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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [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 INC

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 $ 34,514,329.

F Name and address of principal officer: ANDREW FRIEDMAN
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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.RFBD.ORG

K Form 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 net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of employees (Part V, line 2a)	5	311
6	Total number of volunteers (estimate if necessary)	6	6,019
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,465,212.	23,820,966.
9	Program service revenue (Part VIII, line 2g)	4,889,341.	3,370,698.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-144,783.	1,886,258.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,004,234.	3,246,336.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,214,004.	32,324,258.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	59,092.	60,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,315,168.	20,581,600.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	154,459.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 6,163,805.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,635,870.	10,119,082.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,164,589.	30,760,682.
19	Revenue less expenses. Subtract line 18 from line 12	-17,950,585.	1,563,576.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	46,897,011.	50,269,397.
21	Total liabilities (Part X, line 26)	6,233,503.	6,267,713.
22	Net assets or fund balances. Subtract line 21 from line 20	40,663,508.	44,001,684.

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 3/27/12 Date

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 ST STE 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

SCANNED APR 18 2012

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

Form **990** (2009)

JSA
9E1010 3 000
5042CG U600

617Q

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
ATTACHMENT 3

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: 541900) (Expenses $ 15,998,013. including grants of $ 60,000) (Revenue $ 3,370,698.)
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, CREED, SEX, 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 ▶ 15,998,013.

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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X / No)	12A	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 United States?	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 United States? *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 a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 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		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	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 sections 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	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	113		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
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	311		
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 ▶ _____ 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	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	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 *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	19		
b	Enter the number of voting members that are independent	1b	19		
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 organization 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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 ▶ ATTACHMENT 4

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

[X] Own website [ ] Another's website [X] 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

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

(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	3.00	X		X				0.	0.	0.
PETER C ERICHSEN VICE CHAIRMAN - TRUSTEE	3.00	X		X				0.	0.	0.
CELESTE V LOPES ESQ VICE CHAIR - TRUSTEE	3.00	X		X				0.	0.	0.
CAROL SCHEMAN SECRETARY - TRUSTEE	3.00	X		X				0.	0.	0.
JAMES GOLUBIESKI TREASURER - TRUSTEE	3.00	X		X				0.	0.	0.
MARC BARANSKI TRUSTEE	3.00	X						0.	0.	0.
KETTNER J F GRISWOLD TRUSTEE	3.00	X						0.	0.	0.
BRAD GROB TRUSTEE	3.00	X						0.	0.	0.
SIMON HALLETT TRUSTEE	3.00	X						0.	0.	0.
CHIP HUGHES TRUSTEE	3.00	X						0.	0.	0.
JEFF JARVIS TRUSTEE	3.00	X						0.	0.	0.
PERRY LERNER TRUSTEE	3.00	X						0.	0.	0.
MARSHALL LOEB TRUSTEE	3.00	X						0.	0.	0.
HAROLD J LOGAN TRUSTEE	3.00	X						0.	0.	0.
JOSEPH D MCCARTHY TRUSTEE	3.00	X						0.	0.	0.
CATHY NESSIER TRUSTEE	3.00	X						0.	0.	0.

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			
SALLY E SHAYWITZ MD TRUSTEE	3.00	X						0.	0.	0.
STEPHEN SIEGEL TRUSTEE	3.00	X						0.	0.	0.
S BLEEKER TOTTEN TRUSTEE	3.00	X						0.	0.	0.
JOHN KELLY (SEE SCHEDULE O) PRESIDENT/CEO-RETIRED 5/14/10	45.00			X				296,877.	0.	49,152.
ANDREW FRIEDMAN (SEE SCHEDULE O) CFO/COO	45.00			X				210,196.	0.	18,898.
WILLIAM F BARTOLINI CHIEF DEVELOPMENT OFFICER	45.00				X			252,568.	0.	24,622.
ANDREW MALAVSKY CHIEF MARKETING OFFICER	45.00				X			174,090.	0.	20,660.
MICHAEL KURDZIEL CHIEF PROGRAMS OFFICER	45.00				X			164,024.	0.	552.
GRETCHEN CASTLE CHIEF ORG DEV OFFICER	45.00				X			145,999.	0.	18,478.
PETER BERAN SVP, INFORMATION TECHNOLOGY	45.00				X			173,313.	0.	36,812.
BRADLEY THOMAS VP, GOVERNMENT RELATIONS	45.00				X			119,498.	0.	749.
JULIE MOELLER (TERM 9/11/2009) VP, GOVERNMENT RELATIONS	25.00				X			100,936.	0.	27,144.
KATHERINE LEMORVAN VP STRATEGIC INITIATIVES & ORG	25.00				X			68,491.	0.	5,847.
1b Total CONTINUED AT SCHEDULE J-2 ▶								2,868,962.	0.	381,703.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 21

		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
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 23

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 137,659.				
	d Related organizations 1d				
	e Government grants (contributions) 1e 15,630,084.				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 8,053,223.				
	g Noncash contributions included in lines 1a-1f $ 66,135.				
	h Total. Add lines 1a-1f ▶	23,820,966			
Program Service Revenue		Business Code			
	2a PROGRAM SERVICE REVENUE	541900	3,370,698.	3,370,698.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ▶	3,370,698.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 6 ▶	622,383.		0	622,383.
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties ▶	0			
		(i) Real / (ii) Personal			
	6a Gross Rents 2,425,945.				
	b Less rental expenses				
	c Rental income or (loss) 2,425,945.				
	d Net rental income or (loss) ▶	2,425,945.			2,425,945.
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory 1,269,753				
	b Less cost or other basis and sales expenses 5,878.				
	c Gain or (loss) 1,269,753 / -5,878.				
	d Net gain or (loss) ▶	1,263,875.			1,263,875.
	8a Gross income from fundraising events (not including $ 137,659. of contributions reported on line 1c) ATCH 7 See Part IV, line 18 a 214,352				
	b Less direct expenses b 214,352.				
	c Net income or (loss) from fundraising events ATCH. 8. ▶	0.			
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶	0.			
	10a Gross sales of inventory, less returns and allowances a 2,605,942.				
	b Less cost of goods sold b 1,969,841.				
	c Net income or (loss) from sales of inventory. ATCH. 11 ▶	636,101.			636,101.
	Miscellaneous Revenue	Business Code			
	11a OTHER INCOME	900099	83,107		83,107
	b POSTAGE	900099	101,183		101,183
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ▶	184,290			
	12 Total Revenue. See instructions ▶	32,324,258.	3,370,698.	0.	5,132,594.

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	0.			
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	60,000.	60,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,124,485.	2,124,485.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	14,131,129.	5,438,404.	4,810,304.	3,882,421.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	419,278.	139,377.	202,270.	77,631.
9 Other employee benefits	3,294,702.	1,707,770.	807,745.	779,187.
10 Payroll taxes	612,006.	308,406.	169,064.	134,536.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	125,224.	19,492.	105,537.	195.
c Accounting	213,096.	0.	213,096.	0.
d Lobbying	414,885.		414,885.	
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	95,246.		95,246.	
g Other	814,353.	551,392.	156,931.	106,030.
12 Advertising and promotion	33,378.	33,261.	0.	117.
13 Office expenses	2,255,574.	1,373,020.	114,282.	768,272.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,120,882.	1,045,019.	75,863.	0.
17 Travel	763,916.	383,115.	178,561.	202,240.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	49,489.	45,152.	918.	3,419.
20 Interest	104,587.	97,657.	6,910.	20.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,313,434.	998,998.	229,457.	84,979.
23 Insurance	99,378.	99,378.	0.	0.
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	781,688.	40,710.	683,448.	57,530.
b UTILITIES	945,661.	945,661.	0.	0.
c REPAIRS & MAINTENANCE	448,847.	446,262.	831.	1,754.
d BOOKS AND PUBLICATIONS	145,207.	117,061.	17,729.	10,417.
e OTHER EXPENSES	394,237.	23,393.	315,787.	55,057.
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	30,760,682.	15,998,013.	8,598,864.	6,163,805.
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	5,396.
	2	Savings and temporary cash investments		2,969,556.	2	2,274,286.
	3	Pledges and grants receivable, net		1,874,009.	3	2,557,678.
	4	Accounts receivable, net		1,021,465.	4	1,425,844.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 sale or use		176,464.	8	273,374.
	9	Prepaid expenses and deferred charges		767,574.	9	666,793.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 27,620,309.			
	b	Less accumulated depreciation	10b 17,344,871.	10,566,526.	10c	10,275,438.
	11	Investments - publicly traded securities ATCH 9		11,980,972.	11	9,143,443.
	12	Investments - other securities See Part IV, line 11		17,535,788.	12	23,647,145.
	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)		46,897,011.	16	50,269,397.
Liabilities	17	Accounts payable and accrued expenses		4,173,693.	17	4,278,712.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties ATCH 10		2,059,810.	23	1,989,001.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		6,233,503.	26	6,267,713.
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		25,520,679.	27	28,643,072.
	28	Temporarily restricted net assets		5,364,493.	28	5,489,458.
	29	Permanently restricted net assets		9,778,336.	29	9,869,154.
		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		40,663,508.	33	44,001,684.
	34	Total liabilities and net assets/fund balances		46,897,011.	34	50,269,397.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

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 (For lines 1 through 11, check only one box.)

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

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

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

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

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

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

7 ☒ 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).**

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)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	28,489,166.	16,756,755	30,475,371.	14,465,212	23,820,966.	114,007,470.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	28,489,166.	16,756,755.	30,475,371.	14,465,212.	23,820,966	114,007,470.
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)						0.
6 **Public support.** Subtract line 5 from line 4						114,007,470.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	28,489,166.	16,756,755	30,475,371	14,465,212.	23,820,966	114,007,470.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,062,612.	1,000,109.	984,487.	771,768.	622,383.	4,441,359.
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) . ATCH 1	979,204	833,948.	6,443,314.	3,539,444.	5,216,177.	17,012,087.
11 **Total support.** Add lines 7 through 10						135,460,916.
12 Gross receipts from related activities, etc (see instructions)					12	25,361,482.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	84.16%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	88.86%

16a **33 1/3% support test - 2009.** 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 ▶ ☒

b **33 1/3% support test - 2008.** 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 - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2008.** 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
SALE OF INVENTORY & OTHER INC	979,204.	833,948.	6,443,314.	3,539,444.	5,216,177.	17,012,087
TOTALS	979,204.	833,948.	6,443,314.	3,539,444	5,216,177	17,012,087.

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2009

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

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

- 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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

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

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

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

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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

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

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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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)	414,885.	414,885.
c Total lobbying expenditures (add lines 1a and 1b)	414,885.	414,885.
d Other exempt purpose expenditures	32,529,990.	32,529,990.
e Total exempt purpose expenditures (add lines 1c and 1d)	32,944,875.	32,944,875.
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 If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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 these 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	250,421.	614,889.	617,605.	414,885.	1,897,800.
d Grassroots nontaxable 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 **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(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 similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total. Add 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 **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			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 **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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 (see instructions)	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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements 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 acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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	15,142,829.	16,586,265.			
b Contributions	886,596.	1,551,405.			
c Net investment earnings, gains, and losses	1,164,945.	-2,048,583.			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,835,758.	946,258.			
f Administrative expenses					
g End of year balance	15,358,612.	15,142,829.			

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 64.0000 %
c Term endowment ▶ 36.0000 %

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) Accumulated depreciation	(d) Book value
1a Land		1,832,419.		1,832,419.
b Buildings		9,381,983.	3,948,414.	5,433,569.
c Leasehold improvements		382,856.	287,580.	95,276.
d Equipment		15,658,307.	13,024,192.	2,634,115.
e Other		364,744.	84,685.	280,059.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				10,275,438.

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		
Closely-held equity interests		
Other MONEY MARKET FUNDS	928,808.	FMV
LONG-TERM CERTIFICATES OF DEPOSIT	0.	FMV
MUTUAL FUNDS	14,903,403.	FMV
INTERNATIONAL FUNDS	4,371,168.	FMV
ALTERNATIVE INVESTMENTS	2,838,766.	FMV
BENEFICIAL INTEREST IN PERPETUAL TRUST	605,000.	FMV
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	23,647,145.	

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) must 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) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,324,258.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,760,682.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,563,576.
4	Net unrealized gains (losses) on investments	4	1,780,600.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,000.
9	Total adjustments (net). Add lines 4 through 8	9	1,774,600.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,338,176.

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	55,943,333.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a	1,780,600.		
b	Donated services and use of facilities	2b	19,654,282.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	2,184,193.		
e	Add lines 2a through 2d			2e	23,619,075.
3	Subtract line 2e from line 1			3	32,324,258.
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 must equal Form 990, Part I, line 12.)*			5	32,324,258.

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

1	Total expenses and losses per audited financial statements			1	52,599,157.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	19,654,282.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	2,184,193.		
e	Add lines 2a through 2d			2e	21,838,475.
3	Subtract line 2e from line 1			3	30,760,682.
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 must equal Form 990, Part I, line 18.)*			5	30,760,682.

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, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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.

Part XIV Supplemental Information *(continued)*

REC. OF CHANGE IN NET ASSETS FROM 990 TO AUDITED FINANCIAL STATEMENTS

SCHEDULE D, PART XI; LINE 8

OTHER CHANGES IN FUND BALANCE INCLUDE:

- APPROPRIATION OF ENDOWMENT FOR EXPENDITURE - ($6,000)

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS

SCHEDULE D, PART XII; LINE 2D

OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 INCLUDE:

- SPECIAL EVENTS EXPENSE - $214,352
- COST OF GOODS SOLD - $1,969,841

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS

SCHEDULE D, PART XIII; LINE 2D

OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE:

- SPECIAL EVENTS EXPENSE - $214,352
- COST OF GOODS SOLD - $1,969,841

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047
2009
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. Form 990-EZ filers are not required to complete this part.

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

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

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

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

(i) Name 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
Total ▶						

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

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 24 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	171,440.	78,414.	102,157.	352,011.
	2 Less. Charitable contributions	82,285.	33,638.	21,736.	137,659.
	3 Gross income (line 1 minus line 2)	89,155.	44,776.	80,421.	214,352.
Direct Expenses	4 Cash prizes	2,000.			2,000.
	5 Noncash prizes			386.	386.
	6 Rent/facility costs	27,138.	23,394.	50,575.	101,107.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	60,017.	21,382.	29,460.	110,859.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(214,352.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				

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

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

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

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ▶ _____				
	Address ▶ _____				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.				
c	If "Yes," enter name and address of the third party				
	Name ▶ _____				
	Address ▶ _____				
16	Gaming manager information				
	Name ▶ _____				
	Gaming manager compensation ▶ $ _____				
	Description of services provided ▶ _____				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

OMB No 1545-0047

2009

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" to 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 . . . . . ▶

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 Part IV and 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	19	60,000			

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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 any of the boxes on 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, with respect to the filing organization or a related organization			
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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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) Retirement and other 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 (SEE SCHEDULE	(i)	296,463.	0.	414.	30,000.	19,152.	346,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW FRIEDMAN (SEE SCHE	(i)	209,936.	0.	260.	0.	18,898.	229,094.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM F BARTOLINI	(i)	235,294.	0.	17,274.	15,200.	9,422.	277,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW MALAVSKY	(i)	173,851.	0.	239.	0.	20,660.	194,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL KURDZIEL	(i)	162,975.	0.	1,049.	0.	552.	164,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GRETCHEN CASTLE	(i)	145,723.	0.	276.	0.	18,478.	164,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN A CHURCHILL (TERM 4/	(i)	58,987.	0.	135,015.	18,933.	5,913.	218,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PETER BERAN	(i)	157,463.	0.	15,850.	17,750.	19,062.	210,125.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LESLIE WEINRIB (TERM 2/27	(i)	23,731.	0.	130,222.	7,039.	18,569.	179,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT N RAO	(i)	117,166.	0.	58,086.	20,524.	8,162.	203,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JULIA FREEDMAN	(i)	5,460.	0.	146,001.	0.	710.	152,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

CERTAIN INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2009 WHICH SEVERANCE AMOUNTS WERE INCLUDED IN COLUMN B (III) HEREIN AND IN EACH INDIVIDUAL'S RESPECTIVE 2009 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE NOTE THAT THE NAMES OF THE INDIVIDUAL RECIPIENTS OF THESE SEVERANCE PAYMENTS HAVE NOT BEEN DISCLOSED DUE TO NON-DISCLOSURE AGREEMENTS BETWEEN EACH INDIVIDUAL AND THE ORGANIZATION.

COMPENSATION INFORMATION

SCHEDULE J, PART II; COLUMN B(III)

INDIVIDUALS INCLUDED IN SCHEDULE J OF THIS FEDERAL FORM 990 RECEIVED COMPENSATION WITH RESPECT TO PAID TIME OFF ("PTO"), WHICH WAS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) HEREIN AND IN EACH INDIVIDUAL'S 2009 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. NO ONE INDIVIDUAL RECEIVED GREATER THAN $26,500 FOR UNUSED PTO.

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.

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

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-MSC)	(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			
JAMES HIGGINS VP, PROGRAM SERVICES	45.00				X			56,155.	0.	7,253.
ROBERT N RAO CHIEF OF STAFF	45.00					X		175,252.	0.	28,686.
SHEILA WEEKS BROWN AVP, FINANCE	45.00					X		118,419.	0.	12,141.
ARTHUR J WEINKOFSKY DIRECTOR, BUSINESS SYSTEMS	45.00					X		105,561.	0.	19,610.
DAVID KOZEMCHAK AVP, OPERATIONS	45.00					X		105,333.	0.	30,275.
GEORGE KERSCHER SR. OFFICER, ACCESSIBLE INFO.	45.00					X		102,834.	0.	29,660.
JOHN A CHURCHILL (TERM 4/14/2009) FORMER SVP, OPERATIONS	0.00						X	194,002.	0.	24,846.
LESLIE WEINRIB (TERM 2/27/2009) FORMER VP, HR	0.00						X	153,953.	0.	25,608.
JULIA FREEDMAN FORMER SVP, PROGRAMS & SVCS.	0.00						X	151,461.	0.	710.

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

Schedule J-2 (Form 990) 2009

JSA
9E1259 1.000

5042CG U600

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

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	17	66,135.	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 ▶(_____)				
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶(_____)				

			Yes	No
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		
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?	30a		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.

ATTACHMENT 2

COMMUNITY BENEFIT STATEMENT

PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND

==========

RECORDING FOR THE BLIND & DYSLEXIC ("RFB&D") WORKS WITH LEADING PUBLISHERS AND TECHNOLOGY INNOVATORS TO BRING ACCESSIBLE MATERIALS TO PEOPLE WITH VISUAL AND LEARNING DISABILITIES.

AVAILABLE IN EVERY GRADE LEVEL AND MOST SUBJECTS, RFB&D TEXTBOOK AND LITERATURE TITLES ARE USED NATIONWIDE. IN ADDITION TO THE CLASSICS, RFB&D'S DIGITAL LIBRARY PROVIDES CURRENT EDITIONS OF STATE ADOPTED TEXTS ENSURING STUDENTS LEARN FROM THE SAME VERSIONS AS THEIR CLASSMATES. OUR TEXTBOOKS, LITERATURE TITLES AND OTHER ADULT RESOURCE BOOKS ARE SUITABLE FOR INDIVIDUALS, STUDENTS AND WORKING PROFESSIONALS SO THAT ALL CAN PARTICIPATE IN LIFELONG LEARNING.

USED AS PART OF A MULTISENSORY LEARNING SYSTEM, RFB&D'S AUDIOBOOKS ALLOW EDUCATIONAL EQUALITY FOR STUDENTS WHO STRUGGLE WITH READING SO THEY CAN LEARN ALONGSIDE THEIR PEERS IN CLASS, AT HOME OR WHEREVER THEY CHOOSE. NO OTHER PROVIDER OFFERS THE SELECTION OF ACCESSIBLE MATERIALS THAT HAVE MADE RFB&D A TRUSTED RESOURCE FOR MORE THAN 60 YEARS.

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

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ATTACHMENT 2 (CONT'D)

MISSION

=======

PROMOTE PERSONAL ACHIEVEMENT WHEN ACCESS AND/OR READING ARE BARRIERS TO LEARNING BY ADVANCING THE USE OF ACCESSIBLE AND EFFECTIVE EDUCATIONAL SOLUTIONS.

VISION

======

FOR ALL PEOPLE TO HAVE EQUAL OPPORTUNITIES TO LEARN.

HISTORY

======

- IN 1948 ANNE T. MACDONALD ESTABLISHED RECORDING FOR THE BLIND, AFTER SOLDIERS WHO LOST THEIR SIGHT IN WORLD WAR II, WROTE LETTERS TO THE NY PUBLIC LIBRARY WOMEN'S AUXILIARY, REQUESTING TEXTBOOKS. THE GI BILL OF RIGHTS GUARANTEED A COLLEGE EDUCATION BUT BLIND SOLDIERS HAD NO WAY TO READ TEXTBOOKS. MACDONALD LED THE WOMEN'S AUXILIARY TO RECORD TEXTBOOKS AND RFB WAS BORN. BY 1970, WE BEGAN SERVING AN INCREASING NUMBER OF PEOPLE WHO HAD LEARNING DISABILITIES AND ADDITIONAL RECORDING STUDIOS WERE ESTABLISHED.

- TODAY, RECORDING FOR THE BLIND & DYSLEXIC HAS NATIONAL RECORDING

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

Employer identification number: 13-1659345

ATTACHMENT 2 (CONT'D)

STUDIOS THAT PRODUCE MORE THAN 6,000 AUDIO TEXTBOOKS ANNUALLY. THE KEY TO OUR SUCCESS IS OUR BASE OF 5,000 VOLUNTEERS, 200 EMPLOYEES AND MORE THAN 80,000 DONORS AND SUPPORTERS WHO ARE DEDICATED TO HELPING AMERICA'S STUDENTS TRANSFORM THEIR LIVES THROUGH EDUCATION.

VOLUNTEERS HELP MEMBERS

==========

RFB&D CURRENTLY HAS MORE THAN 5,000 ACTIVE VOLUNTEERS NATIONWIDE WHO HELP BRING TEXTBOOK AND LITERATURE TITLES TO LIFE FOR OUR MEMBERS. SUBJECT MATTER EXPERTS DESCRIBE CHARTS AND GRAPHS IN MATH, SCIENCE AND OTHER TEXTBOOKS IN ORDER FOR THE LISTENER TO RECEIVE THE COMPLETE BOOK EXPERIENCE. EACH YEAR THEIR DEDICATION AND HARD WORK ALLOW US TO ADD THOUSANDS OF NEW DIGITAL BOOKS TO OUR LIBRARY.

MILESTONES IN RFB&D'S HISTORY

==========

1940'S

- 1948: ANNE T. MACDONALD FIRST ENVISIONED RFB&D (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.

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.

1950'S

- 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'S

- BY 1970, THE ORGANIZATION BEGAN TO SERVE AN INCREASING NUMBER OF PEOPLE

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

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ATTACHMENT 2 (CONT'D)

WHO HAD LEARNING DISABILITIES, WHILE ADDITIONAL STUDIOS OF WILLING VOLUNTEERS SPRANG UP AROUND THE NATION.

1980'S

- IN 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'S

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

- 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.

2000'S

Name of the organization
RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number
13-1659345

ATTACHMENT 2 (CONT'D)

- 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: RFB&D RELEASED DAISY CD (AUDIOPLUS) DIGITALLY RECORDED TEXTBOOKS.

- 2007: RFB&D TRANSITIONED TO AN ALL-DIGITAL LEARNING THROUGH LISTENING LIBRARY.

- RFB&D LAUNCHED EDUCATOR SUPPORT SITE AT WWW.LEARNINGTHROUGHLISTENING.ORG.

- 2008: RFB&D INTRODUCED WMA DOWNLOADABLE (AUDIOACCESS), ALLOWING OUR TITLES TO BECOME DOWNLOADABLE DIRECTLY TO COMPUTERS AND PORTABLE MEDIA PLAYERS.

- 2009: RFB&D INTRODUCED DOWNLOADABLE DAISY (DOWNLOADABLE AUDIOPLUS)

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

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ATTACHMENT 2 (CONT'D)

RECORD OF SERVICE

	FY 2010
BOOKS IN CIRCULATION	676,261
BOOKS IN CV STARR LEARNING THROUGH LISTENING LIBRARY	61,283
NEW DIGITALLY RECORDED BOOKS PRODUCED	6,046
TOTAL HOURS RECORDED	128,188
NUMBER OF TELEPHONE/INTERNET REQUESTS FOR SERVICE	308,772
TOTAL ESTIMATED PEOPLE SERVED	265,877
ESTIMATED PEOPLE SERVED THROUGH TEACHER SUPPORT WEBSITE	52,777
TOTAL ESTIMATED PEOPLE SERVED THROUGH INDIVIDUAL MEMBERSHIPS	47,473
ESTIMATED PEOPLE SERVED THROUGH INSTITUTIONS	165,627
INSTITUTIONS SERVED	9,752
PEOPLE SERVED WHO ARE BLIND OR VISUALLY IMPAIRED	40,676

Name of the organization
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ATTACHMENT 2 (CONT'D)

PEOPLE SERVED WHO HAVE A LEARNING DISABILITY	162,485
PEOPLE SERVED WHO HAVE A PHYSICAL DISABILITY	6,143
PEOPLE SERVED WHO HAVE MULTIPLE DISABILITIES	3,796
PEOPLE SERVED WHO ARE IN ELEMENTARY SCHOOL	83,224
PEOPLE SERVED WHO ARE IN HIGH SCHOOL	77,792
PEOPLE SERVED - UNDERGRADUATE LEVEL	39,753
PEOPLE SERVED - GRADUATE LEVEL/NON STUDENTS	12,331
NUMBER OF ACTIVE VOLUNTEERS	6,019
NUMBER OF HOURS OF SERVICE DONATED	269,539

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 10A

THE ORGANIZATION IS THE SOLE MEMBER OF THE RECORDING FOR THE BLIND & DYSLEXIC, INC. AND LOCAL CHAPTERS INCLUDED IN THE GROUP RETURN. ALL BALANCE SHEET AND PROFIT AND LOSS ACTIVITY IS REPORTED ON THE ORGANIZATION'S FORM 990.

IN ADDITION, PLEASE NOTE PART V, QUESTION 1A OF THE CORE FORM DOES NOT INCLUDE THE 1099'S ISSUED BY RECORDING FOR THE BLIND & DYSLEXIC, INC. LOCAL CHAPTERS SINCE THEY WERE NOT ISSUED UNDER THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 11A

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

ATTACHMENT 2 (CONT'D)

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 ("IRS"). FOLLOWING THIS REVIEW THE FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO FILING WITH THE IRS. THE ORGANIZATION' BOARD OF TRUSTEES 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 DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA

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

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ATTACHMENT 2 (CONT'D)

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 TRUSTEES, 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.

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.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 15

AN EXECUTIVE COMPENSATION COMMITTEE ("ECC"), CONSISTING OF THE NATIONAL

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

Employer identification number: 13-1659345

ATTACHMENT 2 (CONT'D)

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 TRUSTEES WILL REVIEW THE COMPENSATION LEVELS AND COMPARISION DATA FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE OTHER NINE POSITIONS. THIS REPORT TO THE FULL BOARD WILL OCCUR AFTER

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

Employer identification number: 13-1659345

ATTACHMENT 2 (CONT'D)

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

ATTACHMENT 2 (CONT'D)

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.

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.

COMPENSATION INFORMATION DISCLOSURE

CORE FORM, PART VII AND SCHEDULE J

JOHN KELLY RETIRED FROM HIS POSITION AS PRESIDENT/CEO OF THE ORGANIZATION ON MAY 14, 2010. ANDREW FRIEDMAN WAS THE CHIEF FINANCIAL OFFICER/CHIEF OPERATING OFFICER OF THE ORGANIZATION FROM JULY 1, 2009 THROUGH MAY 14, 2010 AND WAS NAMED ACTING PRESIDENT/CEO OF THE ORGANIZATION ON MAY 15, 2010.

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

Employer identification number: 13-1659345

ATTACHMENT 2 (CONT'D)

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 $70 AND $69 PER HOUR FOR THE YEARS ENDED JUNE 30, 2010 AND 2009, 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

ATTACHMENT 2 (CONT'D)

BENEFITED AND INCLUDE VOLUNTEER SERVICES OF $18,867,776 AND $23,595,101, DONATED SPACE OF $350,580 AND $367,313, DONATED BOOKS OF $334,908 AND $333,404, AND IN-KIND DONATIONS OF $101,018 AND $0 FOR THE YEARS ENDED JUNE 30, 2010 AND 2009, RESPECTIVELY.

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, 2010 AND JUNE 30, 2009; 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.

TRANSACTIONS WITH RELATED ORGANIZATIONS

SCHEDULE R, PART V; QUESTION 2

AFFILIATES ARE GENERALLY CHARGED COST FOR SERVICES RENDERED.

ATTACHMENT 3

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

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

Employer identification number: 13-1659345

ATTACHMENT 3 (CONT'D)

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

ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

ATTACHMENT 4

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,

ATTACHMENT 5

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PRINT MAIL COMMUNICATIONS INC P.O. BOX 799 GLOUCESTER, VA 23061	DIRECT MAIL VENDOR	388,344.
KIWI PARTNERS INC 381 PARK AVENUE, SUITE 820 NEW YORK, NY 10016	CONSULTING	301,693.
DIRECT MAIL SOLUTIONS 2001 DABNEY ROAD RICHMOND, VA 23230	DISTRIBUTION	185,145.
UNITED PARCEL SERVICE 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328	DISTRIBUTION	184,884.
KPMG LLP 301 CARNEGIE CENTER, SUITE 402 PRINCETON, NJ 08540-6227	ACCOUNTING	169,500.
	TOTAL COMPENSATION	1,229,566.

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

Employer identification number: 13-1659345

ATTACHMENT 6

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	616,383.			616,383.
ENDOWMENT SPENDING	6,000.			6,000
TOTALS	622,383.			622,383.

ATTACHMENT 7

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
DC GALA	82,285.
VA GALA	33,638.
OTHER FUNDRAISING EVENTS	21,736.
TOTAL	137,659.

ATTACHMENT 8

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
DC GALA	89,155.	89,155.
VA GALA	44,776.	44,776.
OTHER FUNDRAISING EVENTS	80,421.	80,421.
TOTALS	214,352.	214,352.

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

ATTACHMENT 9

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
U.S. GOVERNMENT SECURITIES	182,671.	FMV
CORPORATE STOCKS	8,730,324.	FMV
INTERNATIONAL STOCKS	230,448.	FMV
TOTALS	9,143,443.	

ATTACHMENT 10

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

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	2,059,810.
ENDING BALANCE DUE	1,989,001.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	2,059,810.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,989,001.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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)(3)	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

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or (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	(b) Transaction type (a–r)	(c) Amount involved
(1)	RFBD, INC. - SUBORDINATES	C,L,M,N,O	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37)

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

(a) Name, address, and EIN of entity	(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

SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

▶ See instructions for Schedule R (Form 990).

OMB No 1545-0047

2009

Open to Public Inspection

Name of filing organization
RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number
13-1659345

Part I Continuation of 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 **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. 04-3093352 2067 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02140	VIS/AUD SVCS	MA	501(C)(3)	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 SCH. RD STE 108 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 777 GLADES ROAD BOCA RATON, FL 33431	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
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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) 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

JSA

9E1314 1 000

5042CG U600

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)			

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(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 on Box 20 of K-1	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

9E7000 1 000

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
RECORDING FOR THE BLIND & DYSLEXIC INC	13-1659345

DESCRIPTION OF PROPERTY

RENTAL INCOME

	Yes		No	Did you actively participate in the operation of the activity during the tax year?	

REAL RENTAL INCOME		
OTHER INCOME		
RENTAL INCOME	2,425,945.	
TOTAL GROSS INCOME		2,425,945.
OTHER EXPENSES:		
DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		2,425,945.
Less Amount to		
Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		2,425,945.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
JSA Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	2,425,945.
	2,425,945.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
RENTAL INCOME	2,425,945.			2,425,945.
TOTALS	2,425,945.			2,425,945.

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

ATTACHMENT 11

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
PRODUCT SALES	2,605,942.				1,969,841.		1,969,841.
TOTALS	2,605,942				1,969,841.		1,969,841.

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Name of estate or trust: RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number: 13-1659345

Note: *Form 5227 filers need to complete only Parts I and II.*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	1,269,753.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	1,269,753.

Part III Summary of Parts I and II Caution: *Read the instructions **before** completing this part.*		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13 **Net short-term gain or (loss)**	13			
14 **Net long-term gain or (loss):**				
a Total for year	14a			1,269,753.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c 28% rate gain	14c			
15 **Total net gain or (loss).** Combine lines 13 and 14a ▶	15			1,269,753.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet,** as necessary.*

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of
a The loss on line 15, column (3) **or** b $3,000 . . . . . 16 ( )

Note: *If the loss on line 15, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero

Caution: *Skip this part and complete the worksheet on page 8 of the instructions if*

- *Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero*

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17		
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18				
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19				
20	Add lines 18 and 19	20				
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶	21				
22	Subtract line 21 from line 20. If zero or less, enter -0-			22		
23	Subtract line 22 from line 17. If zero or less, enter -0-			23		
24	Enter the **smaller** of the amount on line 17 or $2,300			24		
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26, go to line 27 and check the "No" box. ☐ **No.** Enter the amount from line 23			25		
26	Subtract line 25 from line 24			26		
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30, go to line 31 ☐ **No.** Enter the **smaller** of line 17 or line 22			27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28		
29	Subtract line 28 from line 27			29		
30	Multiply line 29 by 15% (15)				30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				31	
32	Add lines 30 and 31				32	
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				33	
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)				34	

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side
RECORDING FOR THE BLIND & DYSLEXIC INC

Employer identification number
13-1659345

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a VARIOUS STOCK	VARIOUS	VARIOUS	1,269,753.		1,269,753.

6b **Total.** Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . . 1,269,753.

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

2009

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 2009 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 43	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)

ATTACHMENT 12						-5,878.

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 35 and 42a	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	-5,878.
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 39, 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, mining exploration costs, and depletion (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 37. 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

ATTACHMENT 12

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
VARIOUS PROPERTY	VARIOUS	VARIOUS			5,878.	-5,878.
Totals						-5,878.