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AMENDED RETURN

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [X] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: RECORDING FOR THE BLIND & DYSLEXIC IN

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 20 ROSZEL ROAD

Room/suite:

City or town, state or country, and ZIP + 4: PRINCETON, NJ 08540

D Employer identification number: 13-1659345

E Telephone number: (609) 520-8010

G Gross receipts $: 24,079,826.

F Name and address of principal officer: JOHN KELLY
20 ROSZEL ROAD PRINCETON, NJ 08540

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.RFBD.ORG

H(c) Group exemption number ▶

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1948

M State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO CREATE OPPORTUNITIES FOR INDIVIDUAL SUCCESS BY PROVIDING AND PROMOTING THE EFFECTIVE USE OF ACCESSIBLE EDUCATIONAL MATERIALS.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of employees (Part V, line 2a)	5	428
6	Total number of volunteers (estimate if necessary)	6	7,698
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	30,475,371.	14,465,212.
9	Program service revenue (Part VIII, line 2g)	4,596,391.	4,889,341.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,237,382.	-144,783.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,953,975.	1,004,234.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,263,119.	20,214,004.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	68,500.	59,092.
14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,367,185.	25,315,168.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	154,459.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 5,360,189.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	16,759,156.	12,635,870.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	42,194,841.	38,164,589.
19	Revenue less expenses. Subtract line 18 from line 12	68,278.	-17,950,585.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	74,726,597.	46,897,011.
21	Total liabilities (Part X, line 26)	9,792,139.	6,233,503.
22	Net assets or fund balances. Subtract line 21 from line 20	64,934,458.	40,663,508.

SCANNED APR 17 2012

RECEIVED APR 02 2012 OGDEN, UT

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 3/27/12

▶ President * CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 3/15/2012 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P00642486

Firm's name (or yours if self-employed), address, and ZIP + 4: WITHUMSMITH+BROWN, PC, 465 SOUTH STREET, SUITE 200 MORRISTOWN, NJ 07960-6497

EIN ▶ 22-2027092

Phone no ▶ 973-898-9494

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

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Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:
SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 29,459,797. including grants of $ 59,092.) (Revenue $ 4,889,341.)
EXPENSES INCURRED IN RECORDING AND DISSEMINATING RECORDED TEXTBOOKS ON AUDIO AND ELECTRONIC MEDIA FOR INDIVIDUALS WITH A VISUAL, PERCEPTUAL OR OTHER PHYSICAL DISABILITY IN A NON-DISCRIMINATORY MANNER REGARDLESS OR RACE, COLOR, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 29,459,797. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part 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? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	X	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable	1a	82		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	428		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country ▶CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions.				
1a	Enter the number of voting members of the governing body	1a	22		
b	Enter the number of voting members that are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9a	Does the organization have local chapters, branches, or affiliates?		9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		10	X	
11	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*		11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and 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?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	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?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SEE STATEMENT 2

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ SHEILA WEEKS-BROWN 20 ROSZEL ROAD PRINCETON, NJ 08540 (609) 520-8088

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

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Form 990 (2008)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								2,566,690.	NONE	399,132.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 15

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 3		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 29

Part VIII Statement of Revenue 13-1659345

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 262,673.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 4,226,934.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 9,975,605.				
	g Noncash contributions included in lines 1a-1f $ 279,711.					
	h **Total.** Add lines 1a-1f ▶		14,465,212.			
Program Service Revenue		**Business Code**				
	2a PROGRAM SERVICE REVENUE	541900	4,889,341.	4,889,341.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		4,889,341.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) STMT 4 ▶		771,768.	NONE	NONE	771,768.
	4 Income from investment of tax-exempt bond proceeds ▶		NONE			
	5 Royalties ▶		NONE			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶		NONE			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	131,141.				
	b Less: cost or other basis and sales expenses	1,045,636. / 2,056.				
	c Gain or (loss)	-914,495. / -2,056.				
	d Net gain or (loss) ▶		-916,551.			-916,551.
	8a Gross income from fundraising events (not including $ 262,673. of contributions reported on line 1c) See Part IV, line 18 a	STMT 5 252,844.				
	b Less: direct expenses b	252,844.				
	c Net income or (loss) from fundraising events STMT 6 ▶		NONE			
	9a Gross income from gaming activities See Part IV, line 19 a	30,076.				
	b Less direct expenses b	15,139.				
	c Net income or (loss) from gaming activities STMT 7 ▶		14,937.			14,937.
	10a Gross sales of inventory, less returns and allowances a	3,382,349.				
	b Less: cost of goods sold b	2,550,147.				
	c Net income or (loss) from sales of inventory STMT 8 ▶		832,202.			832,202.
	Miscellaneous Revenue	**Business Code**				
	11a OTHER INCOME	900099	59,207.			59,207.
	b POSTAGE	900099	97,888.			97,888.
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		157,095.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		20,214,004.	4,889,341.	NONE	859,451.

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S See Part IV, line 21	NONE			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	59,092.	59,092.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,248,912.	2,024,023.	224,889.	NONE
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	17,937,481.	13,671,654.	1,519,073.	2,746,754.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	1,294,510.	1,146,281.	127,365.	20,864.
9 Other employee benefits	2,374,371.	1,722,728.	191,417.	460,226.
10 Payroll taxes	1,459,894.	1,126,011.	125,112.	208,771.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	74,462.	67,016.	7,446.	
c Accounting	173,305.	155,367.	17,263.	675.
d Lobbying	617,605.	555,845.	61,760.	
e Professional fundraising services See Part IV, line 17	154,459.			154,459.
f Investment management fees	214,503.	193,052.	21,451.	
g Other	2,295,276.	1,881,377.	209,042.	204,857.
12 Advertising and promotion	56,383.	42,866.	4,763.	8,754.
13 Office expenses	3,672,337.	2,300,034.	292,604.	1,079,699.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	1,104,408.	870,090.	137,489.	96,829.
17 Travel	845,754.	624,983.	69,443.	151,328.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	102,073.	91,012.	10,112.	949.
20 Interest	173,752.	145,380.	16,153.	12,219.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,395,335.	1,174,550.	130,506.	90,279.
23 Insurance	92,720.	83,223.	9,248.	249.
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a COMPUTER EXPENSES	564,963.	507,855.	56,428.	680.
b UTILITIES	364,376.	323,622.	35,958.	4,796.
c REPAIRS & MAINTENANCE	344,475.	305,488.	33,943.	5,044.
d STORAGE	232,506.	209,255.	23,251.	NONE
e RECRUITMENT	176,291.	132,787.	14,754.	28,750.
f All other expenses	135,346.	46,206.	5,133.	84,007.
25 **Total functional expenses.** Add lines 1 through 24f	38,164,589.	29,459,797.	3,344,603.	5,360,189.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	4,657.	1	4,657.
	2	Savings and temporary cash investments	3,388,027.	2	2,969,556.
	3	Pledges and grants receivable, net	15,811,979.	3	1,874,009.
	4	Accounts receivable, net	695,814.	4	1,021,465.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use	710,041.	8	176,464.
	9	Prepaid expenses and deferred charges	698,206.	9	767,574.
	10a	Land, buildings, and equipment cost basis 10a 30,063,828.			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 19,497,302.	11,500,794.	10c	10,566,526.
	11	Investments - publicly traded securities STMT 9	15,338,217.	11	11,980,972.
	12	Investments - other securities. See Part IV, line 11	26,578,862.	12	17,535,788.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	74,726,597.	16	46,897,011.
Liabilities	17	Accounts payable and accrued expenses	4,504,840.	17	4,173,693.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties STMT 10	5,287,299.	23	2,059,810.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	9,792,139.	26	6,233,503.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	48,348,193.	27	25,520,679.
	28	Temporarily restricted net assets	6,842,404.	28	5,364,493.
	29	Permanently restricted net assets	9,743,861.	29	9,778,336.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	64,934,458.	33	40,663,508.
	34	Total liabilities and net assets/fund balances	74,726,597.	34	46,897,011.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
RECORDING FOR THE BLIND & DYSLEXIC INC	13-1659345

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 (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - 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).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	24,470,785.	28,489,166.	16,756,755.	30,475,371.	14,465,212.	114,657,289.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	24,470,785.	28,489,166.	16,756,755.	30,475,371.	14,465,212.	114,657,289.
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)						NONE
6 **Public support.** Subtract line 5 from line 4						114,657,289.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	24,470,785.	28,489,166.	16,756,755.	30,475,371.	14,465,212.	114,657,289.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	905,916.	1,062,612.	1,000,109.	984,487.	771,768.	4,724,892.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,031,805.	979,204.	833,948.	6,443,314.	3,539,444.	12,827,715.
11 **Total support.** Add lines 7 through 10						132,209,896.
12 Gross receipts from related activities, etc (See instructions)					12	27,171,567.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	86.72 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	92.95 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ X

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** 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 "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances'" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
SALE OF INVENTORY & OTHER INC.	1,031,805.	979,204.	833,948.	6,443,314.	3,539,444.	12,827,715.
TOTALS	1,031,805.	979,204.	833,948.	6,443,314.	3,539,444.	12,827,715.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **To be completed by organizations described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
RECORDING FOR THE BLIND & DYSLEXIC INC	13-1659345

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . . .

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details

A Check ▶ ☐ if the filing organization belongs to an affiliated group

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	617,605.	617,605.
c Total lobbying expenditures (add lines 1a and 1b)	617,605.	617,605.
d Other exempt purpose expenditures	40,365,114.	40,365,114.
e Total exempt purpose expenditures (add lines 1c and 1d)	40,982,719.	40,982,719.
f Lobbying nontaxable amount Enter the amount from the following table in both columns.	1,000,000.	1,000,000.
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☒ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% line 2a, column(e))					6,000,000.
c Total lobbying expenditures	326,126.	250,421.	614,889.	617,605.	1,809,041.
d Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 and Part II-B, line 1i Also, complete this part for any additional information

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number

13-1659345

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

2 Complete lines 2a-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 Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 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 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 Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,586,265.				
b Contributions	1,551,405.				
c Investment earnings or losses	-2,048,583.				
d Grants or scholarships					
e Other expenditures for facilities and programs	946,258.				
f Administrative expenses					
g End of year balance	15,142,829.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 65.0000 %
- c Term endowment ▶ 35.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		2,197,163.		2,197,163.
b Buildings		5,972,272.	2,535,407.	3,436,865.
c Leasehold improvements		3,481,977.	1,413,955.	2,068,022.
d Equipment		13,268,254.	12,695,422.	572,832.
e Other		5,144,162.	2,852,518.	2,291,644.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				10,566,526.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other MONEY MARKET FUNDS	2,248,348.	FMV
LONG-TERM CERTIFICATES OF DEPOSIT	400,000.	FMV
MUTUAL FUNDS	9,185,155.	FMV
INTERNATIONAL FUNDS	4,043,553.	FMV
ALTERNATIVE INVESTMENTS	1,126,630.	FMV
BENEFICIAL INTEREST IN PERPETUAL TRUST	532,102.	FMV
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	17,535,788.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE

SCHEDULE D, PART X

THE FIN 48 FOOTNOTE BELOW IS FROM THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED JUNE 30, 2009.

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109 (FIN 48). FIN 48 ADDRESSES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN ORANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE ADOPTION OF FIN 48 IS NOT EXPECTED TO HAVE A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047
2008
Open To Public Inspection

Name of the organization: RECORDING FOR THE BLIND & DYSLEXIC INC
Employer identification number: 13-1659345

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a [X] Mail solicitations
b [ ] Email solicitations
c [ ] Phone solicitations
d [ ] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [ ] Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
LAUTMAN & COMPANY	MAILINGS		X	1,313,341.	154,459.	1,158,882.
Total ▶				1,313,341.	154,459.	1,158,882.

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN,
KS, KY, ME, MD, MA, MI, MN, MS, MO, MT, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI,

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 DC GALA (event type)	(b) Event #2 VA GALA (event type)	(c) Other Events 44 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	195,341.	85,327.	234,849.	515,517.
	2 Less: Charitable contributions	120,546.	38,492.	103,635.	262,673.
	3 Gross revenue (line 1 minus line 2)	74,795.	46,835.	131,214.	252,844.
Direct Expenses	4 Cash prizes	2,000.			2,000.
	5 Non-cash prizes			280.	280.
	6 Rent/facility costs	8,000.	29,514.	26,602.	64,116.
	7 Other direct expenses	64,795.	17,321.	104,332.	186,448.
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(252,844.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			30,076.	30,076.
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			15,139.	15,139.
	6 Volunteer labor	Yes % / No	Yes % / No	X Yes 89.0000 % / No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(15,139.)
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				14,937.

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities. MI,			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		X
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?	12		X

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a %		
b	An outside facility	13b 100.0000 %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records			
	Name ▶ CARLA REEB			
	Address ▶ 460 EVELYN LANE, #103 ROCHESTER HILLS, MI 48307			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information			
	Name ▶ SHWIN POKER			
	Gaming manager compensation ▶ $ 5,527.			
	Description of services provided ▶ RENTAL OF CARDS, TABLES, CHAIRS, AND CHIPS.			
	☐ 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?	17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number

13-1659345

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

Schedule I (Form 990) 2008

JSA
8E1288 2 000

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL SCHOLARSHIPS	20	59,092.			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANT FUND MONITORING

SCHEDULE I, PART I, QUESTION 2

GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number

13-1659345

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN KELLY	(i)	274,338.	22,000.	6,497.	36,805.	18,047.	357,687.	140,418.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM F BARTOLINI	(i)	244,575.	NONE	36,774.	NONE	7,805.	289,154.	140,675.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VERNON A BRAMBLE	(i)	20,934.	NONE	215,052.	28,732.	15,039.	279,757.	117,993.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN A CHURCHILL	(i)	160,651.	NONE	19,111.	22,202.	12,414.	214,378.	89,881.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JULIA FREEDMAN	(i)	172,161.	NONE	976.	NONE	7,415.	180,552.	86,569.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PETER BERAN	(i)	135,276.	NONE	35,016.	18,916.	18,047.	207,255.	85,146.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LESLIE WEINRIB	(i)	134,016.	NONE	3,353.	17,215.	19,547.	174,131.	68,685.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATHARINE ERSKINE	(i)	140,350.	NONE	6,643.	NONE	20,547.	167,540.	73,497.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT N RAO	(i)	141,051.	NONE	3,032.	17,402.	7,415.	168,900.	72,042.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

COMPENSATION INFORMATION

SCHEDULE J, PART I; QUESTION 4A

VERNON A. BRAMBLE, EVP; UNIT ADMINISTRATION, FINANCE AND INFORMATION TECHNOLOGY OF THE ORGANIZATION, AND KATHERINE ERSKINE, AVP, MAJOR GIVING OF THE ORGANIZATION RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2008 IN THE AMOUNTS OF $194,615 AND $6,452; RESPECTIVELY. THESE AMOUNT WERE INCLUDED IN THEIR 2008 FORMS W-2, AS TAXABLE WAGES.

COMPENSATION INFORMATION

SCHEDULE J, PART I; QUESTION 7

THE FOLLOWING INDIVIDUAL RECEIVED A BONUS DURING CALENDAR YEAR 2008 WHICH BONUS AMOUNT WAS INCLUDED IN COLUMN B (II) HEREIN AND IN THE INDIVIDUAL'S 2008 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JOHN KELLY, $22,000.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization

RECORDING FOR THE BLIND & DYSLEXIC INC

Employer Identification number

13-1659345

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW HOFER CHAIRMAN - TRUSTEE	3.	X		X				NONE	NONE	NONE
PETER C ERICHSEN VICE CHAIRMAN - TRUSTEE	3.	X		X				NONE	NONE	NONE
CELESTE V LOPES ESQ VICE CHAIR - TRUSTEE	3.	X		X				NONE	NONE	NONE
JAMES GOLUBIESKI TREASURER - TRUSTEE	3.	X		X				NONE	NONE	NONE
DEBORAH C BRITTAIN SECRETARY - TRUSTEE	3.	X		X				NONE	NONE	NONE
JOHN B CREW TRUSTEE	3.	X						NONE	NONE	NONE
KETTNER J F GRISWOLD TRUSTEE	3.	X						NONE	NONE	NONE
BRAD GROB TRUSTEE	3.	X						NONE	NONE	NONE
CHIP HUGHES TRUSTEE	3.	X						NONE	NONE	NONE
THOMAS J KELEHER TRUSTEE	3.	X						NONE	NONE	NONE
DAVID KURMAN TRUSTEE	3.	X						NONE	NONE	NONE
MARSHALL LOEB TRUSTEE	3.	X						NONE	NONE	NONE
HAROLD J LOGAN TRUSTEE	3.	X						NONE	NONE	NONE
JAMES P MARKS TRUSTEE	3.	X						NONE	NONE	NONE
JOSEPH D MCCARTHY TRUSTEE	3.	X						NONE	NONE	NONE
MARY LOU MCGEE TRUSTEE	3.	X						NONE	NONE	NONE
CATHY NESSIER TRUSTEE	3.	X						NONE	NONE	NONE
CAROL R SCHEMAN TRUSTEE	3.	X						NONE	NONE	NONE
SALLY E SHAYWITZ MD TRUSTEE	3.	X						NONE	NONE	NONE
STEPHEN SIEGEL TRUSTEE	3.	X						NONE	NONE	NONE
MICHAEL C SINGLEY TRUSTEE	3.	X						NONE	NONE	NONE

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

RECORDING FOR THE BLIND & DYSLEXIC INC

Employer Identification number

13-1659345

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
S BLEEKER TOTTEN TRUSTEE	3.	X						NONE	NONE	NONE
JOHN KELLY PRESIDENT & CEO	45.			X				302,835.	NONE	54,852.
VERNON A BRAMBLE EVP, UNIT ADMIN, FINANCE & IT	45.			X				235,986.	NONE	43,771.
ANDREW FRIEDMAN COO - HIRED 1/12/09	45.			X				NONE	NONE	NONE
WILLIAM F BARTOLINI CHIEF DEVELOPMENT OFFICER	45.				X			281,349.	NONE	7,805.
JOHN A CHURCHILL SVP, OPERATIONS	45.				X			179,762.	NONE	34,616.
JULIA FREEDMAN SVP, PROGRAMS & SERVICES	45.				X			173,137.	NONE	7,415.
PETER BERAN SVP, INFORMATION TECHNOLOGY	45.				X			170,292.	NONE	36,963.
GRETCHEN CASTLE CHIEF ORG DEV OFFICER	45.				X			42,905.	NONE	2,921.
MICHAEL KURDZIEL CHIEF PROGR. OFF.-HIRED 3/1/09	45.				X			NONE	NONE	NONE
ANDREW MALAVSKY CHIEF MKTG OFF.-HIRED 2/26/09	45.				X			NONE	NONE	NONE
KATHERINE LEMORVAN VP STRATEGIC INITIATIVES & ORG	45.				X			58,121.	NONE	5,784.
BRADLEY THOMAS VP, GOVERNMENT RELATIONS	45.				X			69,365.	NONE	90.
JAMES LUNNY VP, UNIT ADMINISTRATION	45.				X			101,850.	NONE	28,724.
JULIE MOELLER VP, GOVERNMENT RELATIONS	45.				X			101,959.	NONE	29,705.
JENNIFER MORELAND VP, SALES & MARKETING	45.				X			104,574.	NONE	NONE
LESLIE WEINRIB VP, HR DEVELOPMENT	45.				X			137,369.	NONE	36,762.
KATHARINE ERSKINE AVP, MAJOR GIVING	45.					X		146,993.	NONE	20,547.
ROBERT N RAO SENIOR ADVISOR SPECIAL PROJECT	45.					X		144,083.	NONE	24,817.
SHEILA WEEKS BROWN AVP, FINANCE	45.					X		108,139.	NONE	12,540.
GEORGE KERSCHER SR. OFFICER, ACCESSIBLE INFO.	45.					X		104,040.	NONE	31,135.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

RECORDING FOR THE BLIND & DYSLEXIC INC

Employer Identification number

13-1659345

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ARTHUR J WEINKOFSKY DIRECTOR, BUSINESS SYSTEMS	45.					X		103,931.	NONE	20,685.

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

Schedule J-2 (Form 990) 2008

JSA

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4890CG U600

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number

13-1659345

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	X	20	140,287.	FMV
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(STMT 12)		435.	139,424.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a		During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?			X
	b	If "Yes," describe the arrangement in Part II			
31		Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a		Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
	b	If "Yes," describe in Part II			
33		If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

NON-CASH CONTRIBUTIONS

SCHEDULE M, PART I; QUESTION 32A

THE ORGANIZATION HIRES INDEPENDENT THIRD-PARTIES TO SELL NON-CASH CONTRIBUTIONS IT RECEIVES; INCLUDING PUBLICLY TRADED SECURITIES IF THE ORGANIZATION DECIDES NOT TO RETAIN THE ITEM(S). THE ORGANIZATION PAYS FAIR MARKET VALUE RATES AND COMMISSIONS IN THESE INSTANCES.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number

13-1659345

COMMUNITY BENEFIT STATEMENT

PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND

==========

WORKING SIDE BY SIDE WITH EDUCATORS, THE NATION'S LEADING TEXTBOOK PUBLISHERS, AND TECHNOLOGY INNOVATORS FOR OVER SIX DECADES, RECORDING FOR THE BLIND & DYSLEXIC ("RFBD") IS UNIQUELY POSITIONED TO MEET THE CHALLENGE OF SERVING AMERICA'S STUDENTS WITH PRINT AND LEARNING DISABILITIES.

RFBD RECORDS THE TEXTBOOKS USED IN SCHOOLS FROM COAST TO COAST, IN EVERY GRADE LEVEL AND EVERY SUBJECT AREA. IN ADDITION TO THE CLASSICS, RFBD ALSO WORKS TO PROVIDE THE MOST CURRENT EDITIONS OF STATE ADOPTED TEXTS. THIS IS IMPORTANT TO ENSURE THAT STUDENTS CAN FOLLOW ALONG WITH THE VERY SAME VERSIONS OF TEXT THAT THEIR CLASSMATES ARE USING, AND NOT A GENERIC ADAPTATION THAT OMITS STATE-SPECIFIC INFORMATION OR REFERENCES.

USED AS PART OF A MULTISENSORY LEARNING SYSTEM, RFBD'S BOOKS HAVE THE POTENTIAL TO PROVIDE EDUCATIONAL PARITY FOR STUDENTS WHO STRUGGLE IN A READING-INTENSIVE LEARNING ENVIRONMENT. NO OTHER ORGANIZATION HAS THE NETWORK OF PARTNERSHIPS, THE OPERATIONAL CAPACITY OR THE CONFIDENCE OF MEMBERS TO MATCH RFBD'S LEVEL AND SCALE OF INCLUSIVE SUPPORT AND EXPERTISE. WHILE OTHER PROVIDERS OF ACCESSIBLE TEXTBOOKS EXIST, NONE

SCHEDULE O.
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OFFERS THE SELECTION OF RECORDED MATERIALS AND THE CALIBER OF COMPREHENSIVE SERVICES THAT HAVE MADE RFBD A PROVEN AND TRUSTED EDUCATIONAL ASSET FOR STUDENTS WITH PRINT DISABILITIES FOR OVER 60 YEARS.

MISSION STATEMENT

THE MISSION OF RFBD IS TO CREATE OPPORTUNITIES FOR INDIVIDUAL SUCCESS BY PROVIDING AND PROMOTING THE EFFECTIVE USE OF ACCESSIBLE EDUCATIONAL MATERIALS.

VISION

THE VISION OF RFBD IS FOR ALL PEOPLE TO HAVE EQUAL ACCESS TO THE PRINTED WORD.

HISTORY

- 1948: ANNE T. MACDONALD FIRST ENVISIONED RFBD (OR RECORDING FOR THE BLIND AS IT WAS THEN KNOWN) WHEN SOLDIERS WHO HAD LOST THEIR SIGHT IN COMBAT SENT LETTERS TO THE NEW YORK PUBLIC LIBRARY'S WOMEN'S AUXILIARY REQUESTING TEXTBOOKS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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THE NEWLY PASSED GI BILL OF RIGHTS GUARANTEED A COLLEGE EDUCATION, BUT THE TEXTBOOKS WERE INACCESSIBLE TO THE SOLDIERS. PROFOUNDLY MOVED BY THE SOLDIERS' LETTERS, MACDONALD LED THE WOMEN'S AUXILIARY TO RECORD TEXTBOOKS FOR THE SERVICEMEN ON SOUNDSCRIBER VINYL PHONOGRAPH DISCS. AND THUS, RFB WAS BORN.

- 1951: DEMAND WAS SO GREAT THAT BY 1951, OUR ORGANIZATION HAD INCORPORATED AS THE NATION'S ONLY NONPROFIT TO RECORD TEXTBOOKS. MRS. MACDONALD THEN TRAVELED ACROSS THE COUNTRY TO ESTABLISH RECORDING STUDIOS IN SEVEN ADDITIONAL CITIES.

- 1960'S: REEL-TO-REEL TAPES AND THEN CASSETTE TAPES REPLACED THE VINYL DISCS.

- 1970: BY 1970, THE ORGANIZATION BEGAN TO SERVE AN INCREASING NUMBER OF PEOPLE WHO HAD LEARNING DISABILITIES, WHILE ADDITIONAL STUDIOS OF WILLING VOLUNTEERS SPRANG UP AROUND THE NATION.

- 1983: RFB HEADQUARTERS MOVED TO A NEW BUILDING IN PRINCETON, NJ, COMPUTERIZED OPERATIONS AND DEVELOPED HIGH-SPEED TAPE DUPLICATION, THEREBY TRIPLING THE NUMBER OF BOOKS CIRCULATED.

- 1990: ELECTRONIC TEXT (E-TEXT) PROVIDE COMPUTER DISKS FOR MEMBERS TO USE WITH ADAPTIVE COMPUTER EQUIPMENT.

SCHEDULE O (Form 990)

Department of the Treasury
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Supplemental Information to Form 990

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- 1995: IN RECOGNITION OF OUR EXPANDED MEMBER POPULATION, WE CHANGED OUR NAME IN 1995 TO RECORDING FOR THE BLIND & DYSLEXIC, TO SERVE INCREASED MEMBERSHIP OF INDIVIDUALS WITH LEARNING DISABILITIES.

- 1996: A PILOT PROGRAM FOR DIGITAL RECORDING BEGAN TO ULTIMATELY PRODUCE TEXTBOOKS ON CD AND OTHER MULTIMEDIA.

- 2000S: OUR MEMBERSHIP - WHICH INCLUDES STUDENTS IN KINDERGARTEN THROUGH GRADUATE SCHOOL, AS WELL AS WORKING PROFESSIONALS - NOW INCLUDES MORE THAN 75% OF INDIVIDUALS WITH LEARNING DISABILITIES.

- 2002: RFBD RELEASED AUDIOPLUS DIGITALLY RECORDED TEXTBOOKS ON CD.

- 2007: RFBD TRANSITIONED TO AN ALL-DIGITAL CV STARR LEARNING THROUGH LISTENING LIBRARY.

- 2008: RFBD INTRODUCED AUDIOACCESS WITH AUDIOACCESS, ALL OF OUR TITLES BECAME DOWNLOADABLE DIRECTLY TO YOUR COMPUTER.

VOLUNTEERS

==========

RFBD NOW HAS A VOLUNTEER FORCE OF MORE THAN 5,000 VOLUNTEERS WHO DONATED OVER 332,000 HOURS OF SERVICE, RESULTING IN THE ADDITION OF 6,914 TITLES

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

Employer identification number

TO OUR LIBRARY IN 2008. RFBD'S PROGRAMS AND SERVICES NOW OFFER LESSON PLANS, 24/7 PHONE SUPPORT, FULL-TIME LIBRARIANS FOR RESEARCH HELP, AND VIDEO DOCUMENTARIES EXPLAINING LEARNING TOOLS AND STRATEGIES.

WE ARE CONTINUALLY GUIDED BY ANNE T. MACDONALD'S DECLARATION THAT "EDUCATION IS A RIGHT, NOT A PRIVILEGE." AND IT IS OUR PROFOUND PRIVILEGE TO CONTINUE TO PROVIDE EQUAL ACCESS TO THE PRINTED WORD FOR OUR MEMBERS.

RECORD OF SERVICE

	FY 2009	FY 2008
BOOKS IN CIRCULATION	560,257	533,938
BOOKS IN CV STAFF LEARNING THROUGH LISTENING LIBRARY	54,573	46,705
NEW DIGITALLY RECORDED BOOKS PRODUCED	8,095	6,914
TOTAL HOURS RECORDED	157,480	155,130
NUMBER OF TELEPHONE/INTERNET REQUESTS FOR SERVICE	264,918	260,432
TOTAL ESTIMATED PEOPLE SERVED	257,210	237,298
ESTIMATED PEOPLE SERVED THROUGH TEACHER SUPPORT WEBSITE	36,474	29,385
TOTAL ESTIMATED PEOPLE SERVED THROUGH		

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

MEMBERSHIPS	41,755	39,704
ESTIMATED PEOPLE SERVED THROUGH		
INSTITUTIONS	178,981	168,209
INSTITUTIONS SERVED	10,354	9,682
PEOPLE SERVED WHO ARE BLIND OR VISUALLY		
IMPAIRED	42,170	40,400
PEOPLE SERVED WHO HAVE A LEARNING DISABILITY	168,823	158,481
PEOPLE SERVED WHO HAVE A PHYSICAL DISABILITY	6,456	6,155
PEOPLE SERVED WHO HAVE MULTIPLE DISABILITIES	3,287	2,877
PEOPLE SERVED WHO ARE IN ELEMENTARY SCHOOL	7,698	7,656
PEOPLE SERVED WHO ARE IN HIGH SCHOOL	83,809	79,348
PEOPLE SERVED - UNDERGRADUATE LEVEL	37,807	37,559
PEOPLE SERVED - GRADUATE LEVEL/NON STUDENTS	12,365	12,369
NUMBER OF ACTIVE VOLUNTEERS	7,698	7,656
NUMBER OF HOURS OF SERVICE DONATED	341,958	343,606

Name of the organization: RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number: 13-1659345

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION A; QUESTION 10

THE ORGANIZATION IS THE PARENT ENTITY OF RECORDING FOR THE BLIND & DYSLEXIC, INC. AND ITS SUBORDINATES AND LOCAL CHAPTERS; A NATIONAL, NOT-FOR-PROFIT VOLUNTEER ORGANIZATION. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO AND MADE AVAILABLE TO THE AUDIT COMMITTEE OF RECORDING FOR THE BLIND & DYSLEXIC, INC. FOR REVIEW BY ITS MEMBERS PRIOR TO FILING OF THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE. FOLLOWING THIS REVIEW THE FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF DIRECTORS, PRIOR TO FILING THE FORM 990 WITH THE IRS. THE ORGANIZATION' BOARD OF DIRECTORS HAS DELEGATED TO ITS AUDIT COMMITTEE THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS.

AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION AND THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE

Name of the organization: RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number: 13-1659345

DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDERAL FORM 990 TO THE MEMBERS OF THE ORGANIZATION'S AUDIT COMMITTEE. THEREAFTER, THE FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF DIRECTORS, PRIOR TO FILING WITH THE IRS.

IN ADDITION, THE ORGANIZATION PROVIDED ACCESS TO THE AMENDED FORM 990 FOR REVIEW BY BOTH THE AUDIT COMMITTEE AND BOARD OF TRUSTEES PRIOR TO FILING THE AMENDED RETURN WITH THE IRS.

Name of the organization: RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number: 13-1659345

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION'S BOARD SECRETARY TO INVENTORY; THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION.

Name of the organization: RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number: 13-1659345

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 15

AN EXECUTIVE COMPENSATION COMMITTEE ("ECC"), CONSISTING OF THE NATIONAL BOARD CHAIRMAN AND VICE CHAIRMAN, WILL MEET ANNUALLY PRIOR TO THE BEGINNING OF THE ORGANIZATION'S FISCAL YEAR. THE ORGANIZATION'S HUMAN RESOURCES DEVELOPMENT DEPARTMENT WILL PROVIDE THE ECC AND THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH COMPENSATION SURVEY RESULTS FROM AN OUTSIDE FIRM. IN CONDUCTING THIS SURVEY, COMPARATIVE DATA IS TO BE GATHERED FROM NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE.

USING THE SURVEY RESULTS, MANAGEMENT WILL PROPOSE ANNAUL SALARY RANGES FOR ALL EMPLOYEES. THE EXECUTIVE COMMITTEE OF THE NATIONAL BOARD WILL REVIEW AND APPROVE THE SALARY RANGES FOR THE TOP TEN MOST HIGHLY COMPENSATED ORGANIZATION EMPLOYEES. THESE APPROVED SALARY RANGES WILL BE USED IN CONJUNCTION WITH THE EMPLOYEE PERFORMANCE APPRAISALS TO DETERMINE THE SPECIFIC COMPENSATION LEVEL FOR EACH INDIVIDUAL.

THE ECC WILL SET THE COMPENSATION LEVEL FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER. THE PRESIDENT/CHIEF EXECUTIVE OFFICER WILL SET THE COMPENSATION LEVELS FOR ALL OTHER ORGANIZATION EMPLOYEES. IN THIS PRACTICE, THE ECC WILL ALSO REVIEW THE PRESIDENT/CHIEF EXECUTIVE OFFICER ESTABLISHED COMPENSATION LEVELS FOR THE REMAINING NINE MOST-HIGHLY COMPENSATED EMPLOYEES.

THEN, IN EXECUTIVE SESSION WITH THE PRESIDENT/CHIEF EXECUTIVE OFFICER PRESENT, THE NATIONAL BOARD OF DIRECTORS WILL REVIEW THE COMPENSATION

Name of the organization: RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number: 13-1659345

LEVELS AND COMPARISION DATA FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE OTHER NINE POSITIONS. THIS REPORT TO THE FULL BOARD WILL OCCUR AFTER THE ANNUAL COMPENSATION PROCESS HAS TAKEN PLACE AND IS IMPLEMENTED. THE DATA WILL BE PRESENTED FOR INFORMATIONAL PURPOSES ONLY; NO ACTION WILL BE REQUIRED BY THE BOARD.

THE ACTIONS TAKEN BY THE ECC ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE NEXT NINE MOST-HIGHLY COMPENSATED EMPLOYEES. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

---

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

---

2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND

---

3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO

Name of the organization: RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number: 13-1659345

CERTAIN INDIVIDUALS DISCLOSED IN THIS FORM 990, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE NEXT NINE MOST-HIGHLY COMPENSATED EMPLOYEES. THE COMPENSATION AND BENEFITS OF THE OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 IS REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

Name of the organization: RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number: 13-1659345

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY SECRETARY OF STATE.

Name of the organization	Employer identification number
RECORDING FOR THE BLIND & DYSLEXIC INC	13-1659345

AMENDED FORM 990

CORE FORM 990 AND ASSOCIATED SCHEDULES

THIS FORM 990 IS BEING AMENDED PRIMARILY TO REFLECT THE VALUE OF DONATED SERVICES AND EQUIPMENT FROM THE ORIGINALLY FILED FORM 990 BEING REMOVED FROM THE ORGANIZATIONS REVENUE AND EXPENSES. THE ORIGINAL FORM 990 REFLECTED THE DONATED SERVICES AND EQUIPMENT AS REVENUE AND EXPENSES IN ORDER TO RECONCILE THE FORM 990 TO THE ORGANIZATIONS AUDITED FINANCIAL STATEMENTS. CERTAIN OTHER MINOR ITEMS WERE ALSO CHANGED IN THE AMENDED RETURN.

IN ACCORDANCE WITH IRS FORM 990 INSTRUCTIONS THE ORGANIZATION'S REVENUE AND EXPENSES REPORTED HEREIN EXCLUDES DONATED SERVICES AND EQUIPMENT. THE ORGANIZATION IS DEPENDENT ON VOLUNTEER TIME TO RECORD NEW BOOKS. TO PROPERLY RECOGNIZE THE SIGNIFICANT ROLE OF VOLUNTEERS AND CONTRIBUTIONS OF SERVICES IN THE FURTHERANCE OF THE ORGANIZATION'S MISSION, MANAGEMENT OF THE ORGANIZATION ADOPTED PROCEDURES TO MEASURE THE FAIR VALUE OF CERTAIN DONATED SERVICES RELATED TO THE RECORDING OF BOOKS PROVIDED BY CERTAIN PROFESSIONALS. DONATED SERVICES FOR THE ORGANIZATION CONSIST PRIMARILY OF RECORDING STUDIO TIME SPENT BY VOLUNTEERS, WHICH HAS BEEN VALUED AT $69 AND $58 PER HOUR FOR THE YEARS ENDED JUNE 30, 2009 AND 2008, RESPECTIVELY. THE RATE IS BASED UPON PERIODIC SURVEYS OF RATES CHARGED BY PROFESSIONAL READERS FOR COMPARABLE WORK. DONATED SERVICES HAVE BEEN RECOGNIZED AS REVENUE AND EXPENSE FOR AUDITED FINANCIAL STATEMENT PURPOSES IN ACCORDANCE WITH AUDITING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA AND IN THE STATEMENT OF ACTIVITIES AND HAVE BEEN ALLOCATED IN ACCORDANCE WITH THE FUNCTIONS

Name of the organization: RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number: 13-1659345

BENEFITED AND INCLUDE VOLUNTEER SERVICES OF $23,595,101 AND $19,929,135, DONATED SPACE OF $367,313 AND $619,153, AND DONATED BOOKS OF $333,404 AND $359,746 FOR THE YEARS ENDED JUNE 30, 2009 AND 2008, RESPECTIVELY.

Name of the organization: RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number: 13-1659345

FUND BALANCE

CORE FORM, PART X

PLEASE NOTE THAT THE ORGANIZATION RESTATED ITS BALANCE SHEET FOR THE FISCAL YEAR ENDED JUNE 30, 2008 AS A RESULT OF AN AUDITED FINANCIAL STATEMENT ADJUSTMENT MADE TO ITS BENEFICIAL INTEREST IN A PERPETUAL TRUST AFTER THE ORIGINAL FORM 990 FOR THE YEAR ENDED JUNE 30, 2008 WAS FILED WITH THE INTERNAL REVENUE SERVICE. THIS ADJUSTMENT IS REFLECTED IN THE BEGINNING BALANCE SHEET OF THIS FORM 990 IN CORE FORM, PART X.

Name of the organization: RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number: 13-1659345

AUDITED FINANCIAL STATEMENTS

CORE FORM, PART XI; QUESTION 2

A BIG FOUR INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF RECORDING FOR THE BLIND & DYSLEXIC, INC. AND ALL OF ITS SUBORDINATES AND LOCAL CHAPTERS FOR THE FISCAL YEARS ENDED JUNE 30, 2009 AND JUNE 30, 2008; RESPECTIVELY, AND ISSUED A CERTIFIED AUDITED FINANCIAL STATEMENT. AN UNQUALIFIED OPINION WAS ISSUED BY THE BIG FOUR INDEPENDENT CPA FIRM EACH YEAR. THE AUDIT COMMITTEE OF THE ORGANIZATION ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

Name of the organization: RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number: 13-1659345

AUDITED FINANCIAL STATEMENTS

CORE FORM, PART XI; QUESTION 3

THE ORGANIZATION IS CURRENTLY UNDERGOING AN A-133 AUDIT AND HAS RECEIVED AN EXTENSION OF TIME FOR COMPLETION OF THIS AUDIT UNTIL JUNE 30, 2010. THIS AUDIT WILL BE COMPLETED BY THE EXTENDED DUE DATE.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number

13-1659345

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SEE SCHEDULE R-1					

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

Schedule R (Form 990) 2008

JSA
8E1307 1 000

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(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

Part V Transactions With Related Organizations

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.				
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?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	RFBD, INC. - SUBORDINATES	L,M,N,O	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
RECORDING FOR THE BLIND & DYSLEXIC, INC. 95-1980926 1844-C WEST 11TH STREET UPLAND, CA 91786	VIS/AUD SVCS	CA	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 54-0684414 3500 REMSON COURT CHARLOTTESVILLE, VA 22901	VIS/AUD SVCS	VA	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 62-0644866 205 BADGER ROAD OAK RIDGE, TN 37830	VIS/AUD SVCS	TN	501(C)(2)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 91-1960392 545 FIFTH AVENUE, SUITE 1005 NEW YORK, NY 10017	VIS/AUD SVCS	NY	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 04-2235137 55 PITTSFIELD ROAD LENOX, MA 01240	VIS/AUD SVCS	MA	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 52-1124361 5225 WISCONSIN AVE NW, STE 312 WASHINGTON, DC 20015	VIS/AUD SVCS	DC	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 95-1942111 5022 HOLLYWOOD BOULEVARD LOS ANGELES, CA 90027	VIS/AUD SVCS	CA	501(C)(3)	509(A)(1)	RFBD
THE BOSTON UNIT OF RFBD, INC. 04-3093352 2067 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02140	VIS/AUD SVCS	MA	501(C)(2)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 61-0549977 180 N. MICHIGAN AVE, STE 620 CHICAGO, IL 60601	VIS/AUD SVCS	IL	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 38-1569380 180 N. MICHIGAN AVE, STE 620 CHICAGO, IL 60601	VIS/AUD SVCS	IL	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 86-0174223 3627 E. INDIAN SCHOOL ROAD PHOENIX, AZ 85018	VIS/AUD SVCS	AZ	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 21-0716112 69 MAPLETON ROAD PRINCETON, NJ 08540	VIS/AUD SVCS	NJ	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 94-1648440 2445 FABER PLACE, SUITE 103 PALO ALTO, CA 94303	VIS/AUD SVCS	CA	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 59-0868554 6704 SW 80TH STREET MIAMI, FL 33143	VIS/AUD SVCS	FL	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 23-2526387 215 W. CHURCH ROAD, SUITE 111 KING OF PRUSSIA, PA 19406	VIS/AUD SVCS	PA	501(C)(3)	509(A)(1)	RFBD

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
RECORDING FOR THE BLIND & DYSLEXIC, INC. 36-2376977 180 N. MICHIGAN AVE, SUITE 620 CHICAGO, IL 60601	VIS/AUD SVCS	IL	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 95-3408974 5638 HOLLISTER AVE, SUITE 210 GOLETA, CA 93117	VIS/AUD SVCS	CA	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 84-0457071 1355 S COLORADO BLVD STE C-406 DENVER, CO 80222	VIS/AUD SVCS	CO	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 06-0743370 2067 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02140	VIS/AUD SVCS	MA	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 74-1760086 1314 W. 45TH STREET AUSTIN, TX 78756	VIS/AUD SVCS	TX	501(C)(3)	509(A)(1)	RFBD
RECORDING FOR THE BLIND & DYSLEXIC, INC. 58-0899523 120 FLORIDA AVENUE ATHENS, GA 30605	VIS/AUD SVCS	GA	501(C)(3)	509(A)(1)	RFBD

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(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

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO CREATE OPPORTUNITIES FOR INDIVIDUAL SUCCESS BY PROVIDING AND PROMOTING THE EFFECTIVE USE OF ACCESSIBLE EDUCATIONAL MATERIALS TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AZ,AR,CA,CO,CT,
DC,FL,GA,IL,IN,KS,KY,ME,MD,MA,MI,
MN,MS,MO,MT,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,
RI,SC,TN,TX,UT,VA,WA,WV,WI,

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
KRELL ADVERTISING INC 112 BROAD STREET FLEMINGTON, NJ 08822	CONSULTING	745,040.
KIWI PARTNERS INC 381 PARK AVENUE, SUITE 820 NEW YORK, NY 10016	CONSULTING	609,652.
DIRECT MAIL SOLUTIONS 2001 DABNEY ROAD RICHMOND, VA 23230-3345	DISTRIBUTION	568,593.
QWEST INTERPRISE NETWORKING 1801 CALIFORNIA STREET DENVER, CO 80202	IT	366,065.
UNITED POSTAL SERVICE 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328	DISTRIBUTION	308,622.
TOTAL COMPENSATION		2,597,972.

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDEND INCOME	600,800.	NONE	NONE	600,800.
ENDOWMENT SPENDING	170,968.	NONE	NONE	170,968.
TOTALS	771,768.	NONE	NONE	771,768.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
DC GALA	120,546.
VA GALA	38,492.
OTHER SPECIAL EVENTS	103,635.
TOTAL	262,673.

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
DC GALA	74,795.	74,795.
VA GALA	46,835.	46,835.
OTHER SPECIAL EVENTS	131,214.	131,214.
TOTALS	252,844.	252,844.

FORM 990, PART VIII - GAMING ACTIVITIES

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	
TEXAS HOLD'EM	30,076.	15,139.	14,937.
TOTALS	30,076.	15,139.	14,937.

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
FEES AND PRODUCT SALES	3,382,349.				2,550,147.		2,550,147.
TOTALS	3,382,349.				2,550,147.		2,550,147.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
U.S. GOVERNMENT SECURITIES	182,349.	FMV
CORPORATE STOCKS	11,798,623.	FMV
CORPORATE BONDS	NONE	FMV
TOTALS	11,980,972.	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: BANK OF AMERICA
ORIGINAL AMOUNT: 3,000,000.
INTEREST RATE: 2.250000
DATE OF NOTE: 05/01/2007
MATURITY DATE: 02/01/2009
REPAYMENT TERMS: LINE OF CREDIT
SECURITY PROVIDED: BUSINESS ASSETS
PURPOSE OF LOAN: WORKING CAPITAL
DESCRIPTION AND FMV OF CONSIDERATION: CASH

BEGINNING BALANCE DUE	3,000,000.
ENDING BALANCE DUE	NONE

LENDER: PNC BANK
ORIGINAL AMOUNT: 180,000.
INTEREST RATE: 4.750000
DATE OF NOTE: 01/01/2008
MATURITY DATE: 01/01/2009
REPAYMENT TERMS: RENEWED ANNUALLY
SECURITY PROVIDED: CERTAIN BUSINESS ASSETS
PURPOSE OF LOAN: WORKING CAPITAL
DESCRIPTION AND FMV OF CONSIDERATION: CASH

BEGINNING BALANCE DUE	160,000.
ENDING BALANCE DUE	NONE

LENDER: UNION BANK AND TRUST COMPANY
ORIGINAL AMOUNT: 2,159,705.
INTEREST RATE: 4.750000
DATE OF NOTE: 12/01/2007
MATURITY DATE: 12/01/2027
REPAYMENT TERMS: MONTHLY
SECURITY PROVIDED: OFFICE BUILDING
PURPOSE OF LOAN: MORTGAGE
DESCRIPTION AND FMV OF CONSIDERATION: OFFICE BUILDING

BEGINNING BALANCE DUE	2,127,299.
ENDING BALANCE DUE	2,059,810.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	5,287,299.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	2,059,810.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
RAT COLLATERAL DESIGN/PRINTING	X	1	5,403.	FMV
GIFT CERTIFICATES, JEWELERY, CLOTHING AND MISC.	X	434	134,021.	FMV
TOTALS		435.	139,424.	

Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

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

OMB No 1545-0184

2008

Attachment Sequence No **27**

Name(s) shown on return

RECORDING FOR THE BLIND & DYSLEXIC INC

Identifying number

13-1659345

1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 1

Part I **Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year** (see instructions)

2 (a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3 Gain, if any, from Form 4684, line 45 3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5

6 Gain, if any, from line 32, from other than casualty or theft 6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions) 8

9 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) 9

Part II **Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

SEE STATEMENT 1						-916,551.

11 Loss, if any, from line 7 . . . . . 11 ( )

12 Gain, if any, from line 7 or amount from line 8, if applicable 12

13 Gain, if any, from line 31 13

14 Net gain or (loss) from Form 4684, lines 37 and 44a 14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16

17 Combine lines 10 through 16 . . . . . 17 -916,551.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below

a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a " See instructions 18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14 . . . . . 18b

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing*)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis Subtract line 22 from line 21	23				
24 Total gain Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30

30 Total gains for all properties Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13	31	
32 Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 39 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount Subtract line 34 from line 33. See the instructions for where to report	35		

Supplement to Form 4797 Part II Detail

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
FLORIDA SECURITIES	VAR	VAR	131,141.		180,610.	-49,469.
PNC BANK	VAR	VAR			865,026.	-865,026.
COMPUTER	05/23/2005	04/30/2009		1,360.	1,700.	-340.
COPIER	01/12/2005	04/30/2009		1,269.	2,985.	-1,716.
Totals						-916,551.