX, co	lumn (D), lin	ie 25) ►	2	2,872.					
Ú	17	Other expens	ses (Part IX, col	umn (A), li	nes 11a-11d	, 11f-24e)				230,0	31.	228	,472.
	18	Total expense	es. Add lines 13	3-17 (must	equal Part I	X, column (A	), line 25)			352,5			,832.
	19	Revenue less	expenses. Sub	otract line 1	8 from line	12				99,0			,376.
0 0										ng of Currer		End of Ye	
sets	20	Total assets	(Part X, line 16)	)					- 3	239,7			,122.
Net Assets	21	Total liabilitie	es (Part X, line 2	26)							261.		0.
ž	22	Net assets or	fund balances.	. Subtract li	ine 21 from I	line 20				239,4	198.	234	,122.
Pa	rt II	Signatur	e Block							2007			<u>/ + · </u>
			eclare that I have exa	amined this retu	urn, including ac	companying sche	edules and stater	ments, and to the	ne best of n	nv knowledae	and belie	f. it is true, correct	and
com	plete. D	eclaration of prepa	arer (other than office	er) is based on	all information o	of which preparer	has any knowled	dge.		.,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Sig	nc	Signatu	re of officer						Da	ate			
He	re	Jov	ce L. Meur	er					Exec	utive 1	Direc	tor	
			print name and title										
		Print/Type p	oreparer's name		Preparer's sign	nature		Date		Check	X if F	PTIN	
Pa	id	Marv F	. Vettore	1						self-employ		201408132	
	epar				orel, CP	PΑ		1					
	e Or			Camden 2		ite 102				Firm's EIN	<b>&gt;</b> 77-	0038808	
			San Jo		95124	100 102				Phone no.	(408		22
Ma	y the	IRS discuss th	nis return with th	-		ve? (see inst	ructions)				<u> </u>	X Yes	No
	,			1 -1 -1 -1		,	/						1

I ai	Check if Schedule O contains a response to	•		X
1	Briefly describe the organization's mission:	any queenen in the cart in the cart		
-	Our mission is to improve the qu	uality of life for people	e unable to benefit di	rectly
	from the printed page, by provide			
	foster independence through our			
2	Did the organization undertake any significant program	services during the year which were not l	listed on the prior	
	Form 990 or 990-EZ?		Yes	s X No
	If 'Yes,' describe these new services on Schedule	O.	<u> </u>	
3	Did the organization cease conducting, or make sign	gnificant changes in how it conducts, a	ny program services? Ye	s X No
	If 'Yes,' describe these changes on Schedule O.		_	
4	Describe the organization's program service accom	pplishments for each of its three larges	t program services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section others, the total expenses, and revenue, if any, for	tion 4947(a)(1) trusts are required to repoi r each program service reported.	rt the amount of grants and allocation	S to
	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		
4 a	a (Code: ) (Expenses \$ 347.9	31. including grants of \$	) (Revenue \$	)
	See Schedule 0			
4 b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
1.	: (Code: ) (Expenses \$	including grants of \$	) (Payanua Š	
40	(Code) (Expenses V		) (Nevenue 🏺	
			. – – – – – – – – – – – – – – – – – – –	
4 0	Other program services. (Describe in Schedule O.)			
			(Revenue \$	)
10	Total program service expenses	2/17 021		

## Form 990 (2012) Books Aloud, Inc. Part IV Checklist of Required Schedules

			res	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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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? <i>If 'Yes,' complete Schedule D, Part II</i>	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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If '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
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	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		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
	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
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

### 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		Χ
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 a	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		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I 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		Х
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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	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):			
ā	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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		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	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.	38	X	

**BAA** Form **990** (2012)

### 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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	4		
Ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
(	: Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		. 1c	X	
2 a	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	2 a	5		
Ł	ا و المراقعة المراقع		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in				
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the yea	•	. 3a		Х
Ł	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.)	er authority over, a nancial account)?	. 4a		Х
t	of Yes,' enter the name of the foreign country:	San and the American			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F				v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt				Λ
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	. 6a		Х
Ł	olf 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	ons or gifts were	6 b		
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 p services provided to the payor?	artly for goods and	. 7a		Х
ŀ	of If 'Yes,' did the organization notify the donor of the value of the goods or services provided?				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v				Х
c	Form 8282?	7 d	7 c		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		. 7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	. 7f		Х
ç	If the organization received a contribution of qualified intellectual property, did the organization file F as required?	Form 8899	. 7g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	. 8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		. 9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?				
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:	1			
a	Gross income from members or shareholders	11 a			
k	Gross income from other sources (Do not net amounts due or paid to other sources	441			
10.	against amounts due or received from them.).	11 b	10-		
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu	i	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	_		
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		. 13a		
ć	<b>Note.</b> See the instructions for additional information the organization must report on Schedul		134		
L	Enter the amount of reserves the organization is required to maintain by the states in	· · · ·			
	which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			7.
	Did the organization receive any payments for indoor tanning services during the tax year?				X
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	. 14b		

Form 990 (2012) Books Aloud, Inc. 23-7317533 Page 6 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 Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee?..... Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhólďers, or other persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?.... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?.. c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this is done 120 X 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... Χ 15 a 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section 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, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

E. San Fernando Street San Jose CA

## 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

- 1 a 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.

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

		(C)								
(A) Name and Title	(B) Average hours per	Position (do not check more one box, unless person is be officer and a director/trus		n is botl	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other		
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Betsy Kerr	1									
Secretary	0	X		Χ				0.	0.	0.
(2) Alfred V. Reuter President	2	Х		Х				0.	0.	0.
(3) Deb Wible	1									
Director	0	Х						0.	0.	0.
(4) Dan Caputo Jr	1	. ,,		.,					•	
Treasurer	0	Х		Χ				0.	0.	0.
(5) Mark Tonnesen	11	.,						0	0	0
Director	0	Х						0.	0.	0.
(6) Christine Tower	1	37						0	0	0
Director (7) Pen Westphel	0	X						0.	0.	0.
	1	Х						0.	0.	0.
(8) Edward Pansullo	1	Λ						0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
(9) Won Cho	1							0.	0.	0.
Director	0	Х						0.	0.	0.
(10) Joyce L Meurer	50									
Executive Director	0				Χ			65,000.	0.	0.
(11)		-								
(12)		-								
<u>(13)</u>										
(14)		-								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)												
	(B)			(0	;) sition							
(A) Name and title	Average hours per week	box.	unles	heck ss pe	more erson directe	than is botl or/trus	h an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	amo	(F) stimated unt of oth	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	f org an	ipensatio rom the anizatior d related anization	n I
<u>(15)</u>						-						
(16)												
(17)												
<u>(18)</u>												
(19)		-										
(20)												
(21)		-										
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							<b>&gt;</b>	65,000.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).							<b>&gt;</b>	0. 65,000.	0.			0.
2 Total number of individuals (including but not limited to from the organization ► 0	those I	isted	abov	/e) v	who	recei	ved	more than \$100,00	0 of reportable comp	bensatio	n	
3 Did the organization list any <b>former</b> officer, director	r or trus	stee,	key	emı	ploy	ee, c	or hi	ighest compensate	ed employee		Yes	No
<ul> <li>on line 1a? If 'Yes,' complete Schedule J for such in the sum of real the organization and related organizations greater to the organization.</li> </ul>										. 3		X
such individual										. 4		Х
<ul> <li>Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'</li> <li>Section B. Independent Contractors</li> </ul>	comper comple	isatio <i>te Sc</i>	n fro	om a lule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	ındıvıdual	. 5		Χ
Complete this table for your five highest compensa compensation from the organization. Report compensa	ted inde	epend the ca	dent alend	cor	ntrad year	ctors endi	tha	t received more the	nan \$100,000 of ganization's tax yea	·.		
(A) Name and business addres	ss							(B) Description of	of services	Compe	C) nsatio	n
None ,												
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ►		ited to	tho	se I	isted	d abo	ve)	who received more	than			

### Form 990 (2012) Books Aloud, Inc. 23-7317533 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII..... (B) (D) (A) Total revenue Related or Unrelated Revenue excluded from tax exempt business under sections 512, 513, or 514 function revenue revenue CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 a Federated campaigns . . . . . . . . **b** Membership dues..... 1 b c Fundraising events..... 1 c **d** Related organizations..... 1 d e Government grants (contributions) . . . . 144,871 f All other contributions, gifts, grants, and similar amounts not included above . . . 194,766 g Noncash contributions included in Ins 1a-1f: \$ h Total. Add lines 1a-1f ...... 339,637 PROGRAM SERVICE REVENUE **Business Code** f All other program service revenue. . . g Total. Add lines 2a-2f ...... Investment income (including dividends, interest and other similar amounts)..... 189 189. Income from investment of tax-exempt bond proceeds . > Royalties..... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory. **b** Less: cost or other basis and sales expenses . . . . . . c Gain or (loss)..... **d** Net gain or (loss)..... 8 a Gross income from fundraising events OTHER REVENUE (not including. \$ of contributions reported on line 1c). See Part IV, line 18..... a 59,171 **b** Less: direct expenses . . . . . **b** c Net income or (loss) from fundraising events . . . . . . . . . 42,243 42,243. 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses . . . . . . . . . b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances . . . . . . . . . . . . a **b** Less: cost of goods sold. . . . . . . . . **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue Business Code 11a <u>Unclaimed Property</u> 387 387

382

387

456

0

0

d All other revenue .....

e Total. Add lines 11a-11d .....

Total revenue. See instructions.....

### 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).

360	Check if Schedule O contains a re				X
Do 17b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		охранова	goneral expenses	охроносо
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members	65,000.	52,000.	6,500.	6,500.
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	67,227.	67,227.		
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	15,245.	14,685.	280.	280.
10	Payroll taxes	11,888.	10,720.	584.	584.
11	Fees for services (non-employees):				
á	Management				
ŀ	Legal				
(	Accounting	2,400.		2,400.	
	Lobbying	,		,	_
•	Professional fundraising services. See Part IV, line 17				_
	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Sch. 0	50 CO.	50.001		
	umn (A) amt, list line 11g expenses on Sch 0). Sch. $0$	52,634.	52,634.		_
	Advertising and promotion	50.	50.		
13	Office expenses	106.	98.	4.	4.
14	Information technology				_
15	Royalties				
16	Occupancy	115,000.	106,904.	4,048.	4,048.
17	Travel				
18	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	240.	45.		195.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,503.	26,691.	354.	458.
23	Insurance	4,743.	3,078.	1,521.	144.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	Consulting-Grant Writing	6,736.			6,736.
ŀ	Book Mailers & Oper Supplies	4,284.	4,284.		
	Donor Recognition	2,580.	238.		2,342.
	Storage Rent	2,436.	2,264.	86.	86.
	All other expenses	9,760.	7,013.	1,252.	1,495.
25	Total functional expenses. Add lines 1 through 24e	387,832.	347,931.	17,029.	22,872.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► X if following SOP 98-2 (ASC 958-720)	380.	190.		190.
BAA	· · · · · · · · · · · · · · · · · · ·	300.	190.		19U.

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing	9,196.	1	11,006.
	2	Savings and temporary cash investments	91,971.	2	104,724.
	3	Pledges and grants receivable, net		3	,
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
•	6	Loans and other receivables from other disqualified persons (as defined und 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). Complete Part II of Schedule L.	er	6	
A S	7	Notes and loans receivable, net.		7	
A S E T S	8	Inventories for sale or use		8	
Ī	9	Prepaid expenses and deferred charges		9	1,000.
	10				1,000.
	ıua	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	941		
		Less: accumulated depreciation		10 c	117,392.
	11	Investments – publicly traded securities.		11	1177002.
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		16	234,122.
	17	Accounts payable and accrued expenses		17	234,122,
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
I A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L I A B I L I T I	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
†		Complete Part II of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
3	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third partie and other liabilities not included on lines 17-24). Complete Part X of Schedu		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25		26	0.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and completines 27 through 29, and lines 33 and 34.			
ASSETS	27	Unrestricted net assets		27	16,730.
Ĕ	28	Temporarily restricted net assets.		28	100,000.
	29	Permanently restricted net assets	138,592.	29	117,392.
O R .F.		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
F U N D	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances		33	234,122.
Š	34	Total liabilities and net assets/fund balances		34	234,122.

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Pa	rt XI Reconciliation of Net Assets				<u>.</u>
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	38	32,4	56.
2	Total expenses (must equal Part IX, column (A), line 25).	2	38	37,8	32.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-5,3	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23	39,4	98.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23	34,1	22.
Pa	rt XII Financial Statements and Reporting	ı			
	Check if Schedule O contains a response to any question in this Part XII				. П
				Yes	
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.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			
	Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a		Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	it 	. 3b		
BAA	4		Form	990 (	2012)

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

**Public Charity Status and Public Support** 

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Total

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.

Employer identification number Name of the organization Books Aloud, Inc. 23-7317533 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of 11 supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III — Non-functionally integrated Type II Type I С d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?.... A family member of a person described in (i) above?..... 11 q (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (i) Name of supported (iv) Is the (vi) Is the organization in column (i) listed in organization in column (i) organized in the U.S.? organization your governing document? support Yes Nο Yes Nο Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2012

### 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							
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	224,480.	216,003.	182,535.	306,328.	224,636.	1,153,982.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	114,660.	114,660.	114,660.	115,000.	115,000.	573,980.	
4	Total. Add lines 1 through 3	339,140.	330,663.	297,195.	421,328.	339,636.	1,727,962.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						390,399.	
6	<b>Public support.</b> Subtract line 5 from line 4						1,337,563.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total	
7	Amounts from line 4	339,140.	330,663.	297,195.	421,328.	339,636.	1,727,962.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,281.	380.	272.	339.	189.	3,461.	
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						1,731,423.	
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	0.	
13	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.							
Sec	tion C. Computation of Pul	alic Support P	orcontage					
14	Public support percentage for 20	12 (line 6, column	(f) divided by lin	e 11, column (f)).		14	77.25%	
	Public support percentage from 2						78.90 %	
16a 33-1/3% support test — 2012. 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 — 2011. 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	17 a 10%-facts-and-circumstances test — 2012. 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 te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	s' test, check this tion qualifies as a	box and <b>stop her</b> a publicly support	<b>e.</b> Explain in Part ed organization.	IV how the  □	
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	structions >	

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) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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.						
C	Add lines 7a and 7b						
8	<b>Public support</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	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 stop here	ation's first, secon	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3) ▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage				<u>, , , , , , , , , , , , , , , , , , , </u>
15	Public support percentage for 20			ne 13, column (f)	)	15	%
16	Public support percentage from	•			•		%
	tion D. Computation of Inv						
17	Investment income percentage f				ımn (f))		%
	•	•	• •	-			
18 19 a	Investment income percentage fa 33-1/3% support tests — 2012. It is not more than 33-1/3%, check	the organization	did not check the	box on line 14,	and line 15 is mor	e than 33-1/3%, a	nd line 17
k	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or l	line 19a, and line	16 is more than 33	3-1/3%, and
20	Private foundation. If the organia		•		·		

Schedule A	(Form 990 or 990-EZ) 2012	Books Alo	ud, Inc.		23-73175	33 Page <b>4</b>
Part IV	Supplemental Infor Part II, line 17a or 1 (See instructions).	<b>mation.</b> Complet 17b; and Part III,	e this part to pline 12. Also c	orovide the explana complete this part f	ations required by Pa or any additional info	
						·

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

2012

Name of the organization	_	Employer identification number
Books Aloud, Inc.		23-7317533
Organization type (check one):		<u> </u>
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organ	nization
	4947(a)(1) nonexempt charitable tru	ust <b>not</b> treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	1
	4947(a)(1) nonexempt charitable tru	ust treated as a private foundation
		•
	501(c)(3) taxable private foundation	
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 Ge	eneral Rule and a Special Rule. See instructions.
General Rule		
	990-EZ, or 990-PF that received, during the year, \$5,0	000 or more (in money or property) from any one
contributor. (Complete Parts I and	П.)	
Special Rules		
X For a section 501(c)(3) organization 509(a)(1) and 170(b)(1)(A)(vi) and (2) 2% of the amount on (i) Form	on filing Form 990 or 990-EZ that met the 33-1/3% I received from any one contributor, during the yea 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. (	support test of the regulations under sections ar, a contribution of the greater of (1) \$5,000 or Complete Parts I and II.
	organization filing Form 990 or 990-EZ that received fro	
	I,000 for use <i>exclusively</i> for religious, charitable, s en or animals. Complete Parts I, II, and III.	scientific, literary, or educational purposes, or
'	organization filing Form 990 or 990-EZ that received fro	com any one contributor, during the year
contributions for use <i>exclusively</i> for r	eligious, charitable, etc. purposes, but these contributi	tions did not total to more than \$1.000.
If this box is checked, enter here the	total contributions that were received during the year parts unless the <b>General Rule</b> applies to this organiza	for an exclusively religious, charitable, etc,
	ions of \$5,000 or more during the year	. ,
<i>y</i> , , ,	3 3	
Caution: An organization that is not covered by t	he General Rule and/or the Special Rules does not file Schedule b; or check the box on line H of its Form 990-EZ or on Part I,	B (Form 990, 990-EZ, or 990-PF) but it <b>must</b>
meet the filing requirements of Sched	ule B (Form 990, 990-EZ, or 990-PF).	, into 2, or its orm 330 ff, to certify that it does not
BAA For Paperwork Reduction Act N	lotice, see the Instructions for Form 990, 990EZ,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012
or 990-PF.	,	

Page

1 of

1 of **Part 1** 

Name of organization
Books Aloud, Inc.

Employer identification number 23-7317533

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Variety Audio Foundation		Person X
	P. O. Box 5731	\$29,206.	Payroll Noncash
	San Jose, CA 95150	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	City of San Jose		Person X
	200 E. Santa Clara Ave	\$ <u>144,871.</u>	Payroll X
	San Jose, CA 95113		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	E_&_J_Colombo_Charitable_Trust	-	Person X Payroll
	P. O. Box 1121	\$35,000.	
	San Jose, CA 95108		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number		Total	Type of contribution  Person X
Number	Name, address, and ZIP + 4	Total	Person X Payroll
Number	Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens	Total contributions	Person X Payroll
Number	Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001	Total contributions	Person X Payroll Noncash  (Complete Part II if there is
4 (a)	Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  (b)	\$ 50,000.	Type of contribution  Person X  Payroll
4 (a) Number	Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  Name, address, and ZIP + 4	\$ 50,000.	Type of contribution  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  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  Name, address, and ZIP + 4  Leo M Shortino Family Foundation	\$ 50,000.	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  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  Name, address, and ZIP + 4  Leo M Shortino Family Foundation  1760 The Alameda	\$ 50,000.	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 is
4 (a) Number	Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  Name, address, and ZIP + 4  Leo M Shortino Family Foundation  1760 The Alameda  San Jose, CA 95126  (b)	\$50,000.  \$50,000.  (c) Total contributions  \$20,000.	Type of 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  Person X Payroll In the part II if there is a noncash contribution.)  (Complete Part II if there is a noncash contribution.)  Type of contribution
(a) Number  5 (a) Number	Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  Name, address, and ZIP + 4  Leo M Shortino Family Foundation  1760 The Alameda  San Jose, CA 95126  Name, address, and ZIP + 4	\$50,000.  \$50,000.  (c) Total contributions  \$20,000.	Type of contribution  Person X Payroll

Page

to 1 of **Part II** 

Name of organization
Books Aloud, Inc.

Employer identification number

23-7317533

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Facility rent, utilities, telephone		
		\$ 115,000.	6/30/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
BAA		\$ a <b>P</b> /Form 990, 990 F7	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

1 to

1 of Part III

Name of organization

Employer identification number 23-7317533 Books Aloud, Inc. Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

	For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	total of exclusively religious, ch (Enter this information once. S	aritable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from	(b) (c) Purpose of gift Use of gift			(d) Description of how gift is held
Part I				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ationship of transferor to transferee
	1			

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Books Aloud, Inc. 23-7317533 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..... 1 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 No are the organization's property, subject to the organization's exclusive legal control?.. Yes 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? Nο Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 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...... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.... 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 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 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)?..... In Part XIII, 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 XIII, 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 Maintai	ining Collections	of Art, Histor	ical Treasure	s, or Ot	ther Similar Ass	sets (c	ontinu	ied)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check any	of the following the	hat are a	significant use of its	collectio	n	
<b>a</b> Public exhibition		d Loan or	exchange progra	ams				
<b>b</b> Scholarly research		e Other						
c Preservation for future gener	ations	_						
4 Provide a description of the organiz Part XIII.	ation's collections and	explain how they f	urther the organiza	ation's ex	empt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintained	as part of the org	janization's colle	ction?		Yes		No
Part IV Escrow and Custodial Arra reported an amount or	<b>angements.</b> Comple n Form 990, Part	te if the organizat X, Iine 21.	ion answered 'Yo	es' to Fo	rm 990, Part IV, Iir	ne 9, or		
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, or ot	her intermediary f	or contributions of	or other a	assets not included	Yes	Г	No
<b>b</b> If 'Yes,' explain the arrangement						։ Եշ	' L	
		'		Γ		Amoun	t	
<b>c</b> Beginning balance					1 c			
<b>d</b> Additions during the year					1 d			
e Distributions during the year					1 e			
<b>f</b> Ending balance					1 f			
2 a Did the organization include an a						Yes	_	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explanti	on has been pro	vided in l	Part XIII		[	
Part V   Endowment Funds. C	omplete if the ori							
1 - Paginning of year balance	(-,	(b) Prior year	(c) Two yea		(d) Three years		Four yea	
<b>1 a</b> Beginning of year balance	100,000.	100,00	0. 100	,000.	100,000	•		0.
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs					0			
f Administrative expenses								
<b>g</b> End of year balance		100,00		,000.	100,000	•	100,	000.
2 Provide the estimated percentage	•	end balance (line	Ig, column (a))	held as:				
a Board designated or quasi-endowm	ent •	6						
<b>b</b> Permanent endowment	<del></del>	%						
c Temporarily restricted endowmer								
The percentages in lines 2a, 2b,	and 20 Should equal	100%.						
3 a Are there endowment funds not in t	he possession of the o	organization that are	e held and adminis	stered for	the	1	Yes	No
organization by:  (i) unrelated organizations						. 3a(i)	X	NO
(ii) related organizations						3a(ii)	Λ	X
<b>b</b> If 'Yes' to 3a(ii), are the related of						3b		^
4 Describe in Part XIII the intended	-	•				. 30		
Part VI Land, Buildings, and				I all 2	XIII			
Description of property		st or other basis	(b) Cost or other	er (	(c) Accumulated	(d)	Book va	alue
Beschiption of property		nvestment)	basis (other)	'   '	depreciation	(4)	Doon ve	1140
<b>1 a</b> Land								
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment			90,92		59,248.		31	,676.
<b>e</b> Other			319,01		233,301.			,716.
Total. Add lines 1a through 1e. (Column	ın (d) must equal For	rm 990, Part X, co	lumn (B), line 10	)(c).)				,392.
BAA		<u></u>			Sched	lule <b>D</b> (F	orm 990	) 2012

(including name of security)	Part VII	Investments — Other Securities. Se	<u>ee Form 990, Part X,</u>	, line 12. N/A	
(1) Financial derivatives		(a) Description of security or category	(b) Book value	(c) Method of valuatio	on: Cost or
(2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financ			end-or-year marke	t value
(3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				+	
(A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
(G) (G) (G) (F) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(G) (G) (G) (F) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(B)				
(G) (G) (G) (F) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(C)				
(G) (G) (G) (F) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(D)				
(G) (G) (G) (F) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(E)		. –		
(G) (P) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	(F)				
(t) 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 valuation: Cost or end-of-year market value	(G)				
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 (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Book value (e) Book value (f) Boo	(H)				
Investments - Program Related. See Form 990, Part X, line 13.	(l)				
Investments - Program Related. See Form 990, Part X, line 13.	Total. (Colum	mn (b) must equal Form 990, Part X, column (B) line 12.)	<b>&gt;</b>		
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market 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, line 15. N/A (a) Description (b) Book (c) (d) (d) (e) (f) (g) (l) (g) (lo) Total. (Column (b) must equal Form 990, Part X, line 15. N/A (a) Description (b) Book (c) (d) (e) (f) (f) (g) (lo) (lo) (lo) (lo) (lo) (lo) (lo) (lo				, line 13. N/A	
(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, line 15. N/A (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)				(c) Method of valuatio	on: Cost or
(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, line 15. N/A  (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)    Part X   Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1)				
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(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .					
(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, line 15. N/A  (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) \rightarrow  (a) Description  (b) Book  (c) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) \rightarrow  Part X Other Liabilities, See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
(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, line 15. N/A  (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15) *  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)▶           Part IX Other Assets. See Form 990, Part X, line 15.           (a) Description         (b) Book           (1)         (2)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (10)           Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)▶           Part X Other Liabilities. See Form 990, Part X, line 25.           (a) Description of liability         (b) Book value           (1) Federal income taxes         (2)           (3)         (4)           (5)         (6)           (7)         (8)					
Other Assets. See Form 990, Part X, line 15. N/A					
(a) Description (b) Book  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	Total. (Colum	mn (b) must equal Form 990, Part X, column (B) line 13.)	<b>•</b>		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Part IX			<u> </u>	1
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.).  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(1)	(a)	Description		(b) Book value
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Total. (Column (b) must equal Form 990, Part X, column (B), line 15.).  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)					
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)		olumn (b) must equal Form 990. Part X. colum	 n (B), line 15.)		>
(a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)         (7)       (8)					
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	I WICK				
(2) (3) (4) (5) (6) (7) (8)	(1) Fede		(1)		
(3) (4) (5) (6) (7) (8)				_	
(4) (5) (6) (7) (8)				_	
(5) (6) (7) (8)					
(6) (7) (8)				_	
(7) (8)					
(8)					
	(9)				
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶		mn (b) must equal Form 990, Part X, column (B) line 25.)	▶		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain				I statements that reports the organization's liabili	ity for uncertain tax positions

BAA

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2.3 -	7.31	75	1.3.3

Schedule **D** (Form 990) 2012

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	turn N/A
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1.		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b.		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statemen		Return N/A
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	İ	
a Donated services and use of facilities	2 a	
<b>b</b> Prior year adjustments	2 b	
c Other losses.	2 c	
<b>d</b> Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1.	<u> </u>	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b.	4 a	
<b>b</b> Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
Part XIII   Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also compart V, Line 4 - Intended Uses Of Endowment Fund	rt III, lines 1a and 4; Part IV, plete this part to provide any	
Income to be used for program operating expenses		

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

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

	the organization						Employer identifica		
Book	s Aloud, Inc.						23-731753	3	
Part	Fundraising Activities. Comp Form 990-EZ filers are not re	olete if the orga equired to comp	nization a lete this p	nswered '` art.	Yes' to Form 990, Part	IV, line 1	7.		
1	ndicate whether the organization	raised funds th	rough any	of the foll	owing activities. Check	all that a	apply.		
а	Mail solicitations			е	Solicitation of non-	-governm	ent grants		
b	Internet and email solicitations	S		f	Solicitation of gove	ernment o	rants		
С	Phone solicitations			g	TT 0				
d	In-person solicitations			9	A special fallaration is	9 0 10 110			
E	Did the organization have a written or employees listed in Form 990, Par	rt VII) or entity	in connect	tion with p	rofessional fundraising	services	?	<u> </u>	X No
C	f 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	ne organization.	s (fundraise	ers) pursua					
(i) N	Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control	(iv) Gross receipts from activity	or re	ount paid to etained by)	(vi) Amount pai (or retained b	y)
			of contr	ibutions?			iser listed in lumn <b>(i)</b>	organization	]
			Yes	No					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total.									0.
<b>3</b> L	ist all states in which the organization licensing.	on is registered (	or licensed	to solicit c	ontributions or has been	notified it	is exempt from	registration	
_									
_									
_									
_									
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Schedule G (Form 990 or 990-EZ) 2012 Books Aloud, Inc. 23-7317533 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) Masquerade Bal None through column (c) (event type) (event type) (total number) REVENUE 1 Gross receipts..... 57,954 57,954. 2 Less: Charitable contributions..... **3** Gross income (line 1 minus line 2)..... 57,954. 57,954. 475. 475. 4,400. 4,400. 6 Rent/facility costs..... 7 Food and beverages ..... 5,903. 5,903. 500 500. Other direct expenses..... 5,247. 5,247. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 16,525. Net income summary. Combine line 3, column (d), and line 10. 41,429. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (a) Bingo (add column (a) through column (c)) REVENUE bingo/progressive bingo Gross revenue..... 2 Cash prizes..... D X P E N C T S Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes જ No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)...... 8 Net gaming income summary. Combine lines 1, column (d) and line 7..... **9** Enter the state(s) in which the organization operates gaming activities: Yes No a Is the organization licensed to operate gaming activities in each of these states?

<b>b</b> If 'No,' explain:	ш	ш
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?b If 'Yes,' explain:	Yes	No

Sche	edule <b>G</b> (Form 990 or 990-EZ) 2012 Books Aloud, Inc.	3-73175	33	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity operated in:	1 1		
	a The organization's facility	13 a		%
ŀ	An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name ►			
	Address ►			
ŀ	a Does the organization have a contact with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization	e?		No
	Name ►			. – – – –
	Address ►			i '
16	Gaming manager information:			
	Name ►			· — — — –
	Gaming manager compensation ► \$			
	Description of services provided			
	□ Director/officer   □ Employee   □ Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$			
Par	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as application this part to provide any additional information (see instructions).	by Part able. Als	I, line 2 so comp	2b, olete
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### **SCHEDULE L** (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Books Aloud, Inc.

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

Name of the organization

Employer identification number

23-7317533

Part I	<b>Excess Benefit Transactions</b> (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.

1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rected?
'		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2 F	nter the amount of tax incurred b	v the organization managers or disqualified pe	ersons during the year under		

_	section 4958	. ▶\$	
2	Enter the amount of tay, if any, on line 2, shows, reimburged by the expenization	<b>►</b> ☆	

### 

### Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In (	default?	(h) Ap by bo comm	proved ard or nittee?	(i) Wi agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total												

### **Grants or Assistance Benefiting 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 the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2012

	Business Transactions In Complete if the organization answ				1	
	(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues? No
<b>(1)</b> C1 i	fford Meurer, dba Fel	t Sense			163	140
(2)	illora nearer, and rer	Relative	52,634.	Editing, Web Maint, Tr	:	Х
	san Tonnesen	Relative	12,075.	Wages		X
(4)						
(5)						<u> </u>
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information	i		dula I Casa inatometiana		
	Complete this part to provide addit	ional information for responses	to questions on Sched	aule L (see instructions).		
						. — —
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						. — —
						. — —
						. — —
						· — —
						· <b>–</b> –

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Employer identification number

Вос	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	(d) Method of de noncash contrib	etermining ution amoun	ıts		
1	Art — Works of art								
2	Art — Historical treasures								
3	Art — Fractional interests								
4	Books and publications								
5	Clothing and household goods								
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							_		
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.	-							
		-	1	115 000	Marshart and 1				
25	Other (Occupancy Use )	X	1	115,000.	Market val	ue			
26	Other • ()								
27	Other • ()								
28	Other► ( )								
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done				20				
	organization completed Form 6283, Fart IV, Done	e Ackilowieu	gement		29	Van Na	_		
						Yes No	_		
30a	a During the year, did the organization receive by co	ontribution ai	ny property reported in	n Part I, lines 1-28 that	it must				
	hold for at least three years from the date of the initia			•					
	purposes for the entire holding period?				30 a	X	_		
	o If 'Yes,' describe the arrangement in Part II.								
31	3 1 1				ons? <b>31</b>	X			
32a	a Does the organization hire or use third parties or noncash contributions?				32a	Х			
k	If 'Yes,' describe in Part II.								
33	If the organization did not report an amount in column	n (c) for a type	e of property for which o	column (a) is checked,					
	deceribe in Part II								

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

Schedule M (Form 990) 2012

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Employer identification number

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

23-7317533 Books Aloud, Inc 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 transferred onto cassette tapes, CDs and Nook Color Tablet for those who can only read by listening...the blind and disabled. During fiscal year ended June 30, 2013, 79 new recorded book titles were added to the library. A selection committee of volunteers met regularly to plan for excellence in book material. 16,424 albums were in circulation during this fiscal year, providing an average of 10,968 listening hours each month. The average book taped by volunteers is from 200 to 400 pages and takes about four to twelve cassettes to record. Staff and volunteers duplicate each master tape, so that 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 type of books, book requests and other information in order to service each client individually. In addition, many schools, hospitals and senior citizen facilities and organizations use the services. This year 46 mini satellite libraries were serviced in collaboration with senior homes and 34 Special Education Classes in Santa Clara County School Systems. Home deliveries continue by staff and volunteers using personal delivery vehicles. While clients are mainly located in California, 15% of the taped books are loaned to clients out-of-state. The Lions Club's monthly magazine is recorded and sent to an average of 110 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 agencies for distribution to blind and disabled persons. An average of 61 volunteers assist 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 albums.

An average of 39

Name of the organization	Employer identification number 23-7317533
Books Aloud, Inc.	120 1011000
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_a	re 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	San Jose Public
Library. This year the "Sight & Sound" project was enlarged d	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_1200_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 110
commercially recorded albums in our collection. New this year	we instituted a pilot
program_of_our_recorded_books_on_the_Nook_Color_Tablet_and_pla	ced them in Special
Needs classrooms. Feedback from the teachers is very encourage	ing as the students are
excited to be able to have current technology in the classroom	s
Form 990, Part VI, Line 11b - Form 990 Review Process	
Presented to and Reviewed by Executive Director Prior to Filin	g
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, To	p Management
Annual discussion and approval of executive director compensat	ion by Board of
Directors.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers	& 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

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## **Schedule O - Supplemental Information**

Page 1

Books Aloud, Inc.

Form 990,	Part IX	Line 11g
Other Fee	s For Se	ervices

	(A) Total	(B) Program <u>Services</u>	Management & General	(D) Fund- <u>raising</u>
Editing, training, web	Total $\frac{52,634}{\$}$ .	52,634. \$ 52,634.	\$ 0.	\$ 0.

#### **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

2012

Employer identification number

23-7317533

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Books Aloud, Inc.

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Part I Identification of Disregarded Entities (Cor	nplete if the organiz	ation ansv	wered 'Ye	s' to Form	n 990,	Part IV, line	33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	/ Primary a	activity	Legal dom or foreign	c) nicile (state n country)	To	(d) otal income	End-d	<b>(e)</b> of-year assets	Dire	(f) ect contro entity	olling
<u>(1)</u>											
<u>(2)</u>											
(3)											
	· ·										
Part II Identification of Related Tax-Exempt Orga one or more related tax-exempt organization	<b>inizations</b> (Complet ons during the tax y	e if the org	ganizatior	answere	d 'Yes	s' to Form 990	), Part	: IV, line 34 t	becaus	se it ha	d
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal dom or foreigr	c) nicile (state n country)	(d) Exempt ( section	Code	(e) Public charity (if section 501	status (c)(3))	Direct contro entity	olling	Sec 512 controlled	(b)(13) d entity?
(1) Variety Audio Foundation										Yes	No
P.O. Box 5731 San Jose, CA 95150 77-0077076 (2)	Endowment	(	CA	501(c)(3)		509(a) (3) Type		N/A			Х
<u>(3)</u>											
(4)											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	tior	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
(2)	  -											
	-											
	-											
-												
<u>(3)</u>	-											
	-											
	-											

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

Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled	) (b)(13) d entity?
		country)	entity	or trust)				Yes	No
(1)									
	Ī								
	Ī								
(2)									
	Ī								
	Ī								
(3)									
	†								
	†								
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#### Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

	<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		. 1a		Х
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)		. 1b		X
c	c Gift, grant, or capital contribution from related organization(s).		. 1 c	Χ	
c	<b>d</b> Loans or loan guarantees to or for related organization(s)		. 1 d		Х
e	e Loans or loan guarantees by related organization(s)		. 1 e		Х
f	f Dividends from related organization(s)		. 1f		Х
ç	g Sale of assets to related organization(s)		. 1 g		X
ŀ	h Purchase of assets from related organization(s)		. 1h		Х
i	i Exchange of assets with related organization(s)		. 1i		Х
j	j Lease of facilities, equipment, or other assets to related organization(s)		. 1j		Х
•			-		
k	k Lease of facilities, equipment, or other assets from related organization(s).		. 1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)		. 11		X
	m Performance of services or membership or fundraising solicitations by related organization(s)				X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				X
	o Sharing of paid employees with related organization(s)				X
r	p Reimbursement paid to related organization(s) for expenses		. 1p		Х
-	q Reimbursement paid by related organization(s) for expenses.				X
-	<b>4</b> • • • • • • • • • • • • • • • • • • •		- 1		
r	r Other transfer of cash or property to related organization(s)		. 1r		X
	s Other transfer of cash or property from related organization(s)				X
2					21
_			(	d)	
		(c) mount involved N	lethod of	detern	nining
	type (a-s)		amount	INVOIV	ea
۱) ۱	Variety Audio Foundation c	29,871.i	ncome	& gi	.ft
2)					
3)					
1)					
<u>,                                     </u>					
27					
<i>'</i> )					
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<u>)</u>				000	061-
ΔΔ	TEF ∆50031 12/28/12	Schedule	R (Forr	n 99N)	2012

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

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

(a) Name, address, and EIN of entity	(a) (b) Primary activity (c) Legal domicile (state or foreign country) Predominant income (related, unre- lated, excluded from tax under section 512-514		(e) Are all partners section 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership	
			section 512-514)	Yes	No		Yes	No	` ,	Yes	No	
<u>(1)</u>												
<u>(2)</u>												
	-											
(3)	-											
	-											
<u>(4)</u>												
	]											
(5)												
	-											
<u>(6)</u>	- - -											
<u>(7)</u>												
	1											
(8)												
	1											

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Schedule **R** (Form 990) 2012

Schedule R (Form 990) 2012

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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	Curren Rate Depr.	
orm 990/9	990-PF														
Furniture	and Fixtures														
1 Braill	e Typewriter	12/01/75	15	0						150	150	S/L	15		0
2 File C	Cabinets	5/01/78	14	5						145	145	S/L	15		0
3 File C	Cabinet	5/01/79	23	7						237	237	S/L	15		0
4 Table	e, Cabinet, Cart	9/01/79	28	9						289	289	S/L	15		C
5 5 Cab	oinets, Table	6/01/80	1,14	8						1,148	1,148	S/L	15		C
6 File C	Cabinets	6/01/81	72	6						726	726	S/L	15		C
7 4 Cab	pinets	12/01/81	65	6						656	656	S/L	15		C
8 2 Tap	oe Cabinets	10/01/82	63	2						632	632	S/L	15		(
9 File C	Cabinet	6/01/84	14	8						148	148	S/L	15		(
10 Cabin	nets,Book Truck	6/01/85	86	3						863	863	S/L	15		(
11 Cabin	nets	6/01/86	51	5						515	515	S/L	15		(
12 5-She	elf Cabinet	12/01/86	31	0						310	310	S/L	15		(
13 Cabin	nets	12/01/86	38	5						385	385	S/L	10		(
14 Cabin	net	1/01/87	34	7						347	347	S/L	15		(
15 Casse	ette Cabinets	2/01/88	1,70	8						1,708	1,708	S/L	10		(
16 Cabin	net	3/01/89	1,27	7						1,277	1,277	S/L	10		C
17 File 8	& Cassette Cabinets	5/01/90	1,67	7						1,677	1,677	S/L	10		(
18 Book	Truck	6/01/91	39	8						398	398	S/L	10		(
19 Cabin	nets	3/01/92	38	2						382	382	S/L	10		(
21 Book	Truck & Cabinets	5/01/93	5,21	4						5,214	5,214	S/L	10		C
35 Pictur	re	9/03/97	11	6						116	116	S/L	10		C
36 Casse	ette Cabinett	12/02/98	4,83	9						4,839	4,839	S/L	10		(
44 Silk F	Plants	8/05/03	29	0						290	290	S/L	7		0

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**Books Aloud, Inc.** 

No.	Description	Date <u>Acquired</u>	Date Cost	t/ B	us. 1	Cur 179 onus _	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Rate	Current Depr.
46	Laminator	8/07/03		75							75	75	S/L	5	
47	Conference Table, Chairs	8/14/03		2,500							2,500	2,229	S/L	10	25
48	Cassette Cabinets	12/18/03		517							517	463	S/L	10	!
49	Brailler	6/30/04		1,140							1,140	1,140	S/L	5	
57	3 DVD Players	3/30/05		227							227	227	S/L	5	
86	Bookcases	9/11/07		333							333	160	S/L	10	;
87	Lateral Files & Bookcases	1/18/08		953							953	428	S/L	10	Ç
93	Laminating Machine	4/16/09		208							208	136	S/L	5	4
108	6 Bookcases	5/06/10		552							552	156	S/L	10	ţ
109	Copy Machine	7/18/09		546							546	228	S/L	5	10
110	Presentation Projector	6/18/10		2,000							2,000	833	S/L	5	4
111	Binding Machine	10/02/09		448							448	188	S/L	5	
	Total Furniture and Fixtures		;	31,951		0	0	(	) (	0 0	31,951	28,715			1,1
Ma	chinery and Equipment														
20	Binder,Calculator	3/01/92		651							651	651	S/L	5	
22	Electric Brailler	8/01/92		925							925	925	S/L	5	
40	Otari Duplicator	8/16/01		6,745							6,745	6,745	S/L	7	
51	2 Sony Tape Decks	7/02/03		1,126							1,126	1,126	S/L	7	
52	Microphone, Foam	12/10/03		500							500	500	S/L	7	
53	Booth Table & Plexiglass	12/30/03		179							179	154	S/L	10	
54	CD Recorder	3/18/04		665							665	665	S/L	7	
56	17 Headsets	6/20/05		158							158	158	S/L	5	
58	5 Barcode Scanners	2/28/05		2,177							2,177	2,177	S/L	5	
64	Sonicwall Firewall	7/05/05		731							731	731	S/L	5	
67	Readers Lamp	11/15/05		162							162	154	S/L	7	

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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.	<u>Description</u>	Acquired	Sold Basis	Pct.	Bonus	Allow.	Sp. Depr.	Depr	Reductn	Basis	Depr.	Method	Life	Rate	Depr.
68	2 Headsets	11/15/05	3.	2						32	32	S/L	5		0
69	1 Headset	2/04/06	2	8						28	28	S/L	5		0
74	Computer 500GB External	7/14/06	43.	3						433	433	S/L	5		0
75	Computer Adobe Audition	9/18/06	63	8						638	638	S/L	5		0
77	Computer for Studio	3/16/07	1,10	0						1,100	1,100	S/L	5		0
78	Garned Degausser	10/26/06	1,25	0						1,250	1,028	S/L	7		178
79	Studio Equipment	3/29/07	37	2						372	283	S/L	7		53
80	17 Loaner Recorders	10/30/06	20	2						202	202	S/L	5		0
81	7 Loaner Recorders	4/27/07	19	2						192	192	S/L	5		0
82	13 Loaner Recorders	6/01/07	21	7						217	217	S/L	5		0
88	8 Loaner Recorders	9/20/07	21	0						210	203	S/L	5		7
94	2 Duplicators	10/31/08	7,56	2						7,562	3,961	S/L	7		1,080
95	Studio Lamp	4/16/09	20	7						207	96	S/L	7		30
96	Laptop Computer	7/09/08	85.	2						852	681	S/L	5		171
97	35 Loaner Recorders	10/01/08	1,30	3						1,303	978	S/L	5		261
99	20 Headsets	3/05/10	31:	2						312	147	S/L	5		62
100	6 Loaner Recorders	3/05/10	19.	2						192	89	S/L	5		38
101	6 Loaner Recorders	6/01/10	33	)						330	137	S/L	5		66
103	HP Computer & Installatio	8/27/09	2,08	5						2,085	1,216	S/L	5		417
104	Donor Perfect Software	9/30/09	5,78	)						5,780	3,275	S/L	5		1,156
105	4 HP Computers,3 Monitors	10/30/09	8,54	6						8,546	4,700	S/L	5		1,709
106	HP P2035 Printer	11/06/09	96.	2						962	512	S/L	5		192
107	6 52002Z P Computers	12/31/09	7,79	1						7,791	4,025	S/L	5		1,558
113	6 Panasonic Loaner Record	9/27/10	24	0						240	88	S/L	5		48
114	20 Loaner Tape Players	11/19/10	51	5						515	172	S/L	5		103
115	2 Sony Dual Cassettee	9/27/10	23	8						238	62	S/L	7		34
116	Dual Tape Deck	11/19/10	48	8						488	117	S/L	7		70

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**Books Aloud, Inc.** 

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Rate	Current Depr.
117	4 CD Players	11/19/10		429	)						429	102	S/L	7	6
118	HP Server & Installation	7/09/10		5,843	}						5,843	2,338	S/L	5	1,16
119	Studio Computers & Instal	10/12/10		7,314	ļ						7,314	2,560	S/L	5	1,40
120	Team Viewer & Installatio	1/28/11		4,377	,						4,377	1,313	S/L	5	8
121	Hard Drives & Bay	4/16/11		569	)						569	142	S/L	5	1
125	20 Loaner Tape Players	12/23/11		898	}						898	90	S/L	5	18
126	24 Port & UPS Systems	7/11/11		460	)						460	92	S/L	5	g
127	DP-8-C3L Duplicator Maste	10/31/11		4,942	2						4,942	529	S/L	7	70
128	DP-8-Z4L Duplicator Slave	12/20/11		4,638	}						4,638	387	S/L	7	60
129	Ecro Voice Microphone	3/01/13		449	)						449		S/L	7	2
130	36 Loaner Nook Tablets	12/21/12	_	4,908	<u>-</u>						4,908		S/L	5	49
	Total Machinery and Equipment			90,923	}	0	0	0	C	0 0	90,923	46,151			13,0
Mis	scellaneous														
24	Tapes and Albums	1/01/88		8,011							8,011	8,011	S/L	12	
25	Tapes and Albums	1/01/89		13,750	)						13,750	13,750	S/L	12	
26	Tapes and Albums	1/01/90		10,573	}						10,573	10,573	S/L	12	
27	Tapes and Albums	1/01/91		14,512	2						14,512	14,512	S/L	12	
28	Tapes and Albums	1/01/92		7,175	· )						7,175	7,175	S/L	12	
29	Tapes and Albums	1/01/93		1,839	)						1,839	1,839	S/L	12	
30	Tapes and Albums	1/01/94		9,259	)						9,259	9,259	S/L	12	
31	Tapes and Albums	1/01/95		7,841							7,841	7,841	S/L	12	
32	Tapes and Albums	1/01/96		7,462	2						7,462	7,462	S/L	12	
33	Tapes and Albums	1/01/97		6,811							6,811	6,811	S/L	12	
34	Tapes and Albums	1/01/98		6,433	}						6,433	6,433	S/L	12	
	Tapes and Albums	1/01/99		6,963							6,963	6,963	S/L	12	

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**Books Aloud, Inc.** 

		Dete	Data Oast/	D	Cur	Special	Prior 179/	Prior	Salvage	Deve	Dellar				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.
38	Tapes and Albums	1/01/00	5,821							5,821	5,821	S/L	12		0
39	Tapes and Albums	1/01/01	7,382	!						7,382	7,074	S/L	12		308
41	Tapes and Albums	1/01/02	2,980	)						2,980	2,606	S/L	12		248
42	Tapes and Albums	1/01/03	870	)						870	691	S/L	12		73
43	Tapes and Albums	1/01/04	10,115	i						10,115	7,165	S/L	12		843
59	Tapes & Albums	1/01/05	5,508	1						5,508	3,443	S/L	12		459
60	CDs & Albums	1/01/05	769	1						769	480	S/L	12		64
61	Commercial Audio Books	6/27/05	1,344							1,344	1,344	S/L	5		0
62	Commercial Audio Books	6/28/05	21,425	;						21,425	21,425	S/L	5		0
63	Commercial Audio Books	6/30/05	3,100	)						3,100	3,100	S/L	5		0
70	Tapes & Albums	1/01/06	6,339	1						6,339	3,433	S/L	12		528
71	Commercial Audio Tapes	12/29/05	664							664	664	S/L	5		0
72	Commercial Audio Tapes	3/30/06	427							427	427	S/L	5		0
73	Commercial Audio Tapes	5/31/06	384							384	384	S/L	5		0
83	Tapes & Albums	1/01/07	7,848	1						7,848	3,597	S/L	12		654
84	Commercial Audio Books	8/12/06	211							211	108	S/L	12		18
85	Commercial Audio Books	9/12/06	15,000	)						15,000	7,292	S/L	12		1,250
89	Tapes & Albums	1/01/08	12,037							12,037	4,511	S/L	12		1,003
90	Commercial Audio Books	9/14/07	210	)						210	86	S/L	12		18
91	Commercial Audio Books	6/02/08	17,500	)						17,500	5,954	S/L	12		1,458
92	Commercial Audio Books	6/19/08	135	i						135	49	S/L	12		11
98	Tapes & Albums	1/01/09	4,828	1						4,828	1,407	S/L	12		402
102	Tapes & Albums	1/01/10	5,377							5,377	1,120	S/L	12		448
112	Promotional DVD	11/19/09	1,885	i						1,885	1,675	S/L	3		210
122	Tapes and Albums	1/01/11	3,008	1						3,008	376	S/L	12		251
123	4828 Commercial Audio Boo	6/01/11	48,280	)						48,280	5,230	S/L	10		4,828
124	Tapes and Albums	1/01/12	2,043							2,043	85	S/L	12		170

6/30/13

## **2012 Federal Book Depreciation Schedule**

Page 6

**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	<u>Life</u>	Rate _	Current Depr.
131	Tapes & CD Albums	1/01/13	_	946							946		S/L	12	_	39
	Total Miscellaneous			287,065		0	0	0	0	0	287,065	190,176				13,283
	Total Depreciation		=	409,939		0	0	0	0	0	409,939	265,042			=	27,503
	Grand Total Depreciation		=	409,939		0	0	0	0	0	409,939	265,042			=	27,503

California Exempt Organization Annual Information Return 2012

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	ear 2012 or fiscal year beginning month 07 da	y <b>01</b>	year 2012, and endir	ig month 06		/ 30 year 2 alifornia corporation no	
	,					·	
	.LOUD, INC. room, or PMB no.)					-0687948 Ein	
P. O. F	OX 5731				2	3-7317533	
City			State 2	ZIP Code			
SAN JOS	E		CA S	95150			
A First Retu	rn Yes	X No	J If exempt under R&TC Sec				
	Return • Yes	=	organization during the year political campaign, or (2) a	attempted to influence	9		
	in 4947(a)(1) trust Yes		legislation or any ballot mo under R&TC Section 23704	easure, or (3) made a	ın elect	tion	
		X	public charities)?			• Yes	X No
<b>D</b> Final Retu			If 'Yes,' complete and atta	ch form FTB 3509.		_	
	Merged/Reorganized Enter date:		K Is the organization exempt	under R&TC Section	237010	n? • Yes	X No
<b>-</b> 0			If 'Ves' enter ares recein	ts from		g • 🗀	1
	ounting method: Cash <b>2</b> Accrual <b>3</b> Other		nonmember sources		. Þ		
F Federal re			L If organization is exempt u				
1 •	990T <b>2</b> • 990 (PF) <b>3</b> • Sch H (990)		and is exclusively religious and is supported primarily	(50% or more) by p	ublic		
<b>G</b> Is this a d	roup filing for the subordinates/affiliates? • Yes	X No	contributions, check box. N	To filing fee is require	ed	• X	
If 'Yes,' a	tach a roster. See instructions	_	<b>M</b> Is the organization a Limit	ed Liability Company?	?	• Yes	X No
	anization in a group exemption? Yes 'hat's the parent's name?	X No	N Did the organization file For taxable income?	orm 100 or Form 109	to repo	ort • Yes	X No
	·		O Is the organization under a			RS —	_
	ganization have any changes in its activities, instrument, articles of incorporation, or bylaws		audited in a prior year?			Yes	X No
that have	not been reported to the Franchise Tax Board? • Yes	X No					
	kplain, and attach copies of revised documents.		<u> </u>			CACA1112L	10/11/12
Part I	Complete Part I unless not required to file this form				1		747
	<ul><li>1 Gross sales or receipts from other sources. Fr</li><li>2 Gross dues and assessments from members</li></ul>				2	59	<u>,747.</u>
Receipts	3 Gross contributions, gifts, grants, and similar			-	3	339	,637.
and Revenues	4 Total gross receipts for filing requirement test						, 037.
	This line must be completed. If the result is le	ess than S	\$50,000, see General Inst	ruction B ●	4	399	,384.
	<b>5</b> Cost of goods sold		• 5				
	6 Cost or other basis, and sales expenses of as				-		
	7 Total costs. Add line 5 and line 6			-	7		
	8 Total gross income. Subtract line 7 from line 4				9		,384.
Expenses	<ul><li>9 Total expenses and disbursements. From Side</li><li>10 Excess of receipts over expenses and disburse</li></ul>			F	10		<u>,760.</u> ,376.
	11 Filing fee \$10 or \$25. See General Instruction				11	<u>J</u>	, 5 , 6 .
Filing	12 Total payments				12		
Fee	13 Penalties and Interest. See General Instruction				13		
	14 Use tax. See General Instruction K				14		
	<b>15 Balance due.</b> Add line 11, line 13, and line 14 Then subtract line 12 from the result	<b>1.</b>			15		
	Under penalties of perjury, I declare that I have examined this return correct, and complete. Declaration of preparer (other than taxpayer)				of my k	knowledge and belief, i	t is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer)	Title	an information of which preparer if	Date		Telephone	
Here	Signature of officer	EXECII	TIVE DIRECTOR		4	08-808-261	3
	Preparer's ▶	ППППППППППППППППППППППППППППППППППППППП	Date	Check if	•		<u> </u>
Paid	signature			self- employed X		01408132 FEIN	
Preparer's Use Only	Firm's name (or yours, if		2				
•	self-employed) 1932 CAMDEN AVE., 30.	TE 10				7-0038808 Telephone	
	SAN JOSE, CA 95124					408) 364-2	322
	May the FTB discuss this return with the preparer	shown ab	ove? See instructions			X Yes	No

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BOOKS ALOUD, INC.

Part II Organizations with gross r

II	Organizations with gross receipts of more than \$50,000 and private foundations
	regardless of amount of gross receipts — complete Part II or furnish substitute information.

		1	Gross sales or receipts from all	business activities. Se	e instru	ictions		1	
		2	Interest					2	189.
		3	Dividends					3	
Rece	ipts	4	Gross rents					4	
from	•	5	Gross royalties					5	
Othe Sour		6	Gross amount received from sal					6	
		7	Other income. Attach schedule.					7	59,558.
		8	Total gross sales or receipts from other					8	59,747.
Expe	nses	9	Contributions, gifts, grants, and similar a	-				9	33/141.
and		10	Disbursements to or for membe					10	
Disb		11	Compensation of officers, direct					11	65,000.
mem	3	12	Other salaries and wages					12	
		13	Interest					13	67,227.
			Taxes					14	11 000
		14	Rents				_	15	11,888.
		15						16	115,000.
		16	Depreciation and depletion (See	·					27,503.
		17	Other Expenses and Disbursem					17	118,142.
		18	Total expenses and disbursements. Add					18	404,760.
	edule	L	Balance Sheets	Beginning	of taxab	ole year		of taxa	ible year
Asse	ts			(a)		(b)	(c)		(d)
1						101,167.		•	115,730.
2			receivable					•	
3			eivable					-	
4			tota gavernment abligations					-	
5			tate government obligations					•	
6								•	
7			n stock					•	
8		•	18						
9			nents Attach schedule				400.0	41	
			ssets			100 500	409,9		117 000
			ated depreciation	,	•	138,592.	292,5	49.	117,392.
								-	
12			Attach schedule			000 550		_	1,000.
13						239,759.			234,122.
			et worth						
14		, ,	able					•	
15		,	, gifts, or grants payable					-	
			tes payable						
17			yable					•	
18			es. Attach schedule			261.			
19	•		or principle fund			239,498.		•	234,122.
20			pital surplus. Attach reconciliation					-	
21			ings or income fund			220 750			224 122
22			es and net worth			239,759.			234,122.
Sch	edule	M-1	Reconciliation of income per Do not complete this schedu	er books with income alle if the amount on So	per retu hedule	<b>rn</b> L, line 13, columi	n (d), is less than	\$50,000	)
1	Net inco	me pe	er books	<b>−5,</b> 37	6. 7	Income recorded on	books this year not incl	uded	
2			ne tax				ch sch	<u>•</u>	
3			ital losses over capital gains		8				
4			ecorded on books this year.			against book incom			
_			ıle		<b>⊢</b>		 nd line 8		
5			orded on books this year not deducted	<u> </u>	9				
^			Attacii sciiedule		10		rreturn. from line 6		E 276
6	i otal. A	ua IIn	e 1 through line 5	-5 <b>,</b> 37	٥.	Subtract line 9	HOITI III E D		-5,376.

# **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, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2012

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) organ	nization
	4947(a)(1) nonexempt charitable trus	st <b>not</b> treated as a private foundation
	527 political organization	·
	327 pointed organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trus	
		'
	501(c)(3) taxable private foundation	
Check if your organization is covered	d by the <b>General Rule</b> or a <b>Special Rule</b>	
, ,	•	
<b>Note.</b> Only a section 501(c)(/), (8), (	or (10) organization can check boxes for both the Ge	eneral Rule and a Special Rule. See instructions.
General Rule		
For an organization filing Form 990 contributor. (Complete Parts I ar	), 990-EZ, or 990-PF that received, during the year, \$5,00 and II.)	00 or more (in money or property) from any one
Special Rules		
509(a)(1) and $170(b)(1)(A)(vi)$ are	tion filing Form 990 or 990-EZ that met the 33-1/3% nd received from any one contributor, during the yean 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. C	ar, a contribution of the greater of (1) \$5,000 or
total contributions of more than \$	organization filing Form 990 or 990-EZ that received fro \$1,000 for use <i>exclusively</i> for religious, charitable, so ren or animals. Complete Parts I, II, and III.	
contributions for use exclusively for If this box is checked, enter here the purpose. Do not complete any of the	o organization filing Form 990 or 990-EZ that received from religious, charitable, etc, purposes, but these contributions total contributions that were received during the year from the parts unless the <b>General Rule</b> applies to this organization.	ions did not total to more than \$1,000. for an <i>exclusively</i> religious, charitable, etc, ition because it received nonexclusively
religious, charitable, etc, contribi	utions of \$5,000 or more during the year	<b>&gt;</b> \$
answer 'No' on Part IV, line 2, of its Form 9	y the General Rule and/or the Special Rules does not file Schedule E 90; or check the box on line H of its Form 990-EZ or on Part I, edule B (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or 990-PF) but it <b>must</b> line 2, of itsForm 990-PF, to certify that it does not

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

2 of **Part 1** 

Books Aloud, Inc.

Page 1 of 2 Employer identification number

Part I	Contributors	(see instructions). Use duplicate copies of Part I if additional	space is needed.
--------	--------------	--	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Variety Audio Foundation		Person X Payroll
	P. O. Box 5731	\$ <u>29,206.</u>	Noncash
	San Jose, CA 95150		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	City of San Jose		Person X Payroll
	200 E. Santa Clara Ave	\$ <u>144,871.</u>	Noncash X
	San Jose, CA 95113		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Leventon Family Trust		Person X Payroll
	2387 Cory Avenue	\$ <u>6,000</u> .	Noncash
	San Jose, CA 95128		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution
	<u> </u>	contributions	Type of contribution
	E & J Colombo Charitable Trust		Person X
	E ( T Colombo Charitable Trust		
	E & J Colombo Charitable Trust	contributions	Person X Payroll
	E & J Colombo Charitable Trust P. O. Box 1121	contributions	Person X Payroll Noncash  (Complete Part II if there is
4 (a) Number	E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  (b)	\$35,000.  (c) Total	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X
4 (a) Number	E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  Name, address, and ZIP + 4	\$35,000.  (c) Total	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution
(a) Number	E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens	\$35,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll
(a) Number	E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001	\$35,000.	Person X Payroll
(a) Number  5  (a) Number	E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031	\$35,000.  (c) Total contributions  \$50,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  Type of contribution  Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (Type of contribution.)
(a) Number 5	E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  Name, address, and ZIP + 4	\$35,000.  (c) Total contributions  \$50,000.	Person X Payroll
(a) Number  5  (a) Number	E & J Colombo Charitable Trust  P. O. Box 1121  San Jose, CA 95108  Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  Name, address, and ZIP + 4  Leo M Shortino Family Foundation	\$35,000.  (c) Total contributions  \$50,000.  (c) Total 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.)  Type of contribution  Person X Payroll O Type of contribution.

2 of **Part 1** 

Books Aloud, Inc.

Page 2 of Employer identification number

23-731<u>7533</u>

Part I Co	ontributors	(see instructions)	). Use du	plicate copie	s of Part I if	f additional s	pace is needed.
-----------	-------------	--------------------	-----------	---------------	----------------	----------------	-----------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	J&K Anderson Foundation 669 Starbush Dr	\$ <u>5,000.</u>	
	Sunnyvale, CA 94086		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Colliers Parrish International Inc One Almaden Blvd, Ste 300	\$ <u>5,000</u> .	
	San Jose, CA 95113		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	George H Sandy Foundation P.O. Box 591717 San Francisco, CA 94159	\$ <u>10,000.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total 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) Total contributions	(Complete Part II if there is
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4  (b)  Name, address, and ZIP + 4	(c) Total contributions  \$ (c) Total contributions	(Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is
	Name, address, and ZIP + 4	\$(c)	(Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

to 1 of **Part II** 

Name of organization
Books Aloud, Inc.

Employer identification number

23-7317533

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Facility rent, utilities, telephone		
		\$ 115,000.	6/30/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
BAA		\$ a <b>P</b> /Form 990, 990 F7	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

1 to

1 of Part III

Name of organization

Employer identification number 23-7317533 Books Aloud, Inc. Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

	For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	total of exclusively religious, ch (Enter this information once. S	charitable, etc.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	N/A							
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	t Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, addres	t Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(b) (c) Purpose of gift Use of gift						
Part I				(d) Description of how gift is held				
	Transferee's name, addres	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, addres	Relationship of transferor to transferee						
	1							

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	•		-							
	ch to Form 100 or Form	100W. FORI	1 199							
Corpo	ration name						Califor	nia cor	poratio	n number
BOO	OKS ALOUD, INC.						D-0	687	948	
Par	t   Election to Exper	nse Certain Prop	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	on 179 property	placed in service					2		
3	Threshold cost of IRC S		-					3		\$200 <b>,</b> 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			
_	Listed property (elected		•						1	
8	Total elected cost of IR							8		
9	Tentative deduction. Er							9	-	
10 11	Carryover of disallowed Business income limita							10 11	-	
12	IRC Section 179 expen							12	1	
13	·				_					
Par				Expense Deduction			24356			
14	(a)	(b)	(c)	(d)	(e)	(f)		g)		(h)
	Description	Date	Cost or	Depreciation	Deprecia		Deprec	iation	for	Additional first
	of property	acquired	other basis	allowed or allowable in	tion method	rate	this	year		year
				earlier years	method					depreciation
BRA	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				
	CABINETS, TABL	6/01/80	1,148.	1,148.	S/L	15				
	Add the amounts in col									
13	\$2,000. See instruction						2'	7,50	03.	
Par			(.,,				_	,, -	1	
	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		(-)   ( -	<b>\</b>		
	Additional first year dep Depreciation (if no elec-								16	
17	Total depreciation clain	• •		·	107			_	17	
	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	enter the difference	ce here and	on Form 10	0 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 100	or			
	state adjustments on F	orm 100 or Form	n 100W, no adjustn	nent is necessary.).					18	
Par			· · · · · · · · · · · · · · · · · · ·	, ,						
19	(a)	(b)	(c)	(	d)	(e)	(f)			(g)
	Description	Date	Cost o		tization	R&TC	Period			Amortization
	of property	acquired	other bas		r allowable er vears	section (see instr)	percent	laye		for this year
					<i>y</i> · ·	1				
									1	
									1	
									1	
20	Total. Add the amounts	s in column (a)	1	<u> </u>				20		
21	Total amortization clain	107						21		
22			•					<del></del>		
	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		

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Attac	ch to Form 100 or Form	100W. FOR	<u>.</u> м 199									
	ration name	TOR	M 199						Califor	nia cor	poratio	n number
BOO	OKS ALOUD, INC.								D-0	6879	948	
Part		nse Certain Pro	perty Under IRC Se	ection 17	79				1			
1	Maximum deduction un									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	perty before reducti	ion in lim	nitation					3		\$200,000
4	Reduction in limitation.									4		
	Dollar limitation for tax	able year. Subtr	act line 4 from line	1						5		
6	(a) Des	scription of property		<b>(b)</b> Co	ost (business u	ise only)	(c) E	lected (	cost			
_	Listed property (elected		•								ı	
8	Total elected cost of IR Tentative deduction. En									8 9		
9 10	Carryover of disallowed									10		
11	Business income limita									11		
12	IRC Section 179 expen				•					12		
13	Carryover of disallowed					T				l		
Part	Depreciation and	l Election of Ad	ditional First Year I	Expense	Deduction	Under R	&TC Sect	on 24	356			
14	(a)	(b)	(c)		(d)	(e)	(f)		(9	g)		(h)
	Description	Date	Cost or other basis		reciation owed or	Deprecia tion			Deprec	iation	for	Additional first
	of property	acquired	Other basis		wable in	method	Tal	7	เมเร	year		year depreciation
				earli	er years							<u> </u>
	LE CABINETS	6/01/81	726.		726.	S/L		15				
	CABINETS	12/01/81	656.		656.	S/L		15				
2 1	APE CABINETS	10/01/82	632.		632.	S/L		15				
	LE CABINET	6/01/84	148.		148.	S/L		15				
CAE	BINETS, BOOK TR	6/01/85	863.		863.	S/L		15				
	Add the amounts in co \$2,000. See instruction							15				
Part												
16	Total: If the corporation IRC Section 179 expen	n is electing:	ount on line 10 and	lina 1E	column (a)							
	Additional first year de	preciation under	R&TC Section 243	356, add	the amount	ts on line	15, colun	nns (g	) and (h	) or		
	Depreciation (if no elec	•				,				⊢	16	
	Total depreciation clair		•							· · ·   _	17	
10	Depreciation adjustment Form 100W, Side 1, lin	nt. If line 17 is g ie 6. If line 17 is	lreater than line 16, less than line 16.	, enter tr enter the	ne ainterenc e difference	e nere and here and	a on Forr on Form	า 100 100 o	or r			
	Form 100W, Side 1, lin	ie 12. (If Califori	nia depreciation am	nounts ai	re used to d	determine	net incor	ne bef	ore			
Parl	state adjustments on F	orm 100 or Forr	n 100W, no adjustn	nent is n	ecessary.).						18	
19	(a)	(b)	(c)		(0	47	(e)	-	(f)			(g)
13	Description	Date	Cost o		Amort	ization	R&		Period	d or		Amortization
	of property	acquired	d other bas	sis	allowed or	r allowable er years	secti		percent	age		for this year
					iii Caille	or years	(300 11	Ju /				
							+	+				
20	Total. Add the amounts	s in column (a)		L				1		20		
21	Total amortization clair	107								21		
			•									
~~	Amortization adjustmer Form 100W, Side 1, lin	ie 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form	100 o	r			
	Form 100W, Side 1, lin	ie 12	· · · · · · · · · · · · · · · · · · ·							22		

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Attac	ch to Form 100 or Form	100W. FORM	4 199									
Corpoi	ration name								Califor	nia corp	oration	number
ВОС	OKS ALOUD, INC.								D-0	6879	48	
Parl	Election to Expe	nse Certain Prop	perty Under IRC Se	ection 17	<b>'</b> 9							
1	Maximum deduction ur	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	ion in Iim	nitation					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 zer	o or less, e	enter -0				5		
6	(a) De:	scription of property		<b>(b)</b> Co	st (business ι	use only)	(c) E	lected o	ost			
7	Listed property (elected	d IRC Section 17	'9 cost)			7						
8	Total elected cost of IR									8		
9	Tentative deduction. E									9		
10	Carryover of disallowed									10		
11	Business income limita				•	-				11 12		
12	IRC Section 179 expen Carryover of disallowed					_				12		
13 Part	,		ditional First Year I					on 24	256			
	· · · · · · · · · · · · · · · · · · ·					1		011 24		\		(6)
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or		<b>(d)</b> reciation	<b>(e)</b> Deprecia	(f) a- Life	or	Depreci	<b>3)</b> iation 1	for	<b>(h)</b> Additional first
	of property	acquired	other basis	allo	wed or	tion	rate			year		year
				allo\ earli	wable in er years	method						depreciation
CAF	BINETS	6/01/86	515.	Carn	515.	S/L		15				_
	SHELF CABINET	12/01/86	310.		310.	S/L		15				
	BINETS	12/01/86	385.		385.	S/L		10				
	BINET	1/01/87	347.		347.	S/L		15				
	SETTE CABINET	2/01/88	1,708.		1,708.	S/L		10				
	Add the amounts in co		•	of colum			4					
13	\$2,000. See instruction							15				
Parl	•	,									- 1	
16	Total: If the corporation											
	IRC Section 179 expen Additional first year de	se, add the amo	ount on line 12 and	line 15,	column (g)	or	1E oolum	no (a)	and (h	١ ٥٠٠		
	Depreciation (if no elec										6	
17	Total depreciation clair	•			•	107				_	7	
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter th	ne differenc	e here and	d on Forn	100	or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin											
	state adjustments on F									1	8	
Parl	t IV Amortization		·									
19	(a)	(b)	(c)		(0	d)	(e)		(f)			(g)
	Description of property	Date	Cost o			tization r allowable	R&T secti		Period			Amortization
	or property	acquired	otilei bas	515		er years	(see in		percent	aye		for this year
						<del></del>						
												_
												_
20	Total. Add the amounts	s in column (a)								20		
21	Total amortization clair	(0)								21		
	Amortization adjustmen		•		*							
	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form	100 o	r			
	Form 100W, Side 1, lin	e 12								22		

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Atta	ch to Form 100 or Form	100W. FORM	1 199										
Corpo	ration name								Califor	nia cor	ooratio	n number	
вос	OKS ALOUD, INC.								D-0	6879	948		
Par	l Election to Expe	nse Certain Prop	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 į	placed in service							2			
3	Threshold cost of IRC S	Section 179 prop	erty before reducti	on in limitation	on					3		\$200 <b>,</b>	000
4	Reduction in limitation.									4			
5	Dollar limitation for tax	able year. Subtra	act line 4 from line	1. If zero or	less, e	nter -0				5			
6	(a) Des	scription of property		(b) Cost (bu	ısiness u	se only)	(c) El	ected c	ost				
7	Listed property (elected												
8	Total elected cost of IR									8			
9	Tentative deduction. Er									9			
10	Carryover of disallowed		,							10			
11	Business income limita			•		•				11 12			
12 13	IRC Section 179 expen Carryover of disallowed					_				12			
Par			ditional First Year I					n 24	356				
14		l l		· ·	uction		1	/11 2-7-		٠,١		(h)	
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	(d) Depreciat	tion	<b>(e)</b> Deprecia	(f) - Life o	r	Depreci	<b>3)</b> iation	for	<b>(h)</b> Additional f	irst
	of property	acquired	other basis	allowed		tion	rate			year		year	
				allowable earlier ye		method						depreciation	on
CAI	BINET	3/01/89	1,277.	_	277.	S/L		10					
	LE & CASSETTE	5/01/90	1,677.		677.	S/L	1	10					
	OK TRUCK	6/01/91	398.		398.	S/L	-	10			İ		
	BINETS	3/01/92	382.		382.	S/L	-	10					
	DER, CALCULATO	3/01/92	651.		551.	S/L		5					
					-			Ť					
13	Add the amounts in col \$2,000. See instruction							5					
Par			(1.71.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.								i		
	Total: If the corporation	n is electing:											
	IRC Section 179 expen	se, add the amo	unt on line 12 and	line 15, colur	mn (g)	or		(-)					
	Additional first year dep Depreciation (if no elec-										16		
17	Total depreciation clain	•				.07				<u> </u>	17		
	Depreciation adjustmer	nt. If line 17 is gr	reater than line 16,	, enter the dif	ferenc	e here and	on Form	100	or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16,	enter the diffe	erence	here and c	on Form 1	00 oı	r				
	state adjustments on F										18		
Par			, ,		, ,					- 1			
19	(a)	(b)	(c)		(c	l)	(e)		(f)			(g)	
	Description	Date	Cost o			ization allowable	R&T		Period			Amortization	
	of property	acquired	other bas			er years	sectio		percent	aye		for this year	
				<u>_</u>		<i>y</i>	(2.2.0						
								$\neg$					
20	Total. Add the amounts	s in column (a)	<u>l</u>				1			20			
21	Total amortization clair	(0)								21			
	Amortization adjustmen		·										
22	Form 100W, Side 1, lin	e 6. If line 21 is gr	less than line 20,	enter the diffe	erence	here and c	on Form	00 oi	r				
	Form 100W, Side 1, lin									22			

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	ch to Form 100 or Form	100W. FOR	4 199									
Corpo	ration name								Califor	nia corp	oratio	n number
ВОС	OKS ALOUD, INC.								D-0	6879	48	
Par	Election to Expen	nse Certain Pro	perty Under IRC Se	ection 17	79							
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		-							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>(b)</b> Co	ost (business ı	use only)	(c)	Elected	cost			
7	Listed property (elected		•									
8	Total elected cost of IR									8		
9	Tentative deduction. Er									9 10		
10 11	Carryover of disallowed Business income limita									11		
12	IRC Section 179 expen				•					12		
13	Carryover of disallowed			-		-						
Par			ditional First Year I					tion 24	1356			
14	(a)	(b)	(c)		(d)	(e)	(f			g)		(h)
• •	Description	Date	Cost or	Dep	reciation	Deprecia	a- Life	or	Deprec	iation	for	Additional first
	of property	acquired	other basis		wed or wable in	tion method	ra	te	this	year		year depreciation
					er years	metriou						depreciation
ВОС	OK TRUCK & CAB	5/01/93	5,214.		5,214.	S/L		10				
ELE	CTRIC BRAILLE	8/01/92	925.		925.	S/L		5				
TAI	PES AND ALBUMS	1/01/88	8,011.		8,011.	S/L		12				
TAI	PES AND ALBUMS	1/01/89	13,750.		13,750.	S/L		12				
TAI	PES AND ALBUMS	1/01/90	10,573.		10,573.	S/L		12				
15	Add the amounts in col	lumn (g) and col	lumn (h). The total	of colur	nn (h) may	not excee	d					
	\$2,000. See instruction	s for line 14, co	lumn (h)					15				
Par												
16	Total: If the corporation		umb am lima 10 am d	lina 15	L (m)							
	IRC Section 179 expen Additional first year dep	se, add the amb preciation under	R&TC Section 243	356. add	the amoun	ts on line 1	15, colur	mns (c	ı) and (h	) or		
	Depreciation (if no elec									<u>1</u>	6	
	Total depreciation clain		•							1	7	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16,	, enter th	ne difference	e here and	d on For	m 100	or			
	Form 100W, Side 1, lin											
	state adjustments on F	orm 100 or Forn	n 100W, no adjustn	nent is r	ecessary.).					1	8	
Par		1	1				1	. 1				
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost o	ır	<b>(</b> α Δmort	i <b>)</b> ization	(e) R&		(f) Period	d or		(g)
	of property	acquired				r allowable			percent			Amortization for this year
					in earli	er years	(see i	nstr)				
							1					
							-					
20	Total. Add the amounts	107								20		
21	Total amortization clair		•		,					21		
22	Amortization adjustmen											
	Form 100W, Side 1, lin Form 100W, Side 1, lin									22		
	Tomin 100 vv, Side 1, IIII	· 14										

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Attac	ch to Form 100 or Form	100W. FORI	м 199										
Corpo	ration name								Califor	nia corp	ooratio	n number	
вос	OKS ALOUD, INC.								D-0	6879	948		
Par	t   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	on 179 property	placed in service							2			
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in limitati	on					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 (bu	usiness u	se only)	(c) Ele	cted cost	t				
7	Listed property (elected												
8	Total elected cost of IR									8			
9	Tentative deduction. Er									9			
10	Carryover of disallowed									10			
11	Business income limita			•		-				11 12			
12 13	IRC Section 179 expen									12			
Par	Carryover of disallowed		ditional First Year I					n 2/135	6				
					Juction		1	11 2433		٠,		(h)	
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	(d) Deprecia	ition	<b>(e)</b> Deprecia	(f) - Life o	r D	<b>و)</b> epreci	<b>3)</b> iation	for	<b>(h)</b> Additional fi	rst
	of property	acquired	other basis	allowed	or	tion	rate			year		year	
				allowable earlier ye	-	method						depreciation	on
TAF	TAPES AND ALBUMS 1/01/91 14,512. 14,512. S/L 12												
	PES AND ALBUMS	1/01/92	7,175.		175.	S/L	_	L2					
	PES AND ALBUMS	1/01/93	1,839.		839.	S/L		L2					
	PES AND ALBUMS	1/01/94	9,259.		259.	S/L		L2					
	PES AND ALBUMS	1/01/95	7,841.		841.	S/L		L2					
	Add the amounts in col	•											
13	\$2,000. See instruction							5					
Par		,						ı					
	Total: If the corporation	n is electing:											
	IRC Section 179 expens	se, add the amo	ount on line 12 and	line 15, colu	ımn (g)	or	F ==1	(=\) =	'ما/ امصر				
	Additional first year dep Depreciation (if no elec-										16		
17	Total depreciation clain	•		-		.07				_	17		
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter the di	fferenc	e here and	on Form	100 or					
	Form 100W, Side 1, lin Form 100W, Side 1, lin								^				
	state adjustments on F									-	18		
Par			•		<u>, , , , , , , , , , , , , , , , , , , </u>								
19	(a)	(b)	(c)		(0	l)	(e)		(f)			(g)	
	Description of property	Date	Cost o			ization allowable	R&T0		Period			Amortization	1
	or property	acquired	u ouilei bas			er years	(see ins		ercent	.aye		for this year	
							,						
20	Total. Add the amounts	s in column (a)								20			
21	Total amortization clain	(0)								21			
	Amortization adjustmen		•										
	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the diff	erence	here and o	on Form 1	00 or					
	Form 100W, Side 1, lin	e 12								22			

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Continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued and the continued	Atta	ch to Form 100 or Form	100W. FORI	M 199										
Part	Corpo	ration name								Califor	nia cor	ooratio	n number	
Part	вос	OKS ALOUD, INC.								D-0	6879	948		
2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. if zero or less, enter -0. 5 Dollar limitation for travelle year. Subtract line 4 from line 1. if zero or less, enter -0. 5 (a) Description of property (elected IRC Section 179 property. 6 (a) Description of property. 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Tentative deduction. Enter the smaller of line 5 or line 8. 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 Tentative deduction. Enter the smaller of line 5 or line 8. 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Expert II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24856. 14 October 19 expenses deduction. Add line 9 and line 10, less line 12. 13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12. 14 October 19 expenses deduction of Additional First Year Expenses Deduction Under R&TC Section 24856. 14 October 19 expenses deduction of Additional First Year Expenses Deduction Under R&TC Section 24856. 14 October 19 October 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19 october 19	Par	Election to Expe	nse Certain Pro	perty Under IRC Se	ection 17	'9				•				
3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Table lected cost of IRC Section 179 groperty. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (e) or line 5. 11 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 17 Line 1	1	Maximum deduction ur	nder IRC Section	179 for California.							1		\$25,0	00
4 Section In limitation. Subtract line 3 from line 2, if zero or less, enter -0.  5 Dollar limitation for taxable years. Subtract line 4 from line 1, if zero or less, enter -0.  6 (a) Description of property (b) Cest (business size only) (c) Elected cost  7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add into 1 points of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Part of United Pa	2	Total cost of IRC Section	on 179 property	placed in service							2			
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0.  6 (a) Description of property (elected IRC Section 179 cost).  7 Listed property (elected IRC Section 179 croperty. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (n) to line 5.  10 Carpover of disablewed deduction from prior taxable years.  11 Electron 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.  12 IRC Section 179 expense deduction 1501 and line 10, loss line 12.  13 Carpover of disablewed deduction to 2013. Add line 9 and line 10, loss line 12.  14 (a) (b) (c) (c) (c) (c) (d) (d) (d) (e) (d) (e) (d) (e) (e) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in lim	itation							\$200,0	00
7 Listed property (elected IRC Section 179 cost).  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Tentative deduction. Enter the smaller of line 5 or line 8.  9 Tentative deduction. Enter the smaller of line 5 or line 8.  9 Tentative deduction. Enter the smaller of line 5 or line 8.  9 Tentative deduction. Enter the smaller of business income (not less than zero) or line 5.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 1 2 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.  12 IRC Section 179 expense deduction Add line 9 and line 10, less line 12.  13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12.  14 (a) (b) (c) (c) (c) (d) (e) (l) (e) (e) (l) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	4													
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14   (a)   (b)   (c)   Cost or other basis   Depreciation allowed or acquired   Depreciation of property   Depreciation of this year   Depreciation									tion 2	1256				
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TAPES AND ALBUMS 1/01/98 6,433. 6,433. S/L 12  PICTURE 9/03/97 116. 116. S/L 10  CASSETTE CABINET 12/02/98 4,839. 4,839. S/L 10  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (if California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, Side 1, line 12. (if California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  Part IV Amortization  19 (a) (b) (c) (c) (c) (f) (g) Amortization allowed or allowable in earlier years (see instr)  20 Total. Add the amounts in column (g).  20 Total Add the amounts in column (g).  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 21 is jess than line 10, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 21 is jess than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 21 is jess than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 21 is jess than line 20, enter the difference here and on Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form 100 or Form														
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Attac	ch to Form 100 or Form	100W. FORI	M 199										
Corpo	ration name								Califor	nia cor	ooratio	n number	
вос	OKS ALOUD, INC.								D-0	6879	948		
Par		nse Certain Pro	perty Under IRC Se	ection 179									
1	Maximum deduction un	der IRC Section	179 for California.							1		\$25,0	00
2	Total cost of IRC Section	on 179 property	placed in service							2		•	
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in limitat	tion					3		\$200,0	00
4	Reduction in limitation.	Subtract line 3	from line 2. If zero	or less, en	ter -0					4			
5	Dollar limitation for tax	able year. Subtr	act line 4 from line	1. If zero o	or less, e	enter -0				5			
6	(a) Des	scription of property		<b>(b)</b> Cost (l	business ι	ise only)	(c) l	lected	cost				
7	Listed property (elected												
8	Total elected cost of IR									8			
9	Tentative deduction. Er									9			
10	Carryover of disallowed									10			
11	Business income limita			-		-				11 12			
12 13	IRC Section 179 expen Carryover of disallowed									12			
Par			ditional First Year I					ion 2	1356				
14	(a)		(c)	(d)			(f)			٠,		(h)	
14	Description	<b>(b)</b> Date	Cost or	Depreci		<b>(e)</b> Deprecia			Depreci	<b>3)</b> iation	for	Additional fire	st
	of property	acquired	other basis	allowe		tion	rat	е	this	year		year	
				allowab earlier y		method						depreciation	ı
TAI	PES AND ALBUMS	1/01/99	6,963.		,963.	S/L		12					
	PES AND ALBUMS	1/01/00	5,821.		821.	S/L		12					
	PES AND ALBUMS	1/01/01	7,382.		,074.	S/L		12		30	8.		
	ARI DUPLICATOR	8/16/01	6,745.		,745.	S/L		7					
	PES AND ALBUMS	1/01/02	2,980.		,606.	S/L		12		24	18.		
	Add the amounts in col						1						
13	\$2,000. See instruction							15					
Par		,					I						
	Total: If the corporation												
	IRC Section 179 expensional first year dep	se, add the amo	ount on line 12 and	line 15, col	lumn (g)	or	E colum	ana (a	n) and (h	\			
	Depreciation (if no elec										16		
17	Total depreciation clain	•		•		,				_	17		
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter the c	differenc	e here and	on_Forr	n 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 o			ization r allowable	R& secti		Period			Amortization	
	or property	acquirec	other bas	313		er years	(see in		percent	age		for this year	
20	Total. Add the amounts	s in column (a).								20			
21	Total amortization clain	(0)								21			
22	Amortization adjustmen	nt. If line 21 is a	reater than line 20	. enter the c	differenc	e here and	on Form	n 100	or				
	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the dif	fference	here and o	on Form	100 c	or				
	Form 100W, Side 1, lin	e 12								22			

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	ch to Form 100 or Form	100W. FORI	М 199									
Corpo	ration name								Califor	nia corp	ooratio	n number
BOO	OKS ALOUD, INC.								D-0	6879	948	
Par	Election to Expert	nse Certain Pro	perty Under IRC Se	ection 17	79							
1	Maximum deduction un	der 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		
5_	Dollar limitation for tax		act line 4 from line							5		
6	(a) Des	scription of property		<b>(b)</b> Co	ost (business ı	use only)	(c)	Elected	cost			
7	Listed property (elected										ı	
8 9	Total elected cost of IR Tentative deduction. Er									8 9		
10										10		
11	Carryover of disallowed Business income limita									11		
12	IRC Section 179 expen				•					12		
13	Carryover of disallowed					_						
Par			ditional First Year					tion 24	1356			
14	(a)	(b)	(c)		(d)	(e)	(f	)	(0	g)		(h)
	Description	Date	Cost or	Dep	reciation	Deprecia	- Life	e or	Deprec	iation	for	Additional first
	of property	acquired	other basis		wed or wable in	tion method	ra	te	tnis	year		year depreciation
					er years							
TAI	PES AND ALBUMS	1/01/03	870.		691.	S/L		12		7	3.	
TAI	PES AND ALBUMS	1/01/04	10,115.		7,165.	S/L		12		84	3.	
SII	K PLANTS	8/05/03	290.		290.	S/L		7				
LAN	MINATOR	8/07/03	75.		75.	S/L		5				
CON	IFERENCE TABLE	8/14/03	2,500.		2,229.	S/L		10		25	0.	
15	Add the amounts in col \$2,000. See instruction							15				
Par		,	7									
16	Total: If the corporation											
	IRC Section 179 expensional first year dep	se, add the amo	ount on line 12 and	line 15,	column (g)	or	5 colu	mne (o	n) and (h	۱ ۵۲		
	Depreciation (if no elec	ction is made), e	enter the amount from	om line	15, column	(g)			,, and (11	1	16	
17	Total depreciation clain	ned for federal p	ourposes from fede	ral Form	4562, line	22				📑	17	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16	, enter tl	ne differenc	e here and	l on_For	m 100	or			
	Form 100W, Side I, lin Form 100W, Side 1, lin	e 6. If line 17 is e 12. (If Califori	less than line 16, nia depreciation am	enter the nounts a	e difference re used to a	: here and ( determine r	on Forn net inco	1 100 c me be	or fore			
	state adjustments on F	orm 100 or Forr	n 100W, no adjustn	nent is r	necessary.).					1	18	
Par	t IV Amortization											
19	(a)	(b)	(c)		(0		(e		(f)			(g)
	Description of property	Date acquired	Cost o			tization r allowable		tion	Period			Amortization for this year
	o. p. op o. s	5.5 4				er years	(see i		p	9-		ioi tilis yeal
20	Total. Add the amounts	s in column (g).								20		
21	Total amortization clain	ned for federal p	ourposes from fede	ral Form	1 4562, line	44				21		
22	Amortization adjustmen											
	Form 100W, Side 1, lin Form 100W, Side 1, lin									22		

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	-		-									
	ch to Form 100 or Form	100W. FOR	м 199									
Corpo	ration name								Califor	nia cor	poratio	n number
вос	OKS ALOUD, INC.								D-0	687	948	
Par	t   Election to Expe	nse Certain Pro	perty Under IRC Se	ection 17	79							
1	Maximum deduction un	nder IRC Section	179 for California.							1		\$25 <b>,</b> 000
2	Total cost of IRC Section	on 179 property	placed in service							2		
3	Threshold cost of IRC S		-							3		\$200 <b>,</b> 000
4	Reduction in limitation.									4		
5	Dollar limitation for tax									5		
6	(a) Des	scription of property		<b>(b)</b> C	ost (business ι	use only)	(c)	Elected	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 IRC Section 179 expen									11 12		
12 13	•									12		
Par	,		ditional First Year I					ion 2	1256			
						1				٠.١		(h)
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or		(d) reciation	(e) Deprecia	a- <b>(f)</b> Life		Deprec	<b>g)</b> iation	for	<b>(h)</b> Additional first
	of property	acquired	other basis	allo	owed or	tion	rat			year		year
					wable in ier years	method						depreciation
$C\Delta$	SSETTE CABINET	12/18/03	517.	oan	463.	S/L		10			52.	
	AILLER	6/30/04	1,140.		1,140.	S/L		5		•	<i>J</i>	
	SONY TAPE DEC	7/02/03	1,126.		1,126.	S/L		7				
	CROPHONE, FOA	12/10/03	500.		500.	S/L		7				
	·	12/30/03	179.		154.		+	10			1 0	
	OTH TABLE & PL				J	S/L		10			18.	
15	Add the amounts in co \$2,000. See instruction							15				
Par	t III Summary											
16	Total: If the corporation											
	IRC Section 179 expen Additional first year de	ise, add the amo	ount on line 12 and	line 15, 256. add	column (g)	or ts on line	15 colur	nns (i	n) and (h	) or		
	Depreciation (if no elec										16	
	Total depreciation clair									[	17	
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter tl	he differenc	e here an	d on_Forr	n 100	or or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin	ie 6. if line 17 is ie 12. (If Califori	nia depreciation am	enter the nounts a	e ainerence re used to a	nere and determine	on Form	ne be	or efore			
	state adjustments on F	orm 100 or Forn	n 100W, no adjustn	nent is r	necessary.).						18	
Par	t IV Amortization											
19	(a)	(b)	(c)			d)	(e)		_ (f)			(g)
	Description of property	Date acquired	Cost o			tization r allowable	R& sect		Period percent			Amortization
	or property	aoquiroc	ourior bas	313		er years	(see ir		porcorn	ago		for this year
20	Total. Add the amounts	s in column (a).								20		
21	Total amortization clair	107								21		
22			•								Ì	
	Amortization adjustment Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form	100	or			
	Form 100W, Side 1, lin	ıe 12								22		

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Attac	ch to Form 100 or Form	100W. FORM	1 199									
Corpo	ration name								Califor	nia corp	oratio	n number
ВОС	OKS ALOUD, INC.								D-0	6879	48	
Par	t I Election to Exper	nse Certain Proբ	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 ı	use only)	(C)	Elected	cost			
						+						
						+						
_		LIDO 0 II 17	10 1)			7						
7	Listed property (elected		•				ina 7			8		
8 9	Total elected cost of IR 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 Add	litional First Year I	Expense D	Deduction	under R&	TC Sec	ction 2	4356			
14	(a)	(b)	(c)	(d		(e)	(1	f)	(9	3)		(h)
	Description of property	Date acquired	Cost or other basis		ciation ed or	Deprecia tion		e or ite	Deprec	iation year	for	Additional first year
	or property	acquired	Other basis	allowa	able in	method	16	ite	uns	yeai		depreciation
				earlier	years							
	RECORDER	3/18/04	665.		665.	S/L		7				
	HEADSETS	6/20/05	158.		158.	S/L		5				
	OVD PLAYERS	3/30/05	227.		227.	S/L		5				
	BARCODE SCANNE	2/28/05	2,177.		2,177.	S/L		5				
TAI	PES & ALBUMS	1/01/05	5,508.	j	3,443.	S/L		12		45	9.	
15	Add the amounts in col \$2,000. See instruction							15				
Par	t III Summary											
16	Total: If the corporation											
	IRC Section 179 expense Additional first year dep	se, add the amo preciation under	unt on line 12 and R&TC Section 243	line 15, c 356. add th	olumn (g) ne amoun	) <b>or</b> ts on line 1	15. colu	mns (	n) and (h	) or		
	Depreciation (if no elec										6	
	Total depreciation clain	•	•							<u>1</u>	7	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16,	enter the	difference	e here and	d on Fo	rm 100	or or			
	Form 100W, Side 1, lin											
	state adjustments on F	orm 100 or Form	n 100W, no adjustn	nent is ne	cessary.).					1	8	
Par	t IV Amortization	1	1									
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost o	r		d <b>)</b> tization	(e	e) RTC	<b>(f)</b> Period	l or		(g)
	of property	acquired				r allowable		tion	percent			Amortization for this year
		-			in earli	er years	(see	instr)				
							1					
							$\perp$					
							1					
							1					
20	Total. Add the amounts	107								20		
21	Total amortization clain		'		,					21		
22	Amortization adjustmen											
	Form 100W, Side 1, lin Form 100W, Side 1, lin									22		
	,											

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Atta	ch to Form 100 or Form	100W. FORI	4 199							
Corpo	ration name						Califor	nia corpo	oration n	umber
вос	OKS ALOUD, INC.						D-0	6879	48	
Par	t   Election to Exper	nse Certain Prop	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		-					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			
7	Listed property (elected									
8	Total elected cost of IR							8		
9	Tentative deduction. Er							9		
10	Carryover of disallowed		,					10		
11	Business income limita			•				11 12		
12 13	IRC Section 179 expen				_			12		
Par	Carryover of disallowed			Expense Deduction			24256			
				-		1				(la)
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	<b>(d)</b> Depreciation	(e) Deprecia	(f) Life or	Deprec	<b>3)</b> iation f	or	<b>(h)</b> Additional first
	of property	acquired	other basis	allowed or	tion	rate		year		year
				allowable in earlier years	method					depreciation
כחי	S & ALBUMS	1/01/05	769.	480.	S/L	12		64	1	
	MERCIAL AUDIO	6/27/05	1,344.	1,344.	S/L	5				
	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				
						1				
13	Add the amounts in col \$2,000. See instruction									
Par			(1)						<u> </u>	
	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					
	Additional first year dep Depreciation (if no elec-								6	
17	Total depreciation clain	•		·	107			-		
	Depreciation adjustmen		•							
	Form 100W, Side 1, lin Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16,	enter the difference	e here and c	on Form 100	or			
	state adjustments on F							18	8	
Par			· · · · · · · · · · · · · · · · · · ·							
19	(a)	(b)	(c)	((	d)	(e)	(f)			(g)
	Description	Date	Cost o		tization r allowable	R&TC	Period			mortization
	of property	acquired	other bas		er years	section (see instr)	percent	.aye	†(	or this year
				23	<i>y</i>	()				
20	Total. Add the amounts	in column (a)						20		
21	Total amortization clain	(0)						21		
	Amortization adjustmen		·							
22	Form 100W, Side 1, lin	e 6. If line 21 is g	less than line 20,	enter the difference	e here and o	on Form 100	or			
	Form 100W, Side 1, lin							22		

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	-		-						
	ch to Form 100 or Form	100W. FOR	м 199						
Corpo	ration name						Califor	nia corpo	oration number
BOO	OKS ALOUD, INC.						D-0	68794	48
Par	t   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	on 179 property	placed in service					2	
3	Threshold cost of IRC S		-					3	\$200 <b>,</b> 000
4	Reduction in limitation.							4	
5	Dollar limitation for tax	able year. Subti	ract line 4 from line	1. If zero or less,	enter -0			5	
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Elect	ed cost		
7	Listed property (elected	d IRC Section 1	79 cost)		7				
8	Total elected cost of IR							8	
9	Tentative deduction. En	nter the <b>smaller</b>	of line 5 or line 8.					9	
10	Carryover of disallowed							10	
11	Business income limita							11	
12	IRC Section 179 expen				_			12	
13	,								
Par	t II Depreciation and	l Election of Ad	ditional First Year I	· -	n Under R&	TC Section	24356		
14	(a)	(b)	(c)	(d)	(e)	(f)	( <u>(</u>	g)	(h)
	Description of property	Date acquired	Cost or other basis	Depreciation allowed or	Deprecia tion	i- Life or rate	Deprec	year	or Additional first year
	5. p. sps. ty	aoquii ou	01.101 200.0	allowable in	method			y ou.	depreciation
				earlier years					_
	ADERS LAMP	11/15/05	162.	154.	S/L	7	_	3	3.
	HEADSETS	11/15/05	32.	32.	S/L	5			
1 I	HEADSET	2/04/06	28.	28.	S/L	5			
TAI	PES & ALBUMS	1/01/06	6,339.	3,433.	S/L	12	!	528	3.
COI	MMERCIAL AUDIO	12/29/05	664.	664.	S/L	5	5		
15	Add the amounts in co \$2,000. See instruction								
Par		,					ı		· ·
	Total: If the corporation	n is electing:							
	IRC Section 179 expen	se, add the amo	ount on line 12 and	line 15, column (g	) or				
	Additional first year deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the deposition of the depositi								3
17	Total depreciation clair			•	.07				
	Depreciation adjustmen							· · · · <del>- · ·</del>	
	Form 100W, Side 1, lin	ie 6. If line 17 is	i less than line 16, i	enter the difference	e here and o	on Form 100	or or		
	Form 100W, Side 1, lin state adjustments on F	ie 12. (If Califori	nia depreciation am	nounts are used to	determine r	net income i	petore	18	R
Par		01111 100 01 1 011	11 100 11, 110 aajastii	TICHT IS TICCCSSULY.).					<u> </u>
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
	Description	Date	Cost o		tization	R&TC	Period	d or	Amortization
	of property	acquired	d other bas		r allowable		percent	age	for this year
				in eari	ier years	(see instr)			
						1			
20	Total. Add the amounts	s in column (g).						20	
21	Total amortization clair	ned for federal	purposes from fede	eral Form 4562, line	44			21	
22	Amortization adjustmer Form 100W, Side 1, lin	nt. If line 21 is o	reater than line 20	, enter the differen	ce here and	d on Form 1	00 or		
	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	22	
	Form 100W, Side 1, lin	e 12						22	

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Λtta	ch to Form 100 or Form	100\\/ HOD	4 100						
	ration name	TOOW. FOR	M 199				California	corporation	on number
									511 Hambol
	OKS ALOUD, INC.			470			D-068	7948	
Par			perty Under IRC Se						*05.000
1	Maximum deduction un							1 2	\$25,000
2	Total cost of IRC Section							3	<u> </u>
3	Threshold cost of IRC S		-				· · · · · · · · - —	3 4	\$200,000
4 5	Reduction in limitation.  Dollar limitation for taxa							5	
6			act line 4 from line					<i>J</i>	
	(a) Des	scription of property		(b) Cost (business )	use only)	(c) Elected	1 COST		
							_		
							_		
							_		
7	Listed property (alastas	I IDC Section 1	70 anot)		7		_		
8	Listed property (elected Total elected cost of IR		•			ino 7		8	
9	Tentative deduction. Er							9	
10	Carryover of disallowed							-	
11	Business income limita						· · · · · · · · - —		
12	IRC Section 179 expens			•				2	
13	Carryover of disallowed						<u> </u>		
Par	t II Depreciation and	Election of Add	ditional First Year I	Expense Deduction	under R&	TC Section 2	24356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date	Cost or	Depreciation	Deprecia		Depreciati		Additional first
	of property	acquired	other basis	allowed or allowable in	tion method	rate	this ye	ear	year depreciation
				earlier years	111011101				40p. 00.44.0
COL	MERCIAL AUDIO	3/30/06	427.	427.	S/L	5			
COL	MERCIAL AUDIO	5/31/06	384.	384.	S/L	5			
COL	MPUTER 500GB E	7/14/06	433.	433.	S/L	5			
CON	MPUTER ADOBE A	9/18/06	638.	638.	S/L	5			
COL	MPUTER FOR STU	3/16/07	1,100.	1,100.	S/L	5			
15	Add the amounts in col	umn (g) and co	lumn (h). The total	of column (h) may	not exceed	i l			
	\$2,000. See instruction	s for line 14, co	lumn (h)	<u></u>		15			
Par									
16	Total: If the corporation			line 15 column (c)					
	IRC Section 179 expense Additional first year dep	se, add the amo preciation under	R&TC Section 243	ine 15, column (g <sub>.</sub> 56. add the amoun	) <b>or</b> ts on line 1	5. columns (	(a) and (h) <b>o</b>	r	
	Depreciation (if no elec								
	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	e here and	on Form 10	0 or		
	Form 100W, Side 1, lin	e 12. (If Californ	nia depreciation am	nounts are used to	determine r	net income b	efore		
	state adjustments on Fo	orm 100 or Forn	n 100W, no adjustn	nent is necessary.).				. 18	
Par						1		-	
19	<b>(a)</b> Description	<b>(b)</b> Date	(c) Cost o		d <b>)</b> tization	(e) R&TC	<b>(f)</b> Period o	r	(g)
	of property	acquired			r allowable		percentag		Amortization for this year
				in earli	er years	(see instr)			
20	Total. Add the amounts	(0)					<del></del>	_	
21	Total amortization clain		•				<del></del>	1	
22	Amortization adjustmer Form 100W, Side 1, line	nt. If line 21 is g	reater than line 20	, enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1, line Form 100W, Side 1, line	e 6. IT IINE 21 IS e 12	iess than line 20,	enter the difference	nere and o	on Form 100	or 2	2	
	Tomi 100 vv, Side 1, IIII	· 14						- 1	

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	ch to Form 100 or Form	100W. FORI	M 199									
Corpo	ration name								Califor	nia corpo	oration	number
	OKS ALOUD, INC.								D-0	6879	48	
Par	· ·		perty Under IRC Se									
1	Maximum deduction un									1		\$25 <b>,</b> 000
2	Total cost of IRC Section	1 1 2	•							2		4000 000
3 4	Threshold cost of IRC S Reduction in limitation.									3		\$200,000
5	Dollar limitation for tax									5		
-6		scription of property			(business			Elected				
	(4) 230			(17) 0001	(200111000	,	(0)		-			
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 12	Business income limita IRC Section 179 expen									11 12		
13	Carryover of disallowed					_		<u> </u>		12		
Par								tion 2	4356			
14	14 (a) (b) (c) (d) (e) (f) (g) (h)											
• •	Description Date Còst or Depreciation Deprecia-Lifé or Depreciátion for Additional first											
	of property	acquired	other basis	allowa		method	ra	te	tnis	year		year depreciation
				earlier	years							
	RNED DEGAUSSER	10/26/06	1,250.	1	<b>,</b> 028.	S/L		7		178		
	JDIO EQUIPMENT	3/29/07	372.		283.	S/L		7		53	3.	
	LOANER RECORD	10/30/06	202.		202.	S/L		5				
	OANER RECORDE	4/27/07	192.		192.	S/L		5				
	LOANER RECORD	6/01/07	217.		217.	S/L	<u> </u>	5				
15	Add the amounts in col \$2,000. See instruction							15				
Par	t III Summary											
16	Total: If the corporation			lina 1E as	ali waa aa Kar							
	IRC Section 179 expen Additional first year dep	preciation under	R&TC Section 243	11116 15, CC	e amoun	ts on line 1	5, colu	mns (g	g) and (h	) or		
	Depreciation (if no elec	•									_	
	Total depreciation clain									1	7	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g ie 6. If line 17 is	reater than line 16, less than line 16,	, enter the enter the d	ainerence lifference	e nere and here and o	on For	m 100 1 100 (	or Or			
	Form 100W, Side 1, lin	ie 12. (If Califorr	na depreciation am	nounts are	used to	determine r	net inco	me be	etore	1,		
Par	state adjustments on F	orm 100 or Forn	n 100w, no adjustn	nent is ned	essary.).					1	ō	
19	(a)	(b)	(c)			d)	(e	`	(f)			(g)
13	Description	Date	Cost o		Amor	tization	R8	TC	Period			Amortization
	of property	acquired	I other bas	sis a		r allowable er years	sec (see i		percent	age		for this year
					00.11	Jours	(555)					
							<b>†</b>					
							İ					
20	Total. Add the amounts	s in column (g)								20		
21	Total amortization clair	med for federal p	ourposes from fede	ral Form 4	562, line	44				21		
22	Amortization adjustmer											
	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the d	lifference	here and o	on Forn	า 100 (	or	22		
	Form 100W, Side 1, lin	€ 1∠								22		

2005	
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Attac	ch to Form 100 or Form	100W. FORM	4 199						
Corpo	ration name						Califor	nia corpo	ration number
вос	OKS ALOUD, INC.						D-0	68794	48
Par		nse Certain Pro	perty Under IRC Se	ection 179					<del></del>
1	Maximum deduction un	•						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, e	enter -0			5	
6	<b>(a)</b> Des	scription of property		(b) Cost (business	use only)	(c) Elected	d cost		
7	Listed property (elected								
8	Total elected cost of IR							8	
9	Tentative deduction. Er							9	
10	Carryover of disallowed		,					10	
11	Business income limita			•	•			11 12	
12 13	IRC Section 179 expen Carryover of disallowed				_			12	
Par				Expense Deduction			24356		
14	(a)		(c)	(d)		(f)		٠,١	(h)
14	Description	<b>(b)</b> Date	Cost or	Depreciation	(e) Deprecia		Depreci	<b>3)</b> iation fo	
	of property	acquired	other basis	allowed or	tion	rate	this	year	year
				allowable in earlier years	method				depreciation
TAI	PES & ALBUMS	1/01/07	7,848.	3,597.	S/L	12		654	1.
	MERCIAL AUDIO	8/12/06	211.	108.	S/L	12		18	
	MERCIAL AUDIO	9/12/06	15,000.	7,292.	S/L	12		1,250	
	KCASES	9/11/07	333.	160.	S/L	10	•	33	
	TERAL FILES &	1/18/08	953.	428.	S/L	10		95	
	Add the amounts in col								
13	\$2,000. See instruction								
Par		,	/			l l	I.		<b>.</b>
16	Total: If the corporation	n is electing:							
	IRC Section 179 expensional first year dep	se, add the amo	unt on line 12 and	line 15, column (g)	or	E solumns (	(a) and (h	\	
	Depreciation (if no elec								5
17	Total depreciation clain	•		•	107				7
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1, lin Form 100W, Side 1, lin								
	state adjustments on F							18	3
Par	t IV Amortization			-				•	•
19	(a)	(b)	(c)		d)	(e)	_ (f)		(g)
	Description of property	Date acquired	Cost o		tization r allowable	R&TC section	Period percent		Amortization
	or property	acquirea	ourier bas		er years	(see instr)	percent	age	for this year
20	Total. Add the amounts	s in column (q).						20	
21	Total amortization clain	(0)						21	
22	Amortization adjustmen	nt. If line 21 is a	reater than line 20.	enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the difference	here and o	on Form 100	or	00	
	Form 100W, Side 1, lin	e 12						22	

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Atta	ch to Form 100 or Form	100W. FOR	M 199										
Corpo	ration name								Califor	nia corp	ooration	n number	
вос	OKS ALOUD, INC.								D-0	6879	48		
Par	t   Election to Exper	ıse Certain Pro <sub>l</sub>	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	on 179 property	placed in service							2			
3	Threshold cost of IRC S		-							3		\$200 <b>,</b>	000
4	Reduction in limitation.									4			
5	Dollar limitation for taxa	able year. Subtr	act line 4 from line	1. If zero	or less, e	enter -0				5			
6	(a) Des	cription of property		(b) Cost	t (business ι	use only)	(c)	Elected	cost				
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	IRC Section 179 expens					_				12			
13	Carryover of disallowed							O	4256				
Par			ditional First Year I	· ·		1	1	- 1				41.5	
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	Denre	d) ciation	(e) Deprecia	(f	e or	Deprec	<b>g)</b> iation	for	(h) Additional f	irct
	of property	acquired	other basis		ed or	tion	ra			year	101	year	
					able in	method						depreciation	on
0 1	OWNED DECODDE	0/20/07	21.0	earner	r years	C /T		-			7.		
	LOANER RECORDE	9/20/07	210.		203.	S/L		5		1 00			
	PES & ALBUMS	1/01/08	12,037.	4	4,511.	S/L		12		1,00			
	MERCIAL AUDIO	9/14/07	210.		86.	S/L		12			8.		
	MERCIAL AUDIO	6/02/08	17,500.		5,954.	S/L		12		1,45			
COI	MERCIAL AUDIO	6/19/08	135.		49.	S/L		12		1	1.		
15	Add the amounts in col \$2,000. See instruction							15					
Par	t III Summary												
16	Total: If the corporation	is electing:											
	IRC Section 179 expense Additional first year dep	se, add the amo	ount on line 12 and R&TC Section 243	line 15, c 356, add th	olumn (g)	) <b>or</b> ts on line 1	I5 colu	mns (i	n) and (h	) or			
	Depreciation (if no elec										16		
17	Total depreciation clain	ned for federal p	ourposes from fede	ral Form 4	4562, line	22				📑	17		
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter the	differenc	e here and	l on_For	m 100	or or				
	Form 100W, Side 1, line Form 100W, Side 1, line												
	state adjustments on Fo									1	18		
Par	t IV Amortization												
19	(a)	(b)	(c)			d)	(е		_ (f)			(g)	
	Description of property	Date acquired	Cost o other bas			ization r allowable		τC tion	Period percent			Amortization	
	or property	acquired	other bas	313		er years	(see i		percern	age		for this year	
						-							
20	Total. Add the amounts	s in column (a)	1	l			1	l.		20			
21	Total amortization clain	107								21			
			•										
22	Amortization adjustmer Form 100W, Side 1, line	n. ii iifie ∠i is g e 6. If line 21 is	less than line 20,	enter the	difference	e here and o	i on Forn	าก 100 1 100	or or				
	Form 100W, Side 1, line									22			

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Atta	ch to Form 100 or Form	100W. FORI	M 199										
Corpo	ration name								Califor	nia cor	ooration	n number	
вос	OKS ALOUD, INC.								D-0	6879	948		
Par		nse Certain Pro	perty Under IRC Se	ection 179	)				<u> </u>				
1	Maximum deduction un	nder IRC Section	n 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	perty before reducti	ion in limi	tation					3		\$200 <b>,</b>	000
4	Reduction in limitation.	Subtract line 3	from line 2. If zero	or less, e	enter -0					4			
5	Dollar limitation for tax	able year. Subtr	ract line 4 from line	1. If zero	or less, e	enter -0				5			
6	(a) Des	scription of property		<b>(b)</b> Cos	t (business ι	use only)	(c)	Elected	cost				
7													
8	Total elected cost of IR									8			
9	Tentative deduction. En									9			
10	Carryover of disallowed									10			
11	Business income limita				•					11 12			
12 13	IRC Section 179 expen Carryover of disallowed					_				12			
Par			ditional First Year I					tion 2	4356				
14						1		- 1		٠,		(h)	
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or		<b>d)</b> eciation	(e) Deprecia	(f) 1- Life	e or	Depreci	<b>3)</b> iation	for	<b>(h)</b> Additional	first
	of property	acquired	other basis		ved or	tion method	ra	te	this	year		year	
					able in r years	metriou						depreciat	1011
LAN	MINATING MACHI	4/16/09	208.		136.	S/L		5		4	12.		
	OUPLICATORS	10/31/08	7,562.		3,961.	S/L		7		1,08			
	JDIO LAMP	4/16/09	207.		96.	S/L		7		•	30.		
	PTOP COMPUTER	7/09/08	852.		681.	S/L		5			11.		
	LOANER RECORD	10/01/08	1,303.		978.	S/L		5			51.		
	Add the amounts in co			of column			,						
13	\$2,000. See instruction							15					
Par	- 1	,						-			I		
	Total: If the corporation	n is electing:											
	IRC Section 179 expen Additional first year de	se, add the amo	ount on line 12 and	line 15, o	column (g)	or	IE ooluu	mne (e	a) and (h	\			
	Depreciation (if no elec										16		
17	Total depreciation clair	•			-	107				_	17		
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter the	e differenc	e here and	l on_For	m 100	or or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin												
	state adjustments on F									•	18		
Par	t IV Amortization									•			
19	(a)	(b)	(c)			d)	(e)		_ (f)	_		(g)	
	Description of property	Date acquired	Cost o			ization r allowable	R& sect		Period			Amortizatio	
	or property	acquirec	d Other bas	313		er years	(see i		percent	age		for this yea	ı
20	Total. Add the amounts	s in column (g).								20			
21	Total amortization clair	(0)								21			
22	Amortization adjustmen	nt. If line 21 is a	reater than line 20.	. enter the	e differenc	e here and	d on For	m 100	or or				
	Form 100W, Side 1, lin	ie 6. If line 21 is	less than line 20,	enter the	difference	here and	on Form	າ 100 (	or				
	Form 100W, Side 1, lin	ie 12								22			

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	ch to Form 100 or Form	100W. FORI	4 199							
Corpo	ration name						Califor	rnia cor	poratio	n number
	OKS ALOUD, INC.						D-0	687	948	
Part		•	perty Under IRC Se							
1	Maximum deduction un							1		\$25 <b>,</b> 000
_	Total cost of IRC Section		•					2		
3	Threshold cost of IRC S		-					3		\$200,000
4	Reduction in limitation.							5	-	
<u>5</u>	Dollar limitation for tax		act line 4 from line					Э		
ь	(a) Des	scription of property		(b) Cost (business	use only)	(c) Elected	d cost	-		
								-		
								-		
								_		
			10 1)		1 -			-		
7	Listed property (elected					lina 7		8	Т	
8 9	Total elected cost of IR Tentative deduction. Er							9	-	
10	Carryover of disallowed							10		
11	Business income limita		,					11		
12	IRC Section 179 expens			•	-			12		
13	·				_					
Parl			ditional First Year I				24356			
14	(a)	(b)	(c)	(d)	(e)	(f)		g)		(h)
	Description	Date	Cost or	Depreciation	Deprecia	a- Life or	Deprec	iation		Additional first
	of property	acquired	other basis	allowed or allowable in	tion method	rate	this	year		year depreciation
				earlier years	mounou					doprodiation
TAE	PES & ALBUMS	1/01/09	4,828.	1,407.	S/L	12		4(	02.	
20	HEADSETS	3/05/10	312.	147.	S/L	5		(	62.	
6 I	LOANER RECORDE	3/05/10	192.	89.	S/L	5			38.	
	LOANER RECORDE	6/01/10	330.	137.		5		(	66.	
	PES & ALBUMS	1/01/10	5,377.	1,120.		12		4	18.	
	Add the amounts in col	•		•	•	d				
	\$2,000. See instruction									
Parl	t III Summary	·				•				
16	Total: If the corporation	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>	15 columns /	(a) and (h	) 05		
	Depreciation (if no elec								16	
17	Total depreciation clain	•		·	107			_	17	
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	enter the differen	ce here and	d on Form 10	0 or			
	Form 100W, Side 1, line Form 100W, Side 1, line									
	state adjustments on Fo								18	
Parl	t IV Amortization							•		
19	(a)	(b)	(c)		(d)	(e)	(f)			(g)
	Description of property	Date acquired	Cost o		tization or allowable	R&TC section	Period percent			Amortization
	or property	acquired	other bas		ier years	(see instr)	perceri	lage		for this year
					-					
									1	
									1	
20	Total. Add the amounts	in column (a)						20		
21	Total amortization clain	(0)						21		
	Amortization adjustmen		•							
	Form 100W, Side 1, line	e 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	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	ia corporat	on number		
во	OKS ALOUD, INC.						D-06	87948			
Par		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	on 179 property	placed in service					2			
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	on in limitation				3	\$200 <b>,</b> 000		
4	Reduction in limitation.						_	4			
5	Dollar limitation for tax	able year. Subti	ract line 4 from line	1. If zero or less, e	enter -0			5			
6	(a) Des	scription of property		(b) Cost (business (	use only)	(c) Elect	ed cost				
7	Listed property (elected	d IRC Section 1	79 cost)		7						
8	Total elected cost of IR							8			
9	Tentative deduction. Er	nter the <b>smaller</b>	of line 5 or line 8.					9			
10	Carryover of disallowed						-	10			
11	Business income limita			·			_	11			
12	IRC Section 179 expen							12			
13	,										
Par	t II Depreciation and	l Election of Ad	ditional First Year I	Expense Deduction	Under R&	TC Section	24356		T		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	)	(h)		
	Description of property	Date acquired	Cost or other basis	Depreciation allowed or	Deprecia tion	<ul> <li>Life or rate</li> </ul>	Deprecia this		Additional first year		
	5. p. sp 5. s			allowable in	method			,	depreciation		
		2 /2 - /2 2		earlier years			_				
	COMPUTER & IN	8/27/09	2,085.	1,216.	S/L	5		417.			
	DONOR PERFECT SO 9/30/09 5,780. 3,275. S/L 5 1,156.										
4 I	HP COMPUTERS, 3	10/30/09	8,546.								
ΗP	P2035 PRINTER	11/06/09	962.	512.	S/L		_	192.			
6 !	52002Z P COMPU	12/31/09	7,791.	4,025.	S/L		5 1	,558.			
15	Add the amounts in col \$2,000. See instruction										
Par	• •	,					1		ı		
	Total: If the corporation	n is electing:									
	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-										
17	Total depreciation clain	* *		·	,			<u> </u>			
	Depreciation adjustmen										
	Form 100W, Side 1, lin	ie 6. If line 17 is	i less than line 16, i	enter the difference	e here and o	on Form 10	0 or				
	Form 100W, Side 1, lin state adjustments on F	ie 12. (II Califori form 100 or Forr	nia depreciation am n 100W no adjustn	nounts are used to (	determine r	net income	before	18			
Par		01111 100 01 1 011	11 100 11, 110 aajastii	nent is necessary.).							
19	(a)	(b)	(c)	(6	d)	(e)	(f)		(g)		
	Description	Date	Cost o	r Amort	tization	R&TC	Period		Amortization		
	of property	acquired	d other bas		r allowable er years	section (see instr)	percenta	age	for this year		
				iii eaiii	ei years	(300 111311)					
						1	1				
							1				
						1	<u> </u>				
20	Total. Add the amounts	107					-	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	e here and	l on Form 1	00 or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin	le 6. IT IINE 21 IS 12	iess than line 20,	enter the difference	nere and o	on Form 10	u or	22			
	TOTTI TOUVY, SILLE T, IIII	□ I∠									

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Attac	ch to Form 100 or Form	100W. FOR	м 199									
	ration name	1014	133						Califor	rnia corp	oration	n number
вос	OKS ALOUD, INC.								D-0	6879	48	
Parl		nse Certain Pro	perty Under IRC Se	ection 17	'9							
1	Maximum deduction un									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	perty before reducti	ion in lim	nitation					3		\$200,000
4	Reduction in limitation.									4		
	Dollar limitation for tax	able year. Subtr	act line 4 from line	1. If zer	o or less, e	enter -0				5		
6	(a) Des	scription of property		<b>(b)</b> Co	st (business ι	use only)	(c)	Elected	cost			
7	Listed property (elected											
8	Total elected cost of IR									8		
9	Tentative deduction. Er									9		
10	Carryover of disallowed									10		
11	Business income limita					-				11 12		
12 13	IRC Section 179 expen Carryover of disallowed					_				12		
Parl			ditional First Year I					tion 2/	1356			
14		ı				1				۳۱		(b)
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or		<b>(d)</b> reciation	(e) Deprecia	a- Life	e or	Deprec	<b>g)</b> iation	for	<b>(h)</b> Additional first
	of property	acquired	other basis	allo	wed or	tion	ra		this	year		year
					vable in er years	method						depreciation
6 F	BOOKCASES	5/06/10	552.		156.	S/L		10		5	5.	
	PY MACHINE	7/18/09	546.		228.	S/L		5			9.	
	ESENTATION PRO	6/18/10	2,000.		833.	S/L		5			0.	
	NDING MACHINE	10/02/09	448.		188.	S/L		5			0.	
	OMOTIONAL DVD	11/19/09	1,885.		1,675.	S/L		3		21		
							. 1				-	
13	Add the amounts in col \$2,000. See instruction							15				
Parl		13 101 11110 14, 00	, , , , , , , , , , , , , , , , , , ,									
	Total: If the corporation	n is electina:										
	IRC Section 179 expen	se, add the amo	ount on line 12 and	line 15,	column (g)	or						
	Additional first year dep Depreciation (if no elec-										6	
17	Total depreciation clain	,,			,	(3)				_	7	
	Depreciation adjustmer		•									
	Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16,	enter the	difference	here and	on Forn	า 100 ต	or			
	Form 100W, Side 1, lin state adjustments on F	orm 100 or Forn	na depreciation an n 100W, no adjustn	nent is n	e useu to t	Jetermine	net inco	ille be	iore	1	8	
Parl			, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					l l	J.	
19	(a)	(b)	(c)		((	d)	(e	)	(f)			(g)
	Description	Date	Cost o		Amort	ization	R8	TC	Period			Amortization
	of property	acquired	d other bas	515		r allowable er years	sec (see i		percent	lage		for this year
						<i>y</i>	,					
20	Total. Add the amounts	s in column (a)	1				1			20		
21	Total amortization clair	(0)								21		
	Amortization adjustmen	nt Ifline 21 is d	reater than line 20	enter th	ne differenc	e here and	d on Foi	m 100	or	<u> </u>		
	Form 100W, Side 1, lin	ie 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Forn	า 100 ต	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								Califor	rnia corp	oratio	n number
BOO	OKS ALOUD, INC.								D-0	6879	48	
Par	Election to Expe	nse Certain Pro	perty Under IRC Se	ection 17	79							
1	Maximum deduction ur	nder IRC Section	n 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		
5_	Dollar limitation for tax		ract line 4 from line							5		
6	(a) De:	scription of property		<b>(b)</b> Co	ost (business u	use only)	(c)	Elected (	cost			
7	Listed property (elected											
8	Total elected cost of IR Tentative deduction. El									8		
9 10										10		
11	Carryover of disallowed Business income limita									11		
12	IRC Section 179 expen				•	-				12		
13	Carryover of disallowed					_						
Par			ditional First Year					ion 24	356			
14	(a)	(b)	(c)		(d)	(e)	(f)		(	g)		(h)
	Description	Date	Cost or	Depr	reciation	Deprecia	- Life	or	Deprec	iation	for	Additional first
	of property	acquired	other basis		wed or wable in	tion method	rat	е	tnis	year		year depreciation
					er years							
6 I	PANASONIC LOAN	9/27/10	240.		88.	S/L		5		4	8.	
20	LOANER TAPE P	11/19/10	515.		172.	S/L		5		10	3.	
2 5	SONY DUAL CASS	9/27/10	238.		62.	S/L		7		3	4.	
DU	AL TAPE DECK	11/19/10	488.		117.	S/L		7		7	0.	
4 (	D PLAYERS	11/19/10	429.		102.	S/L		7		6	1.	
15	Add the amounts in co							15				
Par	\$2,000. See instruction  Summary	is for line 14, co	olumn (n)					15				
16	Total: If the corporation	a is alactina:										
10	IRC Section 179 expen		ount on line 12 and	line 15,	column (g)	or						
	Additional first year de										_	
17	Depreciation (if no elec	•								_	7	
	Total depreciation clair									···-  -	_	
	Depreciation adjustment Form 100W, Side 1, lin	ie 6. If line 17 is	less than line 16,	enter the	e difference	here and o	on Form	100 o	r			
	Form 100W, Side 1, lin state adjustments on F	ie 12. (It Calitori	nia depreciation am	nounts ar	re used to d	determine r	net incoi	ne bet	fore	١,	8	
Par		01111 100 01 1 011	ii 100vv, 110 aujustii	HEHL IS H	iecessai y. <i>)</i> .						0	
19	(a)	(b)	(c)		((	4)	(e)		(f)			(g)
	Description	Date	Cost o		Amort	ization	R&	TC	Period			Amortization
	of property	acquire	d other bas	sis		r allowable er years	sect (see ir		percent	tage		for this year
					III Calli	or yours	(300 11	1311)				
							+					
							+					
20	Total. Add the amounts	in column (a)								20		
21	Total amortization clair	(3)								21		
			'		•					-1		
22	Amortization adjustment Form 100W, Side 1, lin											
	Form 100W, Side 1, lin									22		

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ろおおち	
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	ch to Form 100 or Form	100W. FOR	м 199									
Corpo	ration name								Califor	nia cor	poratio	n number
ВОС	OKS ALOUD, INC.								D-0	687	948	
Par	t   Election to Expe	nse Certain Pro	perty Under IRC Se	ection 1	79							
1	Maximum deduction un	der IRC Section	n 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 pro	perty before reducti	ion in Iir	nitation					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. Subti	ract line 4 from line	1. If ze	ro or less, e	enter -0				5		
6	(a) Des	scription of property		<b>(b)</b> C	ost (business ι	use only)	(c) E	Elected	cost			
7	Listed property (elected											
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		
13 Part	Carryover of disallowed		ditional First Year					ion 24	1256			
	· · · · · · · · · · · · · · · · · · ·	1		Expense								4-5
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	Den	(d) reciation	(e) Deprecia	- <b>(f)</b> - Life	or	Depreci	<b>g)</b> iation	for	<b>(h)</b> Additional first
	of property	acquired	other basis	allo	owed or	tion	rat			year		year
					wable in ier years	method						depreciation
HP	SERVER & INST	7/09/10	5,843.	can	2,338.	S/L	1	5		1,16	59	
	JDIO COMPUTERS	10/12/10	7,314.		2,560.	S/L		5		1,46		
	AM VIEWER & IN	1/28/11	4,377.		1,313.	S/L		5			75.	
	RD DRIVES & BA	4/16/11	569.		142.	S/L		5			14.	
	PES AND ALBUMS	1/01/11	3,008.		376.	S/L		12			51.	
	Add the amounts in col	•	•	of colur	l l		<u>,                                    </u>					
	\$2,000. See instruction							15				
Par		·	` ,					•				
16	Total: If the corporation											
	IRC Section 179 expen Additional first year dep	se, add the amo	ount on line 12 and	line 15,	column (g)	or	5 colum	anc (a	) and (h	۱ ۵۳		
	Depreciation (if no elec										16	
17	Total depreciation clain	• •			•	107				_	17	
18	Depreciation adjustmer	nt. If line 17 is g	reater than line 16	, enter t	he differenc	e here and	on Forr	n 100	or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin	e 6. If line 17 is	s less than line 16, nia depreciation am	enter th	e difference	here and o	on Form	100 c	or fore			
	state adjustments on F	orm 100 or Form	n 100W, no adjustn	nent is r	necessary.).						18	
Par			·									
19	(a)	(b)	(c)		(0	d)	(e)		(f)			(g)
	Description of property	Date acquired	Cost o			ization r allowable	R&		Period			Amortization
	or property	acquire	u Other bas	515		er years	secti		percent	aye		for this year
							,					
											1	
20	Total. Add the amounts	s in column (a)								20		
21	Total amortization clair	(0)								21	t	
22	Amortization adjustmen		'		,					<del></del>	1	
	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form	100 c	r		1	
	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						Californ	ia corporat	ion number
вос	OKS ALOUD, INC.						D-06	87948	}
Par	t   Election to Exper	nse Certain Pro	perty Under IRC Se	ection 179					
1	Maximum deduction un	der IRC Section	n 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 pro	perty before reducti	ion in limitation				3	\$200,000
4	Reduction in limitation.							4	
5	Dollar limitation for tax	able year. Subti	ract line 4 from line	1. If zero or less,	enter -0			5	
6	(a) Des	scription of property		(b) Cost (business i	use only)	(c) Electe	ed cost		
7	Listed property (elected	d IRC Section 1	79 cost)		7				
8	Total elected cost of IR							8	
9	Tentative deduction. Er	nter the <b>smaller</b>	of line 5 or line 8.					9	
10	Carryover of disallowed						<u> </u>	10	
11	Business income limita			•	-			11	
12	IRC Section 179 expen				_			12	
13	,								
Par	t II Depreciation and	l Election of Ad	ditional First Year I		Under R&	TC Section	24356		_
14	(a)	<b>(b)</b>	(c)	(d)	(e)	(f)	(g)	) otion for	(h)
	Description of property	Date acquired	Cost or other basis	Depreciation allowed or	Deprecia tion	Life or rate	Deprecia this		Additional first year
	5. p. sp 5. s			allowable in	method			,	depreciation
				earlier years	- 1-				
	28 COMMERCIAL	6/01/11	48,280.	5,230.	S/L	10		,828.	
	PES AND ALBUMS	1/01/12	2,043.	85.	S/L	12	+	170.	
	LOANER TAPE P	12/23/11	898.	90.	S/L	5		180.	
	PORT & UPS SY	7/11/11	460.	92.	S/L	5		92.	
DP-	-8-C3L DUPLICA	10/31/11	4,942.	529.	S/L	7		706.	
15	Add the amounts in col \$2,000. See instruction								
Par	t III Summary	·	` ,						•
16	Total: If the corporation								
	IRC Section 179 expense Additional first year dep	se, add the amo	ount on line 12 and	line 15, column (g)	or	5 columns	(a) and (h)	0.5	
	Depreciation (if no elec								
17	Total depreciation clain	•		·	107				
18	Depreciation adjustmer	nt. If line 17 is g	reater than line 16,	, enter the difference	e here and	l on Form 10	00 or		
	Form 100W, Side 1, lin Form 100W, Side 1, lin	e 6. If line 17 is	s less than line 16, o	enter the difference	here and o	on Form 100 net income t	) or Defore		
	state adjustments on F	orm 100 or Form	n 100W, no adjustn	nent is necessary.).				18	
Par			· · · · · ·						1
19	(a)	(b)	(c)	((	d)	(e)	(f)		(g)
	Description	Date	Cost o		tization	R&TC	Period		Amortization
	of property	acquire	d other bas		r allowable er vears	section (see instr)	percenta	ige	for this year
				53111	, ~	(171)			
						+			
						+			
						1	<del>                                     </del>		
20	T-1-1 A 1 1 11						l I	20	
20	Total. Add the amounts	107					<b>-</b>	20	
21	Total amortization clain						F	21	
22	Amortization adjustmer Form 100W, Side 1, lin	nt. If line 21 is o	reater than line 20	, enter the difference	ce here and	on Form 10	00 or		
	Form 100W, Side 1, lin	e o. 11 1111e 21 19 e 12	b iess than line 20,	enter the difference	: Here and (	טוו דטוווו וטע	) UI	22	
	. 51111 15077, 5100 1, 1111	<u> </u>							

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	ch to Form 100 or Form	100W. FOR	М 199					Louis		
Corpo	ration name							Califor	nia corpo	oration number
	OKS ALOUD, INC.							D-0	6879	48
Par			perty Under IRC Se							
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.								5	
<u>5</u>	Dollar limitation for tax								Э	
ь	(a) Des	scription of property		<b>(b)</b> Co	st (business ι	ise only)	(c) Elected	1 COST		
7			•				7		0	
8 9	Total elected cost of IR Tentative deduction. En								8	
10	Carryover of disallowed								10	
11	Business income limita								11	
12	IRC Section 179 expen				•	•			12	
13	•									
Par			ditional First Year I					24356	-	
14	(a)	(b)	(c)		(d)	(e)	(f)	((	g)	(h)
• •	Description	Date	Cost or	Depr	eciation	Deprecia	Life or	Deprec	iation f	or Additional first
	of property	acquired	other basis		wed or vable in	tion method	rate	this	year	year depreciation
					er years	metriou				depreciation
DP-	-8-Z4L DUPLICA	12/20/11	4,638.		387.	S/L	7		663	3.
ECF	RO VOICE MICRO	3/01/13	449.			S/L	7		2:	1.
36	LOANER NOOK T	12/21/12	4,908.	49:	1.					
	PES & CD ALBUM	1/01/13	946.			39	9.			
15	Add the amounts in co	lumn (a) and co	Jumn (h). The total	of colum	n (h) may	not exceed				
	\$2,000. See instruction									
Par	t III Summary									•
16	Total: If the corporation									
	IRC Section 179 expen Additional first year de	se, add the amo	ount on line 12 and	line 15,	column (g)	or ts on line 1	5 columns (	a) and (h	) or	
	Depreciation (if no elec									6
17	Total depreciation clair	ned for federal	purposes from fede	ral Form	4562, line	22			1	7
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter th	e differenc	e here and	on Form 10	0 or		
	Form 100W, Side 1, lin Form 100W, Side 1, lin									
	state adjustments on F								18	8
Par	t IV Amortization									
19	(a)	(b)	(c)		((		(e)	_ (f)	.	(g)
	Description of property	Date acquired	Cost o			ization r allowable	R&TC section	Period percent		Amortization for this year
	5. [5. 5]5	3.5 4			in earli	er years	(see instr)		9-	ioi tilis year
20	Total. Add the amounts	s in column (g).							20	
21	Total amortization clair	med for federal	purposes from fede	ral Form	4562, line	44			21	
22	Amortization adjustmen	nt. If line 21 is o	reater than line 20.	. enter th	e differenc	e here and	on Form 10	0 or		
	Form 100W, Side 1, lin	ie 6. If line 21 is	less than line 20,	enter the	difference	here and o	on Form 100	or		
	Form 100W, Side 1, lin	e 12							22	

012	California Staten	nents		Page 1
	Books Aloud, Inc			23-7317533
Statement 1 Form 199, Part II, Line 7 Other Income  Income from Special Events Unclaimed Property			\$ Total <u>\$</u>	59,171. 387. 59,558.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, T	rustees and Key Employe	ees		
Current Officers:  Name and Address	Title and Average Hours Per Week Devote	Compen- ed sation	Contri- bution to EBP & DC	Expense Account/ Other
Betsy Kerr 1931 Alford Avenue Los Altos, CA 94024	Secretary 1.00		\$ 0.	
Alfred V. Reuter 394 Creekview Drive Morgan Hill, CA 95037	President 2.00	0.	0.	0 .
Deb Wible 2323 Owen Street Santa Clara, CA 95054	Director 1.00	0.	0.	0
Dan Caputo Jr 2323 S. Bascom Ave Ste 100 Campbell, CA 95008	Treasurer 1.00	0.	0.	0 .
Mark Tonnesen 1571 Morton Avenue Los Altos, CA 94024	Director 1.00	0.	0.	0 .
Christine Tower 2170 Laurelei Avenue San Jose, CA 95128	Director 1.00	0.	0.	0
Ron Westphal 261 Manchester Ave Campbell, CA 95008	Director 1.00	0.	0.	0 .
Edward Pansullo 123 John Kirk Court Campbell, CA 95008	Director 1.00	0.	0.	0.
Won Cho 925 McBride Loop San Jose, CA 95125	Director 1.00	0.	0.	0.
	Tot	al \$ 0.	\$ 0.	\$ 0.

**Books Aloud, Inc.** 

23-7317533

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

### **Key Employees:**

<u>Name</u>	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Joyce L Meurer 1671 Milroy Place San Jose, CA 95124	Executive Directo 50	\$ 65,000.	\$ 0.	\$ 0.
	Total	\$ 65,000.	\$ 0.	\$ 0.

### Statement 3 Form 199, Part II, Line 17 Other Expenses

Accounting Fees Advertising and Promotion Bank Charges. Book Mailers & Oper Supplies Brochures Computer Supplies Conferences, Conventions, and Meetings Consulting-Grant Writing Delivery Donor Recognition Dues & Subscriptions Insurance Miscellaneous Office Expenses Other Employee Benefit Other fees. Parking Postage and Shipping Printing and Publications Special Event Expenses Storage Rent		2,400. 50. 1,527. 4,284. 380. 2,102. 240. 6,736. 1,048. 2,580. 601. 4,743. 341. 106. 15,245. 52,634. 1,223. 975. 526. 16,928. 2,436.
		2,436. 1,037.
Total	. \$	118,142.

Statement 4 Form 199, Schedule L, Line 12 Other Assets

Prepaid Expenses	and Deferred	Charges	1,000.
		Total	\$ 1,000.

ΙN

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.



State Charity Registration Number 015365		Check if:  Change of address								
BOOKS ALOUD, INC.		Amended report								
Name of Organization										
P. O. BOX 5731 Address (Number and Street)		Corporate or 0	Organization No. D-0687948							
SAN JOSE, CA 95150	State 7ID Code	Federal Emplo	oyer ID No. <u>23-7317533</u>							
City or Town State ZIP Code  ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)										
Make Check Payable to Attorney General's Registry of Charitable Trusts										
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue		Fee					
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 millio		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million		5150 5225					
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			Greater than \$50 million		300					
PART A – ACTIVITIES										
For your most recent full accounting per			6/30/13 ) list:							
Gross annual revenue \$	382, 456. Total assets	\$	234,122.							
PART B — STATEMENTS REGARDIN	G ORGANIZATION DURING	G THE PERIO	OD OF THIS REPORT							
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.										
1 During this reporting period, were there a	ny contracts, loans, leases or othe	er financial trar	nsactions between the	Yes	No					
organization and any officer, director or trust director or trustee had any financial intere	ee thereof either directly or with an east?	entity in which a	ny such officer,		Х					
2 During this reporting period, was there any the property or funds?	neft, embezzlement, diversion or mis	suse of the orgar	nization's charitable		X					
3 During this reporting period, did non-prog	ram expenditures exceed 50% of	gross revenues	5?		х					
4 During this reporting period, were any organi. Form 4720 with the Internal Revenue Serv	zation funds used to pay any penalty vice, attach a copy.	y, fine or judgme	ent? If you filed a		х					
5 During this reporting period, were the serv purposes used? If 'yes,' provide an attachme provider.	vices of a commercial fundraiser on listing the name, address, and tele	or fundraising c lephone number	counsel for charitable of the service		x					
6 During this reporting period, did the organiza the name of the agency, mailing address,			e an attachment listing SEE STATEMENT 1	X						
7 During this reporting period, did the organiza indicating the number of raffles and the d		oses? If 'yes,' pr	ovide an attachment		х					
Does the organization conduct a vehicle dona the program is operated by the charity or charitable purposes.	ation program? If 'yes,' provide an a whether the organization contract	ttachment indica ts with a comm	ating whether ercial fundraiser for		X					
9 Did your organization have prepared an a principles for this reporting period?	udited financial statement in acco	ordance with ge	nerally accepted accounting		х					
Organization's area code and telephone number	er 408-808-2613									
Organization's e-mail address										
I declare under penalty of perjury that I have eand belief, it is true, correct and complete.	examined this report, including a	ccompanying d	locuments, and to the best of my kr	owled	lge					
YOT.	CE L. MEURER	EXECUTIVE	DIRECTOR							
	d Name	Title	Date							

## **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**

OMB No. 1545-0047

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

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	he 2012 calen	dar year, or tax	year begin	ning 7/	01	, 201	$2$ , and $\epsilon$	ending	6/	30		, 2013		
В	Check i	if applicable:	С								D Employ	er Ident	ification Nun	1ber	
	Ac	ddress change	Books Alo	ud. Inc							23-	7317	533		
	$\vdash$	ame change	P. O. Box		•						E Telepho				
	-	_	San Jose,		50		400	0.00	0.010						
	$\vdash$	itial return	0000,			408	-808	-2613							
	Те	erminated													
	Ar	mended return									<b>G</b> Gross r	eceipts	\$ ;	399,	384.
	Ap	oplication pending	F Name and add	ress of principal	l officer:				Н	(a) Is this	a group retur	n for affi	liates?	Yes	X <sub>No</sub>
			Same As C	. Above					Н	(b) Are all	l affiliates inc ' attach a list.	luded?		Yes	No
ī	Tay.	exempt status	X 501(c)(3)	501(c) (	) 🗸 (	(insert no.)	4947(a)(1)	or 5	527	It 'No,'	' attach a list.	(see ins	tructions)		
<u>.</u>					, (	(11301110.)	4047 (u)(1)	01 0			exemption n				
			w.booksal						L .	· · · ·	<u>.</u>			-	
K		n of organization:	X Corporation	Trust	Association	Other ►	Į.	L Year of I	Formatio	n: 197	3 M s	State of I	egal domicile	: CA	
Pa	art I	Summar	'n												
	1	Briefly descri	ibe the organiza	ation's missi	on or most	: significant a	activities: (	<u>Our m</u>	issi	on is	to in	prov	<u>re_the_</u>	qual	ity_
a		of life	for people	e unable	e to be	nefit di	rectly	from	the	print	ted pag	je, k	oy prov	vīdir	ng -
Governance			e to stim												
Ë		UD 1'	1 7 1	. "											
ş	2	Check this bo	y <u>by Liste</u> ox ►   if the	organizatio	n discontin	ued its opera	ations or dis	sposed (	of more	e than 2	25% of its	net as	sets.		
ਲ	3	Number of vo	oting members	of the gover	ning body	(Part VI, line	e 1a)	·				3			9
જ			dependent votii									4			9
<u>.e</u> .	5	Total number	r of individuals	employed in	calendar y	year 2012 (F	art V, line 2	2a)				5			9
Activities &			r of volunteers (									6			120
돧	7 a	Total unrelate	ed business rev	enue from F	Part VIII, co	olumn (C), li	ne 12					7 a			0.
	b	Net unrelated	d business taxa	ble income	from Form	990-T, line 3	34					7 b			0.
						·					rior Year		Curre	ent Yea	
	8	Contributions	and grants (Pa		_	421,3	328			637.					
ne		<b>5</b> , , , ,										,20.		<i>557</i>	057.
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)										9	339.			189.
æ	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										29,4				630.
			e – add lines 8								451,5				456.
			imilar amounts								431,	000.		302,	450.
							-								
		•	to or for memb	•											
S	15	Salaries, other	er compensatio	n, employee	e benefits (	Part IX, colu	ımn (A), line	es 5-10)	)	122,516				159,	360.
Expenses	16 a	Professional	fundraising fee	s (Part IX, c	column (A),	line 11e)									
<u>e</u>	h	Total fundrais	sing expenses (	(Part IX, col	umn (D). li	ne 25) ►		22,8	72						
ŭ	17		ses (Part IX, co								220 (	121		220	470
											230,0				472.
			es. Add lines 13								352,5				832.
		Revenue less	s expenses. Sul	btract line 1	8 from line	12					99,0	)39.		-5,	376.
Net Assets or Fund Balance										Beginni	ng of Currer		End	of Yea	ır
996 3ala	20	Total assets	(Part X, line 16	)							239,7	759.		234,	122.
Z A	21	Total liabilitie	es (Part X, line	26)							2	261.			0.
žZ	22	Net assets or	r fund balances	. Subtract li	ne 21 from	line 20					239,4	198		234	122.
Pa	art II	Signatur									200,	100.		234,	122.
				aminad this ratu	ırn including o	ocomponying co	hadulas and sta	tomonto	and to the	a hact of n	ny knowlodao	and hali	of it is true	corroct	
com	plete. D	eclaration of prepa	eclare that I have exa arer (other than office	er) is based on a	all information	of which prepare	er has any know	vledge.	and to the	e best of fi	ily kilowieuge	and ben	ei, it is true,	correct,	anu
c:		Signatu	ure of officer							Da	ate				
Sig He	gn									П		D. J			
пе	16		ce L. Meur							Exec	utive 1	Dire	ctor		
			<u> </u>		Duran a sanda a si			I D-4-			1 1	<del> </del>	PTIN		
		, ,	preparer's name		Preparer's si	gnature		Date			Check .	(7)			
Pa			F. Vettore								self-employ	ed	P01408	132	
Pro	epare	Firm's name		F. Vetto		PA									
Us	e On	Ily Firm's addre	ess • 1952 (	Camden <i>I</i>	Ave., S	uite 102	)	· · · · · ·		· · · · · ·	Firm's EIN	<b>►</b> 77	-00388	80	
				ose, CA							Phone no.	(408		-2322	2
Ma	v the I	IRS discuss th	nis return with the			ve? (see ins	structions).						. X Yes		No

I ai	Check if Schedule O contains a response to	•		X
1	Briefly describe the organization's mission:	any queenen in the cart in the cart		
-	Our mission is to improve the qu	uality of life for people	e unable to benefit di	rectly
	from the printed page, by provide			
	foster independence through our			
2	Did the organization undertake any significant program	services during the year which were not l	listed on the prior	
	Form 990 or 990-EZ?		Yes	s X No
	If 'Yes,' describe these new services on Schedule	O.	<u> </u>	
3	Did the organization cease conducting, or make sign	gnificant changes in how it conducts, a	ny program services? Ye	s X No
	If 'Yes,' describe these changes on Schedule O.		_	<u> </u>
4	Describe the organization's program service accom	pplishments for each of its three larges	t program services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section thers, the total expenses, and revenue, if any, for	tion 4947(a)(1) trusts are required to repoi r each program service reported.	rt the amount of grants and allocation	S to
	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		
4 a	a (Code: ) (Expenses \$ 347.9	31. including grants of \$	) (Revenue \$	)
	See Schedule 0			
4 b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
1.	: (Code: ) (Expenses \$	including grants of \$	) (Payanua Š	
40	(Code) (Expenses V		) (Nevenue 🏺	
			. – – – – – – – – – – – – – – – – – – –	
4 0	Other program services. (Describe in Schedule O.)			
			(Revenue \$	)
10	Total program service expenses	2/17 021		

## Form 990 (2012) Books Aloud, Inc. Part IV Checklist of Required Schedules

			res	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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If '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
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	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		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
	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
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

### 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		Χ
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 a	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		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I 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		Х
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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	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):			
ā	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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		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	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.	38	X	

**BAA** Form **990** (2012)

### 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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	4		
Ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
(	: Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		. 1c	X	
2 a	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	2 a	5		
Ł	ا و المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقعة المراقع		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in				
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the yea	•	. 3a		Х
Ł	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account	er authority over, a nancial account)?	. 4a		Х
t	of Yes,' enter the name of the foreign country:	San and the American			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F				v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt				Λ
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	. 6a		Х
Ł	olf 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	ons or gifts were	6 b		
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 p services provided to the payor?	artly for goods and	. 7a		Х
ŀ	of If 'Yes,' did the organization notify the donor of the value of the goods or services provided?				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v				Х
c	Form 8282?	7 d	7 c		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		. 7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	. 7f		Х
ç	If the organization received a contribution of qualified intellectual property, did the organization file F as required?	Form 8899	. 7g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	. 8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		. 9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?				
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:	1			
a	Gross income from members or shareholders	11 a			
k	Gross income from other sources (Do not net amounts due or paid to other sources	441			
10.	against amounts due or received from them.).	11 b	10-		
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu	i	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	_		
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		. 13a		
ć	<b>Note.</b> See the instructions for additional information the organization must report on Schedul		134		
L	Enter the amount of reserves the organization is required to maintain by the states in	· · · ·			
	which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			7.
	Did the organization receive any payments for indoor tanning services during the tax year?				Х
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	. 14b		

Form 990 (2012) Books Aloud, Inc. 23-7317533 Page 6 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 Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee?..... Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhólďers, or other persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?.... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?.. c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this is done 120 X 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... Χ 15 a 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section 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, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

E. San Fernando Street San Jose CA

## 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

- 1 a 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.

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

			(C)							
(A) Name and Title	(B) Average hours per	one bo	Position (do not one box, unless possible of and a d		oerso	n is botl	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Betsy Kerr	1									
Secretary	0	Х		Χ				0.	0.	0.
(2) Alfred V. Reuter President	2	Х		Х				0.	0.	0.
(3) Deb Wible	1									
Director	0	Х						0.	0.	0.
(4) Dan Caputo Jr	1	. ,,		.,					•	
Treasurer	0	X		Χ				0.	0.	0.
(5) Mark Tonnesen	11	.,,						0	0	0
Director	0	Х						0.	0.	0.
(6) Christine Tower	1	37						0	0	0
Director (7) Pen Westphel	0	X						0.	0.	0.
	1	Х						0.	0.	0.
(8) Edward Pansullo	1	Λ						0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
(9) Won Cho	1							0.	0.	0.
Director	0	Х						0.	0.	0.
(10) Joyce L Meurer	50									
Executive Director	0				Χ			65,000.	0.	0.
(11)		-								
(12)		-								
<u>(13)</u>										
(14)		-								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)												
	(B)			(0	;) sition							
(A) Name and title	Average hours per week	box.	unles	heck ss pe	more erson directe	than is botl or/trus	h an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	amo	(F) stimated unt of oth	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	org ar	npensation the panization dependent of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the panization of the paniz	n I
<u>(15)</u>												
(16)												
(17)		-										
(18)												
(19)		-										
(20)												
(21)												
(22)												
(23)		-										
(24)												
(25)		=										
1 b Sub-total							<b>&gt;</b>	65,000.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).							<b>&gt;</b>	0. 65,000.	0.			0.
2 Total number of individuals (including but not limited to from the organization ► 0	those I	isted	abov	/e) v	who	recei	ved	more than \$100,00	0 of reportable com	oensatio	n	
3 Did the organization list any <b>former</b> officer, directo	r or trus	stee,	key	emį	ploy	ee, c	or hi	ighest compensate	ed employee		Yes	No
<ul> <li>on line 1a? If 'Yes,' complete Schedule J for such</li> <li>For any individual listed on line 1a, is the sum of rethe organization and related organizations greater</li> </ul>										. 3		X
the organization and related organizations greater such individual										. 4		X
for services rendered to the organization? If 'Yes,'  Section B. Independent Contractors	comple	te Sc	hedi	ule	J fo	r suc	ch p	erson		. 5		Χ
1 Complete this table for your five highest compensa compensation from the organization. Report compensa	ited indi	epend the ca	dent alenc	cor dar y	ntrad year	ctors endi	tha	t received more the vith or within the or	nan \$100,000 of ganization's tax yea	r.		
(A) Name and business addre	SS							(B) Description of	of services	Compe	C) nsatio	n
None ,												
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ▶		ited to	tho	se I	isted	d abo	ve)	who received more	than			
	J											

Books Hiday inc:	 7 5 ± 7
Part VIII Statement of Revenue	
Check if Schedule O contains a response to any question in this Part VIII	 
(A)	 <i>(</i> C)

			(A) Total revenue	<b>(B)</b> Related or exempt function	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax
0 (0				revenue		512, 513, or 514
ANI NT		Federated campaigns 1 a				
GR.	b	Membership dues				
Z S	С	Fundraising events				
SF	d	Related organizations 1 d				
Š	e	Government grants (contributions) 1e 144,871.				
음쏦						
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, grants, and similar amounts not included above 1f 194,766.				
ž Q	q	Noncash contributions included in Ins 1a-1f: \$				
	_	Total. Add lines 1a-1f	339,637.			
₩		Business Code	337,037.			
VEN	2 a					
품	-u b					
JCE		·				
E	С.					
W S	d					
RA	е					
PROGRAM SERVICE REVENUE	f	All other program service revenue				
Ŧ	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest and				
	_	other similar amounts)	189.			189.
	4	Income from investment of tax-exempt bond proceeds .				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
		Less: rental expenses				
		Rental income or (loss)				
		Net rental income or (loss)				
		(i) Securities (ii) Other				
	7 a	Gross amount from sales of				
		assets other than inventory.				
	b	Less: cost or other basis				
		and sales expenses				
		Gain or (loss)				
	d	Net gain or (loss)				
NUE	8 a	Gross income from fundraising events (not including. \$				
E		of contributions reported on line 1c).				
OTHER REVE		See Part IV, line 18 a 59,171.				
HE	b	Less: direct expenses b 16,928.				
Ö	С	Net income or (loss) from fundraising events	42,243.			42,243.
		Gross income from gaming activities. See Part IV, line 19 a	12,210.			12,213.
	h	Less: direct expenses				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11 a	Unclaimed Property	387.			387.
	b					
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d	387.			
		Total revenue. See instructions.	382,456.	0.	0.	42,819.
			302,430.	U .	<u> </u>	44,013.

### 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).

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

	Check if Schedule O contains a response to any question in this Part IX.						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> 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 United States. See Part IV, line 21						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	65,000.	52,000.	6,500.	6,500.		
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	67,227.	67,227.		<u> </u>		
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	0.,==	01,2211				
9	Other employee benefits	15,245.	14,685.	280.	280.		
10	Payroll taxes	11,888.	10,720.	584.	584.		
11	Fees for services (non-employees):						
á	Management						
ŀ	<b>)</b> Legal						
(	Accounting	2,400.		2,400.			
	Lobbying						
•	Professional fundraising services. See Part IV, line 17						
	Investment management fees						
g	I Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Sch . Q	52,634.	52,634.				
12	Advertising and promotion	50.	50.				
13	Office expenses	106.	98.	4.	4.		
14	Information technology			- 1			
15	Royalties						
16	Occupancy	115,000.	106,904.	4,048.	4,048.		
17	Travel	·			<u> </u>		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	240.	45.		195.		
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	27,503.	26,691.	354.	458.		
23	Insurance	4,743.	3,078.	1,521.	144.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
ā	Consulting-Grant Writing	6,736.			6,736.		
	Book Mailers & Oper Supplies	4,284.	4,284.				
	Donor Recognition	2,580.	238.		2,342.		
	Storage Rent	2,436.	2,264.	86.	86.		
•	All other expenses	9,760.	7,013.	1,252.	1,495.		
25	Total functional expenses. Add lines 1 through 24e	387,832.	347,931.	17,029.	22,872.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► X if following SOP 98-2 (ASC 958-720)	380.	190.		190.		
BAA		TEE A 0.1.101 12			Form <b>990</b> (2012)		

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing	9,196.	1	11,006.
	2	Savings and temporary cash investments	91,971.	2	104,724.
	3	Pledges and grants receivable, net		3	,
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
ASSETS	6	Loans and other receivables from other disqualified persons (as defined und 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). Complete Part II of Schedule L.	er	6	
	7	Notes and loans receivable, net.		7	
	8	Inventories for sale or use		8	
Ī	9	Prepaid expenses and deferred charges		9	1,000.
	10				1,000.
	ıua	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	941		
		Less: accumulated depreciation		10 c	117,392.
	11	Investments – publicly traded securities.		11	1177002.
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		16	234,122.
	17	Accounts payable and accrued expenses		17	234,122,
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
I A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L I A B I L I T I	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
†		Complete Part II of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
3	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third partie and other liabilities not included on lines 17-24). Complete Part X of Schedu		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25		26	0.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and completines 27 through 29, and lines 33 and 34.			
ASSETS	27	Unrestricted net assets		27	16,730.
Ĕ	28	Temporarily restricted net assets.		28	100,000.
	29	Permanently restricted net assets	138,592.	29	117,392.
O R .F.		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
F U N D	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ķ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances		33	234,122.
Š	34	Total liabilities and net assets/fund balances		34	234,122.

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Pa	rt XI Reconciliation of Net Assets				<u>.</u>
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	38	32,4	56.
2	Total expenses (must equal Part IX, column (A), line 25).	2	38	37,8	32.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-5,3	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23	39,4	98.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23	34,1	22.
Pa	rt XII Financial Statements and Reporting	ı			
	Check if Schedule O contains a response to any question in this Part XII				. П
				Yes	
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.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			
	Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a		Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	it 	. 3b		
BAA	4		Form	990 (	2012)

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

**Public Charity Status and Public Support** 

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Total

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.

Employer identification number Name of the organization Books Aloud, Inc. 23-7317533 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of 11 supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III — Non-functionally integrated Type II Type I С d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?.... A family member of a person described in (i) above?..... 11 q (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (i) Name of supported (iv) Is the (vi) Is the organization in column (i) listed in organization in column (i) organized in the U.S.? organization your governing document? support Yes Nο Yes Nο Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2012

### 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	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	224,480.	216,003.	182,535.	306,328.	224,636.	1,153,982.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	114,660.	114,660.	114,660.	115,000.	115,000.	573,980.
4	Total. Add lines 1 through 3	339,140.	330,663.	297,195.	421,328.	339,636.	1,727,962.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						390,399.
6	<b>Public support.</b> Subtract line 5 from line 4						1,337,563.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	339,140.	330,663.	297,195.	421,328.	339,636.	1,727,962.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,281.	380.	272.	339.	189.	3,461.
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						1,731,423.
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶
Sec	tion C. Computation of Pul	alic Support P	orcontage				
14	Public support percentage for 20	12 (line 6, column	(f) divided by lin	e 11, column (f)).		14	77.25%
	Public support percentage from 2						78.90 %
16 a	<b>33-1/3% support test – 2012.</b> If and <b>stop here.</b> The organization	the organization on qualifies as a pub	lid not check the l licly supported or	box on line 13, arganization.	nd the line 14 is 3	3-1/3% or more,	check this box
b	33-1/3% support test – 2011. If t and stop here. The organization						
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop her	<b>e.</b> Explain in Part	IV how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	s' test, check this tion qualifies as a	box and <b>stop her</b> a publicly support	<b>e.</b> Explain in Part ed organization.	IV how the  □
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	structions ►

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) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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.						
C	Add lines 7a and 7b						
8	<b>Public support</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	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 stop here	ation's first, secon	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3) ▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage				<u>, , , , , , , , , , , , , , , , , , , </u>
15	Public support percentage for 20			ne 13, column (f)	)	15	%
16	Public support percentage from	•			•		%
	tion D. Computation of Inv						
17	Investment income percentage f				ımn (f))		%
	•	•	• •	-			
18 19 a	Investment income percentage fa 33-1/3% support tests — 2012. It is not more than 33-1/3%, check	the organization	did not check the	box on line 14,	and line 15 is mor	e than 33-1/3%, a	nd line 17
k	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or l	line 19a, and line	16 is more than 33	3-1/3%, and
20	Private foundation. If the organia		•		·		

Schedule A	(Form 990 or 990-EZ) 2012	Books Alo	ud, Inc.		23-73175	33 Page <b>4</b>
Part IV	Supplemental Infor Part II, line 17a or 1 (See instructions).	<b>mation.</b> Complet 17b; and Part III,	e this part to pline 12. Also c	orovide the explana complete this part f	ations required by Pa or any additional info	
						·

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

2012

Name of the organization	_	Employer identification number
Books Aloud, Inc.		23-7317533
Organization type (check one):		<u> </u>
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organ	nization
	4947(a)(1) nonexempt charitable tru	ust <b>not</b> treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	1
	4947(a)(1) nonexempt charitable tru	ust treated as a private foundation
		•
	501(c)(3) taxable private foundation	
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 Ge	eneral Rule and a Special Rule. See instructions.
General Rule		
	990-EZ, or 990-PF that received, during the year, \$5,0	000 or more (in money or property) from any one
contributor. (Complete Parts I and	П.)	
Special Rules		
X For a section 501(c)(3) organization 509(a)(1) and 170(b)(1)(A)(vi) and (2) 2% of the amount on (i) Form	on filing Form 990 or 990-EZ that met the 33-1/3% I received from any one contributor, during the yea 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. (	support test of the regulations under sections ar, a contribution of the greater of (1) \$5,000 or Complete Parts I and II.
	organization filing Form 990 or 990-EZ that received fro	
	I,000 for use <i>exclusively</i> for religious, charitable, sen or animals. Complete Parts I, II, and III.	scientific, literary, or educational purposes, or
'	organization filing Form 990 or 990-EZ that received from	com any one contributor, during the year
contributions for use <i>exclusively</i> for r	eligious, charitable, etc. purposes, but these contributi	tions did not total to more than \$1.000.
If this box is checked, enter here the	total contributions that were received during the year parts unless the <b>General Rule</b> applies to this organiza	for an exclusively religious, charitable, etc,
	ions of \$5,000 or more during the year	. ,
<i>y</i> , , ,	3 3	
Caution: An organization that is not covered by t	he General Rule and/or the Special Rules does not file Schedule b; or check the box on line H of its Form 990-EZ or on Part I,	B (Form 990, 990-EZ, or 990-PF) but it <b>must</b>
meet the filing requirements of Sched	ule B (Form 990, 990-EZ, or 990-PF).	, into 2, or its orm 330 ff, to certify that it does not
BAA For Paperwork Reduction Act N	lotice, see the Instructions for Form 990, 990EZ,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012
or 990-PF.	,	

Page

1 of

1 of **Part 1** 

Name of organization
Books Aloud, Inc.

Employer identification number 23-7317533

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Variety Audio Foundation		Person X
	P. O. Box 5731	\$29,206.	Payroll Noncash
	San Jose, CA 95150	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	City of San Jose		Person X
	200 E. Santa Clara Ave	\$ <u>144,871.</u>	Payroll X
	San Jose, CA 95113		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	E_&_J_Colombo_Charitable_Trust	-	Person X Payroll
	P. O. Box 1121	\$35,000.	
	San Jose, CA 95108		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number		Total	Type of contribution  Person X
Number	Name, address, and ZIP + 4	Total	Person X Payroll
Number	Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens	Total contributions	Person X Payroll
Number	Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001	Total contributions	Person X Payroll Noncash  (Complete Part II if there is
4 (a)	Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  (b)	\$ 50,000.	Type of contribution  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  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  Name, address, and ZIP + 4	\$ 50,000.	Type of contribution  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  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  Name, address, and ZIP + 4  Leo M Shortino Family Foundation	\$ 50,000.  (c) Total contributions	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  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  Name, address, and ZIP + 4  Leo M Shortino Family Foundation  1760 The Alameda	\$ 50,000.  (c) Total contributions	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 is
4 (a) Number	Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  Name, address, and ZIP + 4  Leo M Shortino Family Foundation  1760 The Alameda  San Jose, CA 95126  (b)	\$50,000.  \$50,000.  (c) Total contributions  \$20,000.	Type of 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  Person X Payroll In the part II if there is a noncash contribution.)  (Complete Part II if there is a noncash contribution.)  Type of contribution
(a) Number  5  (a) Number	Name, address, and ZIP + 4  Los Gatos-Saratoga Senior Citizens  P.O. Box 33001  Los Gatos, CA 95031  Name, address, and ZIP + 4  Leo M Shortino Family Foundation  1760 The Alameda  San Jose, CA 95126  Name, address, and ZIP + 4	\$50,000.  \$50,000.  (c) Total contributions  \$20,000.	Type of contribution  Person X Payroll

Page

to 1 of **Part II** 

Name of organization
Books Aloud, Inc.

Employer identification number

23-7317533

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Facility rent, utilities, telephone		
		\$ 115,000.	6/30/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
BAA		\$ a <b>P</b> /Form 990, 990 F7	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

1 to

1 of Part III

Name of organization

Employer identification number 23-7317533 Books Aloud, Inc. Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

	For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	total of exclusively religious, ch (Enter this information once. S	aritable, etc.			
(a) No. from Part I	(b) (c) Purpose of gift Use of gift			(d) Description of how gift is held		
	N/A					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ationship of transferor to transferee		
(a) No. from	(b) (c) Purpose of gift Use of gift			(d) Description of how gift is held		
Part I						
	Transferee's name, addres	Rela	ationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ationship of transferor to transferee		
	1					

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Books Aloud, Inc. 23-7317533 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..... 1 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 No are the organization's property, subject to the organization's exclusive legal control?.. Yes 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? Nο Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 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...... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.... 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 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 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)?..... In Part XIII, 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 XIII, 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 Maintai	ining Collections	s of Art, Histor	ical Treasures	s, or Ut	ner Similar Ass	ets (C	ontinu	iea)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check any	of the following the	nat are a	significant use of its	collectio	n	
<b>a</b> Public exhibition		d Loan or	exchange progra	ams				
<b>b</b> Scholarly research		e Other						
c Preservation for future gener	ations	<u> </u>						
4 Provide a description of the organiz Part XIII.	ation's collections and	explain how they f	urther the organiza	ation's exe	empt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintained	as part of the org	janization's collec	ction?		Yes		No
Part IV Escrow and Custodial Arra reported an amount or	<b>angements.</b> Comple n Form 990, Part	te if the organizat X, Iine 21.	ion answered 'Ye	es' to Foi	rm 990, Part IV, lin	e 9, or		
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, or ot	her intermediary f	or contributions o	or other a	assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement							L	
. ,						Amoun	t	
<b>c</b> Beginning balance					1 c			
<b>d</b> Additions during the year					1 d			
e Distributions during the year					1 e			
<b>f</b> Ending balance				[	1 f			
2 a Did the organization include an a	mount on Form 990,	Part X, line 21?				Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check h	nere if the explanti	on has been prov	vided in F	Part XIII		[	
		<del> </del>						
Part V Endowment Funds. C	omplete if the or	Ť	wered 'Yes' to (c) Two year		990, Part IV, Im (d) Three years		Four yea	rc
1 - Paginning of year halance	(-,	(b) Prior year		-		- ' '	rour yea	
<b>1 a</b> Beginning of year balance	100,000.	100,00	0. 100	,000.	100,000	•		0.
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs					0 .			
f Administrative expenses	100.000	100.00		000	100 000		100	
g End of year balance		100,00		,000.	100,000	•	100,	000.
2 Provide the estimated percentage	•	end balance (line	Ig, column (a))	held as:				
a Board designated or quasi-endowm	ent •	6						
<b>b</b> Permanent endowment	<del></del>	0,						
c Temporarily restricted endowmer		% 						
The percentages in lines 2a, 2b,	and 2c should equal	100%.						
3 a Are there endowment funds not in t	he possession of the o	organization that are	e held and adminis	stered for	the	ſ	Yes	No
organization by:  (i) unrelated organizations						. 3a(i)	X	NO
(ii) related organizations						3a(ii)	Λ	X
<b>b</b> If 'Yes' to 3a(ii), are the related of						3b		^
4 Describe in Part XIII the intended	-	•				. 30		<u> </u>
Part VI Land, Buildings, and				rait Z	7111			
Description of property		st or other basis	(b) Cost or othe	er (	(c) Accumulated	(d)	Book va	alue
		nvestment)	basis (other)	"	depreciation	(4)	Book ve	
<b>1 a</b> Land								
<b>b</b> Buildings							-	
c Leasehold improvements								
<b>d</b> Equipment			90,92		59,248.			,676.
<b>e</b> Other			319,01		233,301.			,716.
Total. Add lines 1a through 1e. (Column	ın (d) must equal For	rm 990, Part X, co	lumn (B), line 10	(c).)				,392.
BAA			<u></u>		Sched	ule <b>D</b> (F	orm 990	) 2012

(including name of security)	Part VII	Investments — Other Securities. Se	ee Form 990, Part X,	, line 12. N/A	
(1) Francial derivatives	(a	a) Description of security or category  (including name of security)	(b) Book value	(c) Method of valuatio	on: Cost or
(2) Closely-held equity interests (3) Other (4) (5) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10				end-or-year marke	t value
(3) Other (A) (Column (b) must equal Form 990, Part X, column (B) line 12).	-			+	
(A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
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(h) (i) 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.	 G)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) ►         (a) Description of investment type         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10)         (10	<u> </u>				
Investments - Program Related. See Form 990, Part X, line 13. N/A (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod of valuation: Cost or end-of-year market value (e) Helhod	[])				
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Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)			n (B), line 15.)		>
(a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7)					
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\-\(\frac{1}{2}\)	(8)				
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(11)					
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶		(b) must equal Form 990, Part X, column (B) line 25.).	▶		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain				I statements that reports the organization's liability	ity for uncertain tax positions

BAA

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Schedule **D** (Form 990) 2012

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Ret	turn N/A
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1.		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b.		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII   Reconciliation of Expenses per Audited Financial Statemen		Return N/A
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Ī	
a Donated services and use of facilities	2 a	
<b>b</b> Prior year adjustments	2 b	
c Other losses.	2 c	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1	<u> </u>	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b.	4 a	
<b>b</b> Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
Part XIII   Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Parl line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, Line 4 - Intended Uses Of Endowment Fund	rt III, lines 1a and 4; Part IV, plete this part to provide any	
Income_to_be_used_for_program_operating_expenses		

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

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Books Aloud, Inc. 23-7317533 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Part Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key Yes X No employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (vi) Amount paid to (or retained by) (iv) Gross receipts (v) Amount paid to (iii) Did fundraiser have custody or control of contributions? (or retained by) fundraiser listed in from activity organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2012 Books Aloud, Inc. 23-7317533 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) Masquerade Bal None through column (c) (event type) (event type) (total number) REVENUE 1 Gross receipts..... 57,954 57,954. 2 Less: Charitable contributions..... **3** Gross income (line 1 minus line 2)..... 57,954. 57,954. 475. 475. 4,400. 4,400. 6 Rent/facility costs..... 7 Food and beverages ..... 5,903. 5,903. 500 500. Other direct expenses..... 5,247. 5,247. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 16,525. Net income summary. Combine line 3, column (d), and line 10. 41,429. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (a) Bingo (add column (a) through column (c)) REVENUE bingo/progressive bingo Gross revenue..... 2 Cash prizes..... D X P E N C T S Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes જ No No No 8 Net gaming income summary. Combine lines 1, column (d) and line 7..... **9** Enter the state(s) in which the organization operates gaming activities: Yes No a Is the organization licensed to operate gaming activities in each of these states?

<b>b</b> If 'No,' explain:	ш	ш
<b>10 a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? <b>b</b> If 'Yes,' explain:	Yes	No

Sche	edule <b>G</b> (Form 990 or 990-EZ) 2012 Books Aloud, Inc.	3-73175	33	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity operated in:	1 1		
	a The organization's facility.	13a		%
ŀ	An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name •			- – – – -
	Address •			
ŀ	a Does the organization have a contact with a third party from whom the organization receives gaming revenue  of If 'Yes,' enter the amount of gaming revenue received by the organization  of gaming revenue retained by the third party  f 'Yes,' enter name and address of the third party:		Yes	No
	Name ►			. – – – -
	Address ►			; 
16	Gaming manager information:			
	Name ►			· <b>– – –</b> –
	Gaming manager compensation ► \$			
	Description of services provided	. – – – -		
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
	no Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$			
Par	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as application this part to provide any additional information (see instructions).	by Part able. Als	I, line 2 so comp	2b, olete

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

### **Transactions With Interested Persons**

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(10)

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

	ne organization										dentifica		umber		
	Aloud, Ir										1753				
Part I	Excess B Complete if t	enefit Trans the organization a	<b>actions (</b> se answered 'Yes'	ction 5 on Form	<b>01(c)(3</b> 1 990, Pa	3) and rt IV, lir	l section 50 ne 25a or 25b,	01(c)(4) or or Form 990-	ganiza EZ, Par	ations t V, lin	s only e 40b.	/).			
1	(a) Name of disqu	alified person	<b>(b)</b> F		o between o		ed	(c) Description of transaction				(d) Corrected?			
1				person a	ind organiza	ation								Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)														<u> </u>	
<b>2</b> Er	nter the amount ection 4958	of tax incurred	by the organiz	ation ma	anagers	or disq	ualified pers	ons during th	e year ı	under	. <b>&gt;</b> \$				
	nter the amount										•				
Part II		and/or From				tile of	gariizatiori				. ү				
I alt II		the organization	answered 'Ye	s' on For	m 990-E	Z. Page	e V. line 38a d	or Form 990. I	Part IV.	line 26	6: or if	the			
	organization	reported an am	ount on Form	990, Par	t X, line	5, 6, or	22.		,		-,				
(a) Nam	e of interested person	(b) Relationship	(c) Purpose	(d) Lo	an to or m the	(	e) Original	(f) Balance	due	<b>(g)</b> In (	default?	<b>(h)</b> A	(h) Approved		ritten
		with organization	of loan	organ	ization?	prin	cipal amount					com	oard or mittee?	r agreement?	
				То	From					Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)														<u> </u>	
(9) (10)												-			
							<b>⊳</b> \$								
Part II		Assistance													
		the organization	answered 'Ye	s' on For	rm 990, F	Part IV,	line 27.								
	(a) Name of interes		(b) Relationshi					of assistance	(d) Tyr	ne of Ass	sistance	(e	) Purpos	e of assi	stance
	(a) Harris of miles	sotou porcon	and	d the organ	ization	person	(o) / iiiiouiii	or accretarios	(-)		310101100	(	<b>7</b> . a.poo	, or acc.	0101100
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)												_			
(8)															
(9)															

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

Schedule **L** (Form 990 or 990-EZ) 2012

	Business Transactions In Complete if the organization answ				T	
	(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of zation's nues? No
<b>(1)</b> C1 i	fford Meurer, dba Fel	t Sense			165	NO
(2)	illora mearer, aza rer	Relative	52,634.	Editing, Web Maint, Tr	+	X
	san Tonnesen	Relative	12,075.	Wages		Х
(4)			,			
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information	and information for reasonance	to questions on Cohor	dula I (aga instructions)		
	Complete this part to provide additi	onal information for responses	to questions on Sched	aute L (see instructions).		
						. — —

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Employer identification number

Вос	oks 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	(d) Method of de noncash contribu	termini ition ar	ing nounts
1	Art — Works of art						
2	Art — Historical treasures						
3	Art — Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property.	İ					
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.	-					
		-	1	115 000	Maralant and la		
25	Other ► (Occupancy Use )	X	1	115,000.	Market valu	<u>ie</u>	
26	Other ()						
27	Other ()						
28	Other► ( )			1:1:1			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done				20		
	organization completed Form 6265, Fart IV, Done	e Ackilowieu	gement		29	Vaa	N.
						Yes	No
30a	During the year, did the organization receive by co	ontribution a	ny property reported in	n Part I, lines 1-28 that	it must		
	hold for at least three years from the date of the initia			•			
_	purposes for the entire holding period?				30 a		X
	o If 'Yes,' describe the arrangement in Part II.						
31	Does the organization have a gift acceptance poli	cy that requi	res the review of any i	non-standard contribution	ons? <b>31</b>		X
32a	Does the organization hire or use third parties or noncash contributions?				32a		Х
Ł	If 'Yes,' describe in Part II.						
33	If the organization did not report an amount in column	n (c) for a type	e of property for which o	column (a) is checked,			
	describe in Part II						

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

Schedule M (Form 990) 2012

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

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

OMB No. 1545-0047

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 Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 23-7317533 Books Aloud, Inc

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 transferred onto cassette tapes,	_
CDs_and_Nook_Color_Tablet_for_those_who_can_only_read_by_listeningthe_blind_and	_
disabled. During fiscal year ended June 30, 2013, 79 new recorded book titles were	_
added to the library. A selection committee of volunteers met regularly to plan for	_
excellence in book material. 16,424 albums were in circulation during this fiscal	_
year, providing an average of 10,968 listening hours each month. The average book	_
taped by volunteers is from 200 to 400 pages and takes about four to twelve cassettes	_
to record. Staff and volunteers duplicate each master tape, so that 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 type of books, book	_
reguests and other information in order to service each client individually. In	_
addition, many schools, hospitals and senior citizen facilities and organizations use	_
<u>the services. This year 46 mini satellite libraries were serviced in collaboration</u>	_
with senior homes and 34 Special Education Classes in Santa Clara County School	_
Systems. Home deliveries continue by staff and volunteers using personal delivery	_
vehicles. While clients are mainly located in California, 15% of the taped books are	_
loaned to clients out-of-state. The Lions Club's monthly magazine is recorded and	_
sent to an average of 110 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 agencies for distribution to	_
blind and disabled persons. An average of 61 volunteers assist 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 albums. An average of 39	

Name of the organization	Employer identification number 23-7317533
Books Aloud, Inc.	120 1011000
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_a	re 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	San Jose Public
Library. This year the "Sight & Sound" project was enlarged d	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_1200_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 110
commercially recorded albums in our collection. New this year	we instituted a pilot
program_of_our_recorded_books_on_the_Nook_Color_Tablet_and_pla	ced them in Special
Needs classrooms. Feedback from the teachers is very encourage	ing as the students are
excited to be able to have current technology in the classroom	s
Form 990, Part VI, Line 11b - Form 990 Review Process	
Presented to and Reviewed by Executive Director Prior to Filin	g
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, To	p Management
Annual discussion and approval of executive director compensat	ion by Board of
Directors.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers	& 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

1	n	4	
/	u		

# **Schedule O - Supplemental Information**

Page 1

Books Aloud, Inc.

Form 990,	Part IX	Line 11g
Other Fee	s For Se	ervices

	(A) Total	(B) Program <u>Services</u>	Management & General	(D) Fund- <u>raising</u>
Editing, training, web	Total $\frac{52,634}{\$}$ .	52,634. \$ 52,634.	\$ 0.	\$ 0.

#### **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

2012

Employer identification number

23-7317533

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Books Aloud, Inc.

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Part I Identification of Disregarded Entities (Cor	nplete if the organiz	ation ansv	wered 'Ye	s' to Form	n 990,	Part IV, line	33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	/ Primary a	activity	Legal dom or foreign	c) nicile (state n country)	To	(d) otal income	End-d	<b>(e)</b> of-year assets	Dire	(f) ect contro entity	olling
<u>(1)</u>											
<u>(2)</u>											
(3)											
	· ·										
Part II Identification of Related Tax-Exempt Orga one or more related tax-exempt organization	<b>inizations</b> (Complet ons during the tax y	e if the org	ganizatior	answere	d 'Yes	s' to Form 990	), Part	: IV, line 34 t	becaus	se it ha	d
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal dom or foreigr	c) nicile (state n country)	(d) Exempt ( section	Code	(e) Public charity (if section 501	status (c)(3))	Direct contro entity	olling	Sec 512 controlled	(b)(13) d entity?
(1) Variety Audio Foundation										Yes	No
P.O. Box 5731 San Jose, CA 95150 77-0077076 (2)	Endowment	(	CA	501(c)	(3)	509(a) Type		N/A			Х
<u>(3)</u>											
(4)											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	tior	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
(2)	  -											
	-											
	-											
-												
(3)	-											
	-											
	-											

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

Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled	) (b)(13) d entity?
		country)	entity	or trust)				Yes	No
(1)									
	Ī								
	Ī								
(2)									
	Ī								
	Ī								
(3)									
	†								
	†								
				I		1	1	l	

### Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

	<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		. 1a		Х
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)		. 1b		X
c	c Gift, grant, or capital contribution from related organization(s).		. 1 c	Χ	
c	<b>d</b> Loans or loan guarantees to or for related organization(s)		. 1 d		Х
e	e Loans or loan guarantees by related organization(s)		. 1 e		Х
f	f Dividends from related organization(s)		. 1f		Х
ç	g Sale of assets to related organization(s)		. 1 g		X
ŀ	h Purchase of assets from related organization(s)		. 1h		Х
i	i Exchange of assets with related organization(s)		. 1i		Х
j	j Lease of facilities, equipment, or other assets to related organization(s)		. 1j		Х
•			-		
k	k Lease of facilities, equipment, or other assets from related organization(s).		. 1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)		. 11		X
	m Performance of services or membership or fundraising solicitations by related organization(s)				X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				X
	o Sharing of paid employees with related organization(s)				X
r	p Reimbursement paid to related organization(s) for expenses		. 1p		Х
-	q Reimbursement paid by related organization(s) for expenses.				X
-	<b>4</b> • • • • • • • • • • • • • • • • • • •		- 1		
r	r Other transfer of cash or property to related organization(s)		. 1r		X
	s Other transfer of cash or property from related organization(s)				X
2					21
_			(	d)	
		(c) mount involved N	lethod of	detern	nining
	type (a-s)		amount	INVOIV	ea
۱) ۱	Variety Audio Foundation c	29,871.i	ncome	& gi	.ft
2)					
3)					
1)					
<u>,                                     </u>					
27					
<i>'</i> )					
••					
<u>)</u>				000	061-
ΔΔ	TEF 450031 12/28/12	Schedule	R (Forr	n 99N)	2012

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

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

(a) Name, address, and EIN of entity		(c)	(d) Predominant income (related, unre- lated, excluded from tax under section 512-514)	\((	e)	(g) Share of end-of-year assets	Dispi	h) ropor- nate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	Gene mana partr	) ral or aging ner?	(k) Percentage ownership
			section 512-514)	Yes	No		Yes	No	` ,	Yes	No	
<u>(1)</u>												
(2)												
	-											
(3)	-											
	-											
<u>(4)</u>												
	]											
(5)												
	-											
<u>(6)</u>	- - -											
<u>(7)</u>												
	1											
(8)												
	1											

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Schedule **R** (Form 990) 2012

Page 5

Schedule R (Form 990) 2012

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Page 1

**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.
orm 199															
Furniture ar	nd Fixtures														
1 Braille	Гуреwriter	12/01/75	15	0						150	150	S/L	15		
2 File Cab	inets	5/01/78	14	5						145	145	S/L	15		
3 File Cab	inet	5/01/79	23	7						237	237	S/L	15		(
4 Table, C	Sabinet, Cart	9/01/79	28	9						289	289	S/L	15		
5 5 Cabine	ets, Table	6/01/80	1,14	8						1,148	1,148	S/L	15		(
6 File Cab	inets	6/01/81	72	6						726	726	S/L	15		
7 4 Cabin	ets	12/01/81	65	6						656	656	S/L	15		
8 2 Tape	Cabinets	10/01/82	63	2						632	632	S/L	15		
9 File Cab	inet	6/01/84	14	8						148	148	S/L	15		
10 Cabinets	s,Book Truck	6/01/85	86	3						863	863	S/L	15		
11 Cabinets	3	6/01/86	51	5						515	515	S/L	15		
12 5-Shelf	Cabinet	12/01/86	31	0						310	310	S/L	15		
13 Cabinets	3	12/01/86	38	5						385	385	S/L	10		
14 Cabinet		1/01/87	34	7						347	347	S/L	15		
15 Cassette	e Cabinets	2/01/88	1,70	8						1,708	1,708	S/L	10		(
16 Cabinet		3/01/89	1,27	7						1,277	1,277	S/L	10		(
17 File & C	assette Cabinets	5/01/90	1,67	7						1,677	1,677	S/L	10		
18 Book Tr	uck	6/01/91	39	8						398	398	S/L	10		
19 Cabinets	3	3/01/92	38	2						382	382	S/L	10		(
21 Book Tr	uck & Cabinets	5/01/93	5,21	4						5,214	5,214	S/L	10		(
35 Picture		9/03/97	11	6						116	116	S/L	10		
36 Cassette	e Cabinett	12/02/98	4,83	9						4,839	4,839	S/L	10		(
44 Silk Pla	nts	8/05/03	29	)						290	290	S/L	7		(

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Page 2

**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 R	Current ate Depr.
46	Laminator	8/07/03		75							75	75	S/L	5	
47	Conference Table, Chairs	8/14/03		2,500							2,500	2,229	S/L	10	25
48	Cassette Cabinets	12/18/03		517							517	463	S/L	10	5
49	Brailler	6/30/04		1,140							1,140	1,140	S/L	5	
57	3 DVD Players	3/30/05		227							227	227	S/L	5	
86	Bookcases	9/11/07		333							333	160	S/L	10	33
87	Lateral Files & Bookcases	1/18/08		953							953	428	S/L	10	99
93	Laminating Machine	4/16/09		208							208	136	S/L	5	42
108	6 Bookcases	5/06/10		552							552	156	S/L	10	5!
109	Copy Machine	7/18/09		546							546	228	S/L	5	109
110	Presentation Projector	6/18/10		2,000							2,000	833	S/L	5	400
111	Binding Machine	10/02/09		448							448	188	S/L	5	90
	Total Furniture and Fixtures			31,951		0	0	0	0	0	31,951	28,715			1,12
Ма	chinery and Equipment														
20	Binder,Calculator	3/01/92		651							651	651	S/L	5	(
22	Electric Brailler	8/01/92		925							925	925	S/L	5	(
40	Otari Duplicator	8/16/01		6,745							6,745	6,745	S/L	7	(
51	2 Sony Tape Decks	7/02/03		1,126							1,126	1,126	S/L	7	(
52	Microphone, Foam	12/10/03		500							500	500	S/L	7	(
53	Booth Table & Plexiglass	12/30/03		179							179	154	S/L	10	18
54	CD Recorder	3/18/04		665							665	665	S/L	7	(
56	17 Headsets	6/20/05		158							158	158	S/L	5	(
58	5 Barcode Scanners	2/28/05		2,177							2,177	2,177	S/L	5	(
	Sonicwall Firewall	7/05/05		731							731	731	S/L	5	(
64	Oomowan i nowan														

Page 3

**Books Aloud, Inc.** 

		Date	Date Cost/	Bus.	Cur 179	Special Depr.	Prior 179/ Bonus/	Prior Dec. Bal.	Salvage /Basis	Depr.	Prior				Current
No.	<u>Description</u>	Acquired	Sold Basis	Pct.	Bonus	Allow.	Sp. Depr.	Depr	Reductn	Basis	Depr.	Method	Life	Rate	Depr.
68	2 Headsets	11/15/05	3.	2						32	32	S/L	5		0
69	1 Headset	2/04/06	2	8						28	28	S/L	5		0
74	Computer 500GB External	7/14/06	43.	3						433	433	S/L	5		0
75	Computer Adobe Audition	9/18/06	63	8						638	638	S/L	5		0
77	Computer for Studio	3/16/07	1,10	0						1,100	1,100	S/L	5		0
78	Garned Degausser	10/26/06	1,25	0						1,250	1,028	S/L	7		178
79	Studio Equipment	3/29/07	37	2						372	283	S/L	7		53
80	17 Loaner Recorders	10/30/06	20	2						202	202	S/L	5		0
81	7 Loaner Recorders	4/27/07	19	2						192	192	S/L	5		0
82	13 Loaner Recorders	6/01/07	21	7						217	217	S/L	5		0
88	8 Loaner Recorders	9/20/07	21	0						210	203	S/L	5		7
94	2 Duplicators	10/31/08	7,56	2						7,562	3,961	S/L	7		1,080
95	Studio Lamp	4/16/09	20	7						207	96	S/L	7		30
96	Laptop Computer	7/09/08	85.	2						852	681	S/L	5		171
97	35 Loaner Recorders	10/01/08	1,30	3						1,303	978	S/L	5		261
99	20 Headsets	3/05/10	31:	2						312	147	S/L	5		62
100	6 Loaner Recorders	3/05/10	19.	2						192	89	S/L	5		38
101	6 Loaner Recorders	6/01/10	33	0						330	137	S/L	5		66
103	HP Computer & Installatio	8/27/09	2,08	5						2,085	1,216	S/L	5		417
104	Donor Perfect Software	9/30/09	5,78	0						5,780	3,275	S/L	5		1,156
105	4 HP Computers,3 Monitors	10/30/09	8,54	6						8,546	4,700	S/L	5		1,709
106	HP P2035 Printer	11/06/09	96.	2						962	512	S/L	5		192
107	6 52002Z P Computers	12/31/09	7,79	1						7,791	4,025	S/L	5		1,558
113	6 Panasonic Loaner Record	9/27/10	24	0						240	88	S/L	5		48
114	20 Loaner Tape Players	11/19/10	51	5						515	172	S/L	5		103
115	2 Sony Dual Cassettee	9/27/10	23	8						238	62	S/L	7		34
116	Dual Tape Deck	11/19/10	48	8						488	117	S/L	7		70

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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.	179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method .	Life Rate	Current Depr.
117	4 CD Players	11/19/10		429	)						429	102	S/L	7	6
118	HP Server & Installation	7/09/10		5,843	}						5,843	2,338	S/L	5	1,16
119	Studio Computers & Instal	10/12/10		7,314	ļ						7,314	2,560	S/L	5	1,46
120	Team Viewer & Installatio	1/28/11		4,377	,						4,377	1,313	S/L	5	87
121	Hard Drives & Bay	4/16/11		569	)						569	142	S/L	5	11
125	20 Loaner Tape Players	12/23/11		898	3						898	90	S/L	5	18
126	24 Port & UPS Systems	7/11/11		460	)						460	92	S/L	5	9
127	DP-8-C3L Duplicator Maste	10/31/11		4,942	2						4,942	529	S/L	7	70
128	DP-8-Z4L Duplicator Slave	12/20/11		4,638	}						4,638	387	S/L	7	66
129	Ecro Voice Microphone	3/01/13		449	)						449		S/L	7	2
130	36 Loaner Nook Tablets	12/21/12		4,908	<u> </u>						4,908		S/L	5	49
	Total Machinery and Equipment			90,923	}	0	0	C	) 0	0	90,923	46,151			13,09
Mis	cellaneous														
24	Tapes and Albums	1/01/88		8,011							8,011	8,011	S/L	12	
25	Tapes and Albums	1/01/89		13,750	)						13,750	13,750	S/L	12	
26	Tapes and Albums	1/01/90		10,573	}						10,573	10,573	S/L	12	
27	Tapes and Albums	1/01/91		14,512	?						14,512	14,512	S/L	12	
28	Tapes and Albums	1/01/92		7,175	)						7,175	7,175	S/L	12	
29	Tapes and Albums	1/01/93		1,839	)						1,839	1,839	S/L	12	
30	Tapes and Albums	1/01/94		9,259	)						9,259	9,259	S/L	12	
31	Tapes and Albums	1/01/95		7,841							7,841	7,841	S/L	12	
32	Tapes and Albums	1/01/96		7,462	?						7,462	7,462	S/L	12	
	Tapes and Albums	1/01/97		6,811							6,811	6,811	S/L	12	
33		1/01/98		6,433							6,433	6,433	S/L	12	
	Tapes and Albums	1/01/98		0,433	)						-,	-,			

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**Books Aloud, Inc.** 

		Dete	Data Cast /	D	Cur	Special	Prior 179/	Prior	Salvage	Davis	Dellar				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	<u>Rate</u>	Current Depr.
38	Tapes and Albums	1/01/00	5,821							5,821	5,821	S/L	12		0
39	Tapes and Albums	1/01/01	7,382	!						7,382	7,074	S/L	12		308
41	Tapes and Albums	1/01/02	2,980	)						2,980	2,606	S/L	12		248
42	Tapes and Albums	1/01/03	870	)						870	691	S/L	12		73
43	Tapes and Albums	1/01/04	10,115	;						10,115	7,165	S/L	12		843
59	Tapes & Albums	1/01/05	5,508	1						5,508	3,443	S/L	12		459
60	CDs & Albums	1/01/05	769	1						769	480	S/L	12		64
61	Commercial Audio Books	6/27/05	1,344							1,344	1,344	S/L	5		0
62	Commercial Audio Books	6/28/05	21,425	;						21,425	21,425	S/L	5		0
63	Commercial Audio Books	6/30/05	3,100	)						3,100	3,100	S/L	5		0
70	Tapes & Albums	1/01/06	6,339	1						6,339	3,433	S/L	12		528
71	Commercial Audio Tapes	12/29/05	664							664	664	S/L	5		0
72	Commercial Audio Tapes	3/30/06	427							427	427	S/L	5		0
73	Commercial Audio Tapes	5/31/06	384							384	384	S/L	5		0
83	Tapes & Albums	1/01/07	7,848	1						7,848	3,597	S/L	12		654
84	Commercial Audio Books	8/12/06	211							211	108	S/L	12		18
85	Commercial Audio Books	9/12/06	15,000	)						15,000	7,292	S/L	12		1,250
89	Tapes & Albums	1/01/08	12,037							12,037	4,511	S/L	12		1,003
90	Commercial Audio Books	9/14/07	210	)						210	86	S/L	12		18
91	Commercial Audio Books	6/02/08	17,500	)						17,500	5,954	S/L	12		1,458
92	Commercial Audio Books	6/19/08	135	i						135	49	S/L	12		11
98	Tapes & Albums	1/01/09	4,828							4,828	1,407	S/L	12		402
102	Tapes & Albums	1/01/10	5,377							5,377	1,120	S/L	12		448
112	Promotional DVD	11/19/09	1,885	;						1,885	1,675	S/L	3		210
122	Tapes and Albums	1/01/11	3,008	1						3,008	376	S/L	12		251
123	4828 Commercial Audio Boo	6/01/11	48,280	)						48,280	5,230	S/L	10		4,828
124	Tapes and Albums	1/01/12	2,043							2,043	85	S/L	12		170

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# 2012 California Book Depreciation Schedule

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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	<u>Life</u>	Rate	Current Depr.
131 Tap	es & CD Albums	1/01/13	-	946							946		S/L	12		39
Tota	al Miscellaneous			287,065		0	0	0	0	0	287,065	190,176				13,283
Tota	al Depreciation		=	409,939		0	0	0	0	0	409,939	265,042			:	27,503
Gra	nd Total Depreciation		=	409,939		0	0	0	0	0	409,939	265,042				27,503