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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Beyond the Books Educational Foundation Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite Box 908 City, town or post office, state, and ZIP code Bloomington, IL 61704 D Employer identification number 37-1261874 E Telephone number 309 662-8575 G Gross receipts \$ 153,286.58 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer Heather Young 1504 Killarney Court / Normal, IL 61761 I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ www.beyondthebooksbn.org K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation 1992 M State of legal domicile IL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: We provide grants to public school educators to allow them to fund innovative enrichment programs for the students of McLean County's Unit 5 and District 87 school districts.		
	2 Check this box <input type="checkbox"/> 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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total 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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	30,794.48	67,140.73
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,958.53	36,878.47
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	69,753.01	104,019.20
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,495.00	39,891.00
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,593.06	12,620.06
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	47,088.06	52,511.06
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	22,664.95	51,508.14
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	709,183.48	797,996.39
	22 Net assets or fund balances. Subtract line 21 from line 20	709,183.48	797,996.39

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.

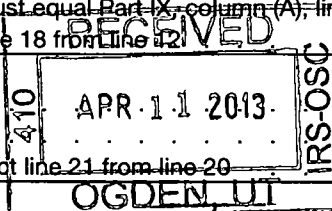
Sign Here	Signature of officer Blake M Mier	Date 4/8/13			
	Type or print name and title Blake M Mier Treasurer				
Paid Preparer Use Only	Pnnr/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2012)

SCANNED APR 22 2013



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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

We provide grants to public school educators to
allow them to fund innovative enrichment programs for the students of McLean County's Unit 5 and District 87 school districts.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 39,891 including grants of \$ 39,891) (Revenue \$)

The primary mission of our organization is to provide grants to public school educators in our community's two school districts.
Teachers go through a rigorous application process which is reviewed by our grants committee. We take great care to make sure we
don't know who the applications are from or what school they teach in. In 2012 we had grant applications asking for tens of
thousands of dollars more than we are able to grant. Our grants committee goes through and determines which projects are most
worthy of our endowment's money. The winning educators use these dollars to underwrite their own innovative teaching projects.

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 **▶ 39,891.00**

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	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓
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	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓
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, Parts II and IV	15	✓
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, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓
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	✓
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	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
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	✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a	✓
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	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	✓
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	✓
b	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 16		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	<input checked="" type="checkbox"/>	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
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 9		<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a		<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c		<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy? 13		<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy? 14		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
b Other officers or key employees of the organization 15b		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		<input checked="" type="checkbox"/>

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **Illinois**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Blake M. Mier / 9 Pendleton Way / Bloomington, IL 61704 309-661-1012**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Heather Young President	5	✓		✓				0	0	0
(2) Rich Beal Vice President	5	✓		✓				0	0	0
(3) Sue Hurliman Secretary	5	✓		✓				0	0	0
(4) Blake Mier Treasurer	5	✓		✓				0	0	0
(5) Laurel Straub Past President	2	✓		✓				0	0	0
(6) Kelli Appel Board Member	2	✓						0	0	0
(7) Brett Arseneault Board Member	2	✓						0	0	0
(8) Alan Chapman Board Member	2	✓						0	0	0
(9) Rachel Hatch Board Member	2	✓						0	0	0
(10) Patty Kelly Board Member	2	✓						0	0	0
(11) Robert Nielsen Board Member	2	✓						0	0	0
(12) Kim Olson Board Member	2	✓						0	0	0
(13) Sally Pyne Board Member	2	✓						0	0	0
(14) Brad Secord Board Member	2	✓						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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) Buenola Tyler Board Member	2	✓						0	0	0
(16) Mike Woods Board Member	2	✓						0	0	0
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	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		✓
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		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		✓

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII. ☐

				(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	38,744.00			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	28,396.73			
	g	Noncash contributions included in lines 1a-1f. \$					
	h	Total. Add lines 1a-1f		67,140.73			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f		0.00			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			23,166.72		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory			63,979.13		
	b	Less: cost or other basis and sales expenses			49,267.38		
	c	Gain or (loss)			13,711.75		
	d	Net gain or (loss)			13,711.75		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			104,019.20			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐**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 United States. See Part IV, line 21	39,891.00	39,891.00		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,334.01		6,334.01	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	4,805.07	250.00		4,555.07
13 Office expenses	955.98	955.98		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	525.00	525.00		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	52,511.06	41,621.98	6,334.01	4,555.07
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities	709,183.48	11	797,996.39
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	709,183.48	16	797,996.39	
Liabilities	17 Accounts payable and accrued expenses		17	
	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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	709,183.48	27	797,996.39
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	709,183.48	33	797,996.39
34 Total liabilities and net assets/fund balances	709,183.48	34	797,996.39	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	104,019.20
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,511.06
3	Revenue less expenses. Subtract line 2 from line 1	3	51,508.14
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	709,183.48
5	Net unrealized gains (losses) on investments	5	37,304.77
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	797,996.39

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 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? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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? . . .
- 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

	Yes	No
2a		✓
2b		✓
2c		
3a		✓
3b		

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

2012

**Open to Public
Inspection**

Name of the organization

Employer identification number

Beyond the Books Educational Foundation

37-1261874

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—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,284.30	64,843.31	56,218.36	30,794.48	67,140.73	255,281.18
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	36,284.30	64,843.31	56,218.36	30,794.48	67,140.73	255,281.18
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						255,281.18

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	36,284.30	64,843.31	56,218.36	30,794.48	67,140.73	255,281.18
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,503.50	20,424.99	40,934.50	38,958.53	36,878.47	145,699.99
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.)						
11 Total support. Add lines 7 through 10						400,981.17
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	63.66 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	65.9 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2012. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2011. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Beyond the Books Educational Foundation

Employer identification number

37-1261874

Part VI Line 7a - We have a board development committee that is responsible for bringing new candidates to the board as a whole for approval. The entire board votes on adding new members to the board. The board then also votes on who will be named as directors and committee chairs.

Part VI Line 7b - All decisions are subject to a vote by all members of the board.

Part VI Line 11 - The board is notified when the 990 has been completed. It is available on our internal website to anyone that wants to see it or I can provide a hard copy or an emailed copy to anyone that requests it.

Part VI Line 19 - Our annual report is available to the general public through our website. I'm happy to supply a specific document to anyone that asks.

Name of the organization

Employer identification number

Area with horizontal dashed lines for supplemental information.



2012 SUMMARY

Page 3 of 16

As of Date: 2/08/13

Your Financial Advisor :
CHARLES NORMAN
1705 TULLAMORE AVE
SUITE B
BLOOMINGTON, IL 61704
(309) 662-8575

BEYOND THE BOOKS EDUCATIONAL F
BOX 908
BLOOMINGTON IL 61704-8296

Account Number: 7053-6841

Year-End Account Summary

**This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes.
Please consult with your Financial Advisor or Tax Advisor regarding specific questions.**

Summary of Dividends and Distributions			Summary of Proceeds from Broker and Barter Exchange		
Box	Amount	Box	Amount		Amount
1a	Total Ordinary Dividends	2a	Sales Price Less Commissions and Option Premiums		71,163.15
1b	Qualified Dividends	4	Federal Income Tax Withheld		0.00
2a	Total Capital Gain Distributions				
2b	Unrecaptured Sec. 1250 Gain				
2c	Section 1202 Gain				
2d	Collectibles (28%) Gain				
3	Nondividend Distributions				
4	Federal Income Tax Withheld				
5	Investment Expenses				
6	Foreign Tax Paid				
7	Foreign Country or U.S. Possession				
8	Cash Liquidation Distributions				
9	Noncash Liquidation Distributions				
10	Exempt-Interest Dividends				
11	Specified Private Activity Bond Interest Dividends				



2012 SUMMARY

Page 5 of 16

As of Date: 2/08/13

Your Financial Advisor :
CHARLES NORMAN
1705 TULLAMORE AVE
SUITE B
BLOOMINGTON, IL 61704
(309) 662-8575

BEYOND THE BOOKS EDUCATIONAL F
BOX 908
BLOOMINGTON IL 61704-8296

Account Number: 7053-6841

Year-End Account Summary

This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes. Please consult with your Financial Advisor or Tax Advisor regarding specific questions.

For non covered transactions, we provide supplemental cost basis information, when it is available, to assist you with completing your tax return, however, THIS INFORMATION IS NOT PROVIDED TO THE INTERNAL REVENUE SERVICE.

SHORT TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2012

Description (Box 8) Stock or Other Symbol (Box 1d)	Quantity Sold (Box 1e)	Unit Price	Date of Acquisition (Box 1b)	Date of Sale or Exchange (Box 1a)	Sales Price (Box 2a)*	SUPPLEMENTAL INFORMATION	
						Cost or Other Basis (Box 3)	Gain or Loss Amount Transaction Description
GOLDMAN SACHS TR FINL SQUARE TREAS INSTRS FD INSTL CL CUSIP 38142B500	1,543.2900	1.00000	09/07/12	10/12/12	1,543.29	1,543.29	0.00 SALE
TOTAL SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES					1,543.29	1,543.29	0.00

SHORT TERM GAINS OR LOSSES (Box 1c) FOR NONCOVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2012

Description (Box 8) Stock or Other Symbol (Box 1d)	Quantity Sold (Box 1e)	Unit Price	Date of Acquisition (Box 1b)	Date of Sale or Exchange (Box 1a)	Sales Price (Box 2a)*	SUPPLEMENTAL INFORMATION	
						Cost or Other Basis (Box 3)	Gain or Loss Amount Transaction Description
GOLDMAN SACHS TR FINL SQUARE TREAS INSTRS FD INSTL CL CUSIP 38142B500	1,500.2600 1,611.0800 1,576.8800 102.5000 4,790.7200	1.00000 1.00000 1.00000 1.00000	09/07/11 09/07/11 VARIOUS 11/22/11	01/12/12 04/13/12 07/13/12 10/12/12	1,500.26 1,611.08 1,576.88 102.50 4,790.72	1,500.26 1,611.08 1,576.88 102.50 4,790.72	0.00 0.00 0.00 0.00 0.00 SALE SALE SALE SALE
Subtotal							
PRUDENTIAL JENNISON MID-CAP GROWTH FND CL Z CUSIP 74441C808	41.0770	33.60000	11/22/11	09/06/12	1,380.20	1,150.16	230.04 SALE

2012 SUMMARY

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As of Date: 2/08/13

Your Financial Advisor :
CHARLES NORMAN
1705 TULLAMORE AVE
SUITE B
BLOOMINGTON, IL 61704
(309) 662-8575

BEYOND THE BOOKS EDUCATIONAL F
BOX 908
BLOOMINGTON IL 61704-8296

Account Number: 7053-6841

Year-End Account Summary

This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes.
Please consult with your Financial Advisor or Tax Advisor regarding specific questions.

SHORT TERM GAINS OR LOSSES (Box 1c) FOR NONCOVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2012

continued

Description (Box 8) Stock or Other Symbol (Box 1d)	Quantity Sold (Box 1e)	Unit Price	Date of Acquisition (Box 1b)	Date of Sale or Exchange (Box 1a)	Sales Price (Box 2a)*	Cost or Other Basis (Box 3)	SUPPLEMENTAL INFORMATION	
							Gain or Loss Amount	Transaction Description
TCW FDS INC SMALL CAP GROWTH FD CUSIP 87234N849	16.5190	28.44000	09/28/11	09/06/12	469.81	410.33	59.48	SALE
TOTAL SHORT TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES					6,640.73	6,351.21	289.52	

LONG TERM GAINS OR LOSSES (Box 1c) FOR NONCOVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2012

Description (Box 8) Stock or Other Symbol (Box 1d)	Quantity Sold (Box 1e)	Unit Price	Date of Acquisition (Box 1b)	Date of Sale or Exchange (Box 1a)	Sales Price (Box 2a)*	Cost or Other Basis (Box 3)	SUPPLEMENTAL INFORMATION	
							Gain or Loss Amount	Transaction Description
AMERICAN HIGH INCOME TR CLASS F-1 CUSIP 026547406	85.0460	11.13000	08/27/09	09/06/12	946.56	836.00	110.56	SALE
CAPITAL WORLD BD FD CL F-1 CUSIP 140541400	535.1060	21.21000	VARIOUS	09/06/12	11,349.60	9,884.48	1,465.12	SALE
COHEN & STEERS RLTY SHARES INC CUSIP 192476109	26.1650	70.25000	01/06/09	09/06/12	1,838.12	981.44	856.68	SALE
EUROPACIFIC GROWTH FD CL F-1 CUSIP 298706409	323.4820	38.64000	VARIOUS	09/06/12	12,499.35	9,236.40	3,262.95	SALE
GROWTH FUND AMERICA CL F1 CUSIP 399874403	90.0500	33.18000	12/29/08	09/06/12	2,987.87	1,776.69	1,211.18	SALE
JANUS INVT FD PERKINS MID CAP VALUE FD CL I CUSIP 47103C241	21.3680	22.01000	01/06/09	09/06/12	470.32	339.58	130.74	SALE

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2012 SUMMARY

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As of Date: 2/08/13

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Year-End Account Summary

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Please consult with your Financial Advisor or Tax Advisor regarding specific questions.

LONG TERM GAINS OR LOSSES (Box 1c) FOR NONCOVERED SECURITIES (Box 6)

Proceeds from Broker and Barter Exchange Transactions for 2012

continued

SUPPLEMENTAL INFORMATION

Description (Box 8) Stock or Other Symbol (Box 1d)	Quantity Sold (Box 1e)	Unit Price	Date of Acquisition (Box 1b)	Date of Sale or Exchange (Box 1a)	Sales Price (Box 2a)*	Cost or Other Basis (Box 3)	Gain or Loss Amount	Transaction Description
JPMORGAN TR I INTREPID VALUE FD SELECT CL	89.1890	25.55000	09/02/10	09/06/12	2,278.79	1,776.65	502.14	SALE
T ROWE PRICE BLUE CHIP GROWTH FUND CUSIP 77954Q106	37.2810	45.82000	01/16/09	09/06/12	1,708.22	826.52	881.70	SALE
TCW FDS INC SMALL CAP GROWTH FD CUSIP 87234N849	884.0560	28.44000	09/02/10	09/06/12	25,142.54	21,208.50	3,934.04	SALE
WASH MUTUAL INVESTORS FUND CLASS F-1 CUSIP 939330403	120.0560	31.30000	01/16/09	09/06/12	3,757.76	2,401.12	1,356.64	SALE
TOTAL LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES							49,267.38	13,711.75

*Box 2a Sales price less commissions and option premiums

2012 SUMMARY

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As of Date: 2/08/13

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Details of the Year-End Account Summary

This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes. Please consult with your Financial Advisor or Tax Advisor regarding specific questions.

Tax reporting requirements can create differences with the amounts previously reported in monthly client statements. If you have an investment in a mutual fund, regulated investment company (RIC), real estate investment trust (REIT), or unit investment trust (UIT), some of those issuers provide reclassification information after the original tax form is printed. We will issue an amended form for information received after your original tax forms are generated

Dividends and Distributions

Description	Notes	Payment Date	# of Payments	Activity	Amount	Box	Country	CUSIP
AMERICAN HIGH INC TR F1		VARIOUS	12	DIVIDEND	2,503.37	1a		026547406
AMERICAN HIGH INC TR F1		VARIOUS	12	QUALIFIED DIVIDEND	58.68	1a, 1b		026547406
AMERICAN NEW WORLD FD F1		12/27/2012	1	QUALIFIED DIVIDEND	530.04	1a, 1b		649280401
ARTISAN SMALL CAP VALU		VARIOUS	2	QUALIFIED DIVIDEND	427.39	1a, 1b		04314H501
BOND FD AMER INC CL F-1		VARIOUS	12	DIVIDEND	470.53	1a		097873400
BOND FD AMER INC CL F-1		VARIOUS	12	QUALIFIED DIVIDEND	3.49	1a, 1b		097873400
BUFFALO SMALL CAP FD		VARIOUS	3	QUALIFIED DIVIDEND	264.32	1a, 1b		119804102
CAPITAL WORLD BD FD F-1		VARIOUS	6	DIVIDEND	736.48	1a		140541400
CAPITAL WORLD BD FD F-1		VARIOUS	3	SHORT TERM CAP GAIN	121.20	1a		140541400
CAPITAL WORLD BD FD F-1		VARIOUS	6	QUALIFIED DIVIDEND	19.81	1a, 1b		140541400
COHEN & STEERS RLTY SHS		VARIOUS	4	DIVIDEND	156.34	1a		192476109
COHEN & STEERS RLTY SHS		VARIOUS	4	SHORT TERM CAP GAIN	387.67	1a		192476109
COHEN & STEERS RLTY SHS		VARIOUS	7	QUALIFIED DIVIDEND	4.25	1a, 1b		192476109
EUROPACIFIC GROWTH FD F1		12/27/2012	1	QUALIFIED DIVIDEND	684.22	1a, 1b		298706409
FID ADV EMERG MKTS INC-1		VARIOUS	13	DIVIDEND	955.10	1a		315920702
FID ADV EMERG MKTS INC-1		12/24/2012	1	SHORT TERM CAP GAIN	308.41	1a		315920702
FID ADV EMERG MKTS INC-1		01/02/2013	1	DIVIDEND	117.18	1a		315920702
GROWTH FUND AMERICA F1		12/20/2012	1	QUALIFIED DIVIDEND	422.19	1a, 1b		399874403
INTRMDT BD FD AMER F1		VARIOUS	12	DIVIDEND	818.45	1a		458809407
JANUS PRKNS M/C VALUE I		VARIOUS	2	QUALIFIED DIVIDEND	149.06	1a, 1b		47103C241
JP MORGAN CORE BD FD		VARIOUS	11	DIVIDEND	814.44	1a		4812C0381
JP MORGAN CORE BD FD		12/14/2012	1	SHORT TERM CAP GAIN	3.51	1a		4812C0381
JP MORGAN CORE BD FD		01/02/2013	1	DIVIDEND	84.57	1a		4812C0381

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BLOOMINGTON IL 61704-8296

Account Number: 7053-6841

Details of the Year-End Account Summary

Dividends and Distributions *Continued*

Description	Notes	Payment Date	# of Payments	Activity	Amount	Box	Country	CUSIP
JPM VALUE FND CLASS SEL		VARIOUS	4	QUALIFIED DIVIDEND	482.47	1a, 1b		4812A2306
LAZARD EMERG MKTS INSTL		VARIOUS	3	QUALIFIED DIVIDEND	358.01	1a, 1b		52106N889
MTRPOLTAN WST T/R BND-I		VARIOUS	11	DIVIDEND	1,633.07	1a		592905509
MTRPOLTAN WST T/R BND-I		12/17/2012	1	SHORT TERM CAP GAIN	630.51	1a		592905509
MTRPOLTAN WST T/R BND-I		01/02/2013	1	DIVIDEND	136.77	1a		592905509
PIMCO COMM REAL RET INST		VARIOUS	4	DIVIDEND	318.68	1a		722005667
PIMCO COMM REAL RET INST		VARIOUS	2	SHORT TERM CAP GAIN	91.88	1a		722005667
PIMCO COMM REAL RET INST		VARIOUS	4	QUALIFIED DIVIDEND	0.35	1a, 1b		722005667
PIMCO MGMT SER T/R FD-A		VARIOUS	12	DIVIDEND	1,839.03	1a		693390445
PIMCO MGMT SER T/R FD-A		VARIOUS	2	SHORT TERM CAP GAIN	710.40	1a		693390445
PIMCO MGMT SER T/R FD-A		VARIOUS	12	QUALIFIED DIVIDEND	3.13	1a, 1b		693390445
PIMCO MGMT SER T/R FD-A		01/02/2013	1	DIVIDEND	100.82	1a		693390445
PIMCO MGMT SER T/R FD-A		01/02/2013	1	QUALIFIED DIVIDEND	0.17	1a, 1b		693390445
PRUDNTL JENN M/C GRWTH Z		VARIOUS	4	QUALIFIED DIVIDEND	98.01	1a, 1b		74441C808
T RWE PRICE BLE CHP GRTH		12/17/2012	1	QUALIFIED DIVIDEND	78.12	1a, 1b		77954Q106
WASH MUTL INVS FD CL F-1		VARIOUS	4	QUALIFIED DIVIDEND	1,236.02	1a, 1b		939330403
TOTAL ORDINARY DIVIDENDS (INCLUDING QUALIFIED DIVS AND SHORT TERM CAP GAINS)					17,758.14	1a		
TOTAL QUALIFIED DIVIDENDS					4,819.73	1b		

ARTISAN SMALL CAP VALU		12/20/2012	1	CAPITAL GAINS	396.37	2a		04314H501
BUFFALO SMALL CAP FD		VARIOUS	2	CAPITAL GAINS	1,250.96	2a		119804102
CAPITAL WORLD BD FD F-1		VARIOUS	3	CAPITAL GAINS	222.82	2a		140541400
COHEN & STEERS RLTY SHS		VARIOUS	5	CAPITAL GAINS	507.71	2a		192476109
COHEN & STEERS RLTY SHS		VARIOUS	3	UNRECAP 1250 GAIN	19.83	2a, 2b		192476109
FID ADV EMERG MKTS INC-I		VARIOUS	2	CAPITAL GAINS	195.26	2a		315920702
JANUS PRKNS M/C VALUE I		VARIOUS	2	CAPITAL GAINS	703.73	2a		47103C241
JP MORGAN CORE BD FD		12/14/2012	1	CAPITAL GAINS	38.50	2a		4812C0381
LAZARD EMERG MKTS INSTL		VARIOUS	2	CAPITAL GAINS	381.68	2a		52106N889
MTRPOLTAN WST T/R BND-I		12/17/2012	1	CAPITAL GAINS	278.19	2a		592905509

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2012 SUMMARY

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As of Date: 2/08/13

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Account Number: 7053-6841

Details of the Year-End Account Summary

Dividends and Distributions *Continued*

Description	Notes	Payment Date	# of Payments	Activity	Amount	Box	Country	CUSIP
PIMCO COMM REAL RET INST		VARIOUS	2	CAPITAL GAINS	37.29	2a		722005667
PIMCO MGMT SER T/R FD-A		VARIOUS	2	CAPITAL GAINS	521.43	2a		693390445
PRUDNTL JENN M/C GRWTH Z		VARIOUS	3	CAPITAL GAINS	518.60	2a		74441C808
TOTAL CAPITAL GAIN DISTRIBUTIONS (INCLUDING BOXES 2B, 2C, AND 2D, IF ANY)					5,072.37	2a		
TOTAL UNRECAPTURED SEC. 1250 GAIN					19.83	2b		
AMERICAN NEW WORLD FD F1		12/27/2012	1	FOREIGN TAX	-54.37	6,7		649280401
CAPITAL WORLD BD FD F-1		VARIOUS	6	FOREIGN TAX	-3.85	6,7		140541400
EUROPACIFIC GROWTH FD F1		12/27/2012	1	FOREIGN TAX	-79.68	6,7		298706409
FID ADV EMERG MKTS INC-I		VARIOUS	12	FOREIGN TAX	-0.64	6,7		315920702
FID ADV EMERG MKTS INC-I		01/02/2013	1	FOREIGN TAX	-0.06	6,7		315920702
LAZARD EMERG MKTS INSTL		VARIOUS	3	FOREIGN TAX	-57.78	6,7		52106N889
TOTAL FOREIGN TAX PAID					-196.38	6		

Certain distributions made in January, 2013 are reported as 2012 income according to IRS regulations. Distributions made in January, 2013 did NOT appear on your 2012 monthly statements



2012 SUMMARY

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As of Date: 2/08/13

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BLOOMINGTON, IL 61704
(309) 662-8575

BEYOND THE BOOKS EDUCATIONAL F
BOX 908
BLOOMINGTON IL 61704-8296

Account Number: 7053-6841

Details of the Year-End Account Summary

Any references below to adjusted gross income (AGI) are generally applicable only to individuals, trusts and estates subject to income tax reporting requirements. Always consult with your Tax Advisor or tax department.

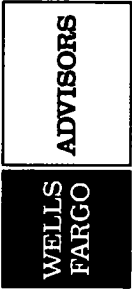
Miscellaneous Activity Summary

Line Ref	Type	Amount
1	Margin Debit Interest*	0.00
2	Municipal Bonds - OID Not Subject to AMT	0.00
3	Municipal Bonds - OID Subject to AMT	0.00
4	Expenses Subject to 2% of Adjusted Gross Income	0.00
5	Expenses Not Subject to 2% Adjusted Gross Income	0.00
6	Widely Held Fixed Investment Trusts - Other Items	See Detail
7	Master Limited Partnership Distributions	0.00
8	Investment Expense Withheld from Tax-Exempt Income	0.00
9	Federally Non-reportable Dividends and Interest	0.00
10	Accrued Interest on Purchases	0.00
11	Federal Tax Exempt Accrued Interest on Purchases	0.00
12	Other Supplementary Information	0.00
13	Option Premiums	0.00
14	Advisory Fees	6,334.01
15	American Depository Receipt (ADR) Fees	0.00

*This figure is the full amount charged. Only Margin Debit Interest paid is deductible

Miscellaneous Activity Detail

Description	Notes	Payment Date	# of Payments	Activity	Amount	Line Ref
FUNDSOURCE FEE		VARIOUS	4	ADVISORY FEES	-6,334.01	14
TOTAL ADVISORY FEES					-6,334.01	14



IMPORTANT INFORMATION - PLEASE READ THIS PAGE

The following pages are NOT tax forms. The information is provided to you for courtesy purposes only to assist with completing your federal, state or local tax return. Please consult with your Tax Advisor for more information.

If we must issue an amended form because of receipt of dividend reclassification or other changes after your original tax package was printed, please note:

* *The amended Summary form will include the Realized Gain/Loss Summary and the information may include updates if adjustments are made prior to the amendment being issued.*

Wells Fargo Advisors, LLC, brokerage account(s) carried by First Clearing, LLC Wells Fargo Advisors, LLC and First Clearing, LLC, Members FINRA/SIPC are separate registered broker-dealers and non-bank affiliates of Wells Fargo & Company. We are not a legal or tax advisor. However, our advisors will be glad to work with you, your accountant, tax advisor and/or attorney to help you meet your financial goals.

Investments and insurance products are:

NOT FDIC-INSURED	NO BANK GUARANTEE	MAY LOSE VALUE
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2012 SUMMARY

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Account Number: 7053-6841
BEYOND THE BOOKS EDUCATIONAL F

Realized Gain/Loss

This information is provided for courtesy purposes only. Each individual taxpayer should consult with a Tax Advisor as to any additional reporting requirements or adjustments. THIS INFORMATION IS NOT VERIFIED OR GUARANTEED BY FIRST CLEARING, LLC TO BE ACCURATE FOR EACH TAXPAYER'S UNIQUE REPORTING REQUIREMENTS. THEREFORE, YOU SHOULD NEVER ASSUME THIS STATEMENT IS ACCURATE IN LIEU OF COMPLETING YOUR TAX RETURN AND CONSULTING WITH YOUR TAX ADVISOR.

Federal tax reporting requirements will create differences between the information presented here and what appears on your Form 1099-B, including but not limited to the following situations:

- * Cost basis for many fixed income tax lots has been amortized (for securities purchased at a premium) or accreted (for securities purchased at a discount), when possible, for applicable securities. For securities that were purchased at an Original Issue Discount (OID), only those positions whose cost basis has been adjusted will reflect the impacts of the OID accruals on the original cost basis. The original issue discount amount reported on your Form 1099-OID is not adjusted for market discount, acquisition premium, or bond premium. Therefore, the amortization and accretion adjustments used on this statement may not be consistent with the Form 1099-OID amount because the reporting requirements on the Form 1099-OID are different.
- * The Original Price represents the unadjusted price of the security. The Original Price can be used to calculate the original unadjusted cost of the security.
- * Long-term capital gains reported by a RIC or REIT appear on Form 1099-DIV only, as noted in the instructions for that form.
- * Lots closed due to transfers or journals will not be reflected in the Realized Gain/Loss Statement, or on the Form 1099-B.

REALIZED GAIN/LOSS SUMMARY

	COVERED SECURITIES	NONCOVERED SECURITIES	TOTAL
Short term	\$0.00	\$289.52	\$289.52
Long term	\$0.00	\$13,711.75	\$13,711.75
Unknown term	Not applicable	\$0.00	\$0.00
Index options	Not applicable	\$0.00	\$0.00
Total - Realized Gain/Loss	\$0.00	\$14,001.27	\$14,001.27

Realized Gain/Loss Detail

SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES					
Description	Share Quantity	Adjusted Price/Original Price	Open Date/Acquisition Date	Date of Sale or Exchange	Proceeds
GOLDMAN SACHS TR					
FINL SQUARE TREAS INSTRS					
FD INSTL CL					
CUSIP 381428500	1,543.29000	1.0000	09/07/12	10/12/12	1,543.29
TOTAL SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES					\$1,543.29
					0.00
					\$1,543.29
					\$0.00

2012 SUMMARY

Account Number: 7053-6841
BEYOND THE BOOKS EDUCATIONAL F

Realized Gain/Loss

SHORT TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES

Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
GOLDMAN SACHS TR							
FINL SQUARE TREAS INSTRS							
FD INSTL CL							
CUSIP 38142B500	1,500.26000	1.0000	09/07/11	01/12/12	1,500.26	1,500.26	0.00
	1,611.08000	1.0000	09/07/11	04/13/12	1,611.08	1,611.08	0.00
	182.78000	1.0000	09/07/11	07/13/12	182.78	182.78	0.00
	1,099.61000	1.0000	09/28/11	07/13/12	1,099.61	1,099.61	0.00
	294.49000	1.0000	11/22/11	07/13/12	294.49	294.49	0.00
	102.50000	1.0000	11/22/11	10/12/12	102.50	102.50	0.00
Subtotal	4,790.72000				4,790.72	4,790.72	0.00

PRUDENTIAL JENNISON
MID-CAP GROWTH FND CL Z
CUSIP 74441C808

	41.07700	28.0000	11/22/11	09/06/12	1,380.20	1,150.16	230.04
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TCW FDS INC
SMALL CAP GROWTH FD
CUSIP 87234N849

	16.51900	24.8400	09/28/11	09/06/12	469.81	410.33	59.48
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TOTAL SHORT TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES

					\$6,640.73	\$6,351.21	\$289.52
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LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES

Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
AMERICAN HIGH INCOME TR							
CLASS F-1							
CUSIP 026547406	85.04600	9.8300	08/27/09	09/06/12	946.56	836.00	110.56
CAPITAL WORLD BD FD							
CL F-1							
CUSIP 140541400	253.12600	18.4200	01/06/09	09/06/12	5,368.80	4,662.58	706.22
	269.83300	18.5300	01/16/09	09/06/12	5,723.16	5,000.00	723.16
	7.95500	18.0300	03/23/09	09/06/12	168.72	143.42	25.30

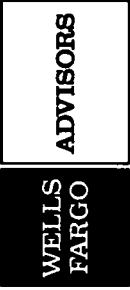
2012 SUMMARY

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Account Number: 7053-6841
BEYOND THE BOOKS EDUCATIONAL F

Realized Gain/Loss

LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES									
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount		
Subtotal	4.19200	18.7200	06/17/09	09/06/12	88.92	78.48	10.44		
535.10600					11,349.60	9,884.48	1,465.12		
COHEN & STEERS RLTY SHARES INC CUSIP 192476109	26.16500	37.5100	01/06/09	09/06/12	1,838.12	981.44	856.68		
EUROPACIFIC GROWTH FD CL F-1 CUSIP 298706409	14.06000	27.3000	12/29/08	09/06/12	543.27	383.83	159.44		
	309.42200	28.6100	01/06/09	09/06/12	11,956.08	8,852.57	3,103.51		
Subtotal	323.48200				12,499.35	9,236.40	3,262.95		
GROWTH FUND AMERICA CL F1 CUSIP 399874403	90.05000	19.7300	12/29/08	09/06/12	2,987.87	1,776.69	1,211.18		
JANUS INVT FD PERKINS MID CAP VALUE FD CL I CUSIP 47103C241	21.36800	15.8916	01/06/09	09/06/12	470.32	339.58	130.74		
JPMORGAN TR I INTREPID VALUE FD SELECT CL CUSIP 4812A2306	89.18900	19.9200	09/02/10	09/06/12	2,278.79	1,776.65	502.14		
T ROWE PRICE BLUE CHIP GROWTH FUND CUSIP 77954Q106	37.28100	22.1700	01/16/09	09/06/12	1,708.22	826.52	881.70		



2012 SUMMARY

Account Number: 7053-6841
BEYOND THE BOOKS EDUCATIONAL F

Realized Gain/Loss

LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES									
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount		
TCW FDS INC									
SMALL CAP GROWTH FD									
CUSIP 87234N849	884.05600	23.9900	09/02/10	09/06/12	25,142.54	21,208.50			3,934.04
WASH MUTUAL INVESTORS									
FUND CLASS F-1	120.05600	20.0000	01/16/09	09/06/12	3,757.76	2,401.12			1,356.64
CUSIP 939330403									
TOTAL LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES					\$62,979.13	\$49,267.38			\$13,711.75