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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

Open to Public Inspection

<u>A</u> _	For the	2012 calend	dar year, or tax year beginning , 2012, and ending			,	
В	Check if a	applicable	C] D	Employ	er Identification	Number
	Addr	ess change	BOOK 'EM		58-2	2000621	
	Nam	e change	161 RAINS AVENUE	E		ne number	
	H	al return	NASHVILLE, TN 37203-5330		/61	5) 255-1	920
	\vdash	ninated		⊢	(01.	7, 233 1	.020
	\vdash			۔ ا		. &	274 010
	\vdash	nded return	F		Gross re		374,818.
	Appl	ication pending	HEBIODII DI REBEIN			for affiliates?	Yes X No
			SAME AS C ABOVE	If 'No,' att	illates incli ach a list	uded? (see instruction	s) Yes No
<u> </u>	Tax-ex	empt status	X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527				
<u>J</u>	Webs	site: ► WW		(c) Group exe	emption nu	mber -	
K	Form o	f organization	X Corporation	1991	Ms	tate of legal do	micile TN
Pa	ırt I	Summar	у				
	1 B	riefly descri	be the organization's mission or most significant activities BOOK EM F	OCUSES	ON T	WO CORE	AREAS:
d)]	THE COLL	ECTION AND DISTRIBUTION OF BOOKS TO CHILDREN AN				
Ĕ			IN DAVIDSON COUNTY, TENNESSEE AND THE RECRUITM				
Ë			TEER READERS TO LOCAL PRESCHOOLS AND ELEMENTARY				
Š	2 C	heck this bo	if the organization discontinued its operations or disposed of more	e than 25%	6 of its	net assets	
Ğ			iting members of the governing body (Part VI, line 1a)			3	29
တ္			dependent voting members of the governing body (Part VI, line 1b)		ļ	4	29
i≣e			of individuals employed in calendar year 2012 (Part V, line 2a)		ļ	5	2
Activities & Governance			of volunteers (estimate if necessary)			6	770
ď			ed business revenue from Part VIII, column (C), line 12			7 a	0.
	יו מ	et unrelated	business taxable income from Form 990-T, line 34			7b	0.
,		`aatrib. itiaaa	and greate (Part VIII I I I I I I I I I I I I I I I I I		or Year		Surrent Year
, e			and grants (Part VIII, line 1h) RECEIVED		399,6	12.	368,556.
e (rice revenue (Part VIII, line 2g)			11	100
Revenue			e (Part VIII, column (A), lines 3, 4 and 70, 5, 9, 2013 e (Part VIII, column (A), lines 5, 6d, 869c, 10c, and 11e)		<u>_</u>	11.	106.
_			e – add lines 8 through 11 (must equal Part VIII, column (A) line 2:		200 7	22	-370.
					399,7		368,292.
	F		milar amounts paid (Part IX, column (A), lines (123)) (217)		236,1	90.	331,946.
	L	-	to or for members (Part IX, column (A); Ime 4)				
S	15 S		er compensation, employee benefits (Part IX, column (A), lines 5-10)		69,2	36.	78,884.
ışe	16a P	rofessional	fundraising fees (Part IX, column (A), line 11e)				<u></u>
Expenses	Ь⊤	otal fundrais	sing expenses (Part IX, column (D), line 25) ► 23, 372.		3 77. 7		5.
Û	17 C	other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		28,3	11.	35,290.
	18 T	otal expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)		333,7		446,120.
	1	-	expenses Subtract line 18 from line 12		65,9		-77,828.
8 6 6 E				Beginning			End of Year
alan es	20 T	otal assets	(Part X, line 16)		262,2		188,370.
A B	21 T		s (Part X, line 26)	<u> </u>		37.	0.
Net Asset Fund Balar	22 N		fund balances Subtract line 21 from line 20		·		
,		1		L	261,8	33.	188,370.
	ırt II	Signatur	•	 .			
com	er penaltie plete Deci	is of perjury, I de laration of prepa	eclare that I have examined this return, including accompanying schedules and statements, and to the irer (other than officer) is based on all information of which preparer has any knowledge	e best of my k	knowledge	and belief, it is	true, correct, and
			Milian () Amadia		9.1	8-2013	
c:	-n	Signate	re of officer	Date		0-2013	
Siç He	gii	MET.	TCCA CDDADITM	EVECTION	י לתצדי	AT DECTOR	.
110	16		ISSA SPRADLIN print name and title	EXECUI	TAF I	DIRECTOR	
			reparer's name Preparer's signature Date		15	Z , PTIN	
_				dia	-	ያ "	004774
Pa			10011	1-10 se	elf-employe	:0 PUU	034774
	eparer						
US	e Only	Firm's addre		F	rm's EIN		
			NASHVILLE, TN 37203	P	hone no		83-6592
_			is return with the preparer shown above? (see instructions)			X	Yes No
ÐΛ	A [A	Dananwark D	Poduction Act Notice, can the congrete instructions	0112 10/10	410		Earm 000 (2012)





Partive Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?. 2 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 Х 3 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 X 4 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 Х 5 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. Х 6 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 ... Х 7 X 8 X X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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....... . . . 11 a 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. 11 b X X 11 c Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.... Х 11 e 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... X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. . Х 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 X 12b X 13 X 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. Х 14b 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 Х 15 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 Х 16 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) Х 17 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 Х 18 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 Х 19 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H Х 20 b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b

U AC	idio Checkist 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	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
		23		
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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
	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		Х
	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 1	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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? If 'Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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	ı	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
2 / /		Earm	gan /	(2012)

Form 990 (2012) BOOK 'EM Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

Check if Schedule O contains a response to any question in this Part V				
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a	1)	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		¥ 181	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c	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	2			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	į.			–
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	[3 a	ĺ	Χ
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	[3 b		
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)?.		4 a		Х
b If 'Yes,' enter the name of the foreign country: ►	ŀ			· . ·
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		i i	í	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	[5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	[5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5с		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ion [
solicit any contributions that were not tax deductible as charitable contributions?		6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	9	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	· ·· }	7b	\dashv	 -
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file				
d If 'Yes,' indicate the number of Forms 8282 filed during the year		7 c		Х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	L	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		-'' +	— -	
as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a				•
Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Due supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	d the	8		
9 Sponsoring organizations maintaining donor advised funds.	Ī			
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?		9 b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12			į	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			1	
11 Section 501(c)(12) organizations. Enter:		1	j	
a Gross income from members or shareholders			į.	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			-	
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	Ĭ			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a is the organization licensed to issue qualified health plans in more than one state?	[13a		
Note. See the instructions for additional information the organization must report on Schedule O	Ī			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
c Enter the amount of reserves on hand . 13c				
14a Did the organization receive any payments for indoor tanning services during the tax year? .		14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	F	14b		
		-		

Form 990 (2012) BOOK 'EM 58-2000621 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any guestion in this Part VI. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. 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 29 b Enter the number of voting members included in line 1a, above, who are independent... 29 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?... X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? $\overline{\mathbf{x}}$ 5 Did the organization have members or stockholders?. 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a **b** Each committee with authority to act on behalf of the governing body? X 8 h Х 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? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.......... $\overline{\mathbf{X}}$ 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b X 12 c 13 Did the organization have a written whistleblower policy?. X 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a **b** Other officers of key employees of the organization . 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > TNSection 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. | Another's website Own website X Upon request Other (explain in Schedule O)

the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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

SEE SCHEDULE O

Form	990	(2012)	BOOK	'EM
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58-2000621

Page 7

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

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

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

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

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

Check this box if neither the organization r	or any rela	ted or	ganız	atio	п сс	mpens	sated	d any current officer, di	rector, or trustee.	
				(0	;)					
(A) Name and Title	(B) Average hours per	one bo	er an	less p	perso	k more t in is bott or/trustee	h an e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JEMINA BOYD	1_									
DIRECTOR	0	X	l I					0.	0.	0.
(2) MARK CLAYPOOL	1									_
DIRECTOR	0	X						0.	0.	0.
(3) KATIE DAVIS	1									
DIRECTOR	7-0-	X						0.	0.	0.
(4) BRENDA GADD	1									<u> </u>
DIRECTOR	1 0	Х						0.	0.	0.
(5) BRUCE GALLO	1									
DIRECTOR	7 0 -	Х						0.	0.	0.
(6) REBA HOLMES	1								-	
DIRECTOR	0	Х						0.	0.	0.
(7) WILLIAM HOWORTH	1									
DIRECTOR	0	Х						0.	0.	0.
(8) SHANE IVEY	1									
DIRECTOR	0	Х						0.	0.	0.
(9) JENNY LEE	1									
DIRECTOR	0	X						0.	0.	0.
(10) MARY MCCARTHY	1									
DIRECTOR	0	Х						0.	0.	0.
(11) MISSY MICHAELS	1									
DIRECTOR	0	Х						0.	0.	0.
(12) SHANE MORRIS	1									
DIRECTOR	0	Х						0.	0.	0.
(13) KENYA NEWBY	1									
DIRECTOR	0	X						0.	0.	0.
(14) LESLIE NEWMAN	1									
DIRECTOR	0	Х						0.	0.	0.

Form 990 (2012) BOOK 'EM									58-200062	21 Page 8	
Part VIII Section A. Officers, Directors, Trus	tees, l	Key	Em	iplo O		es,	and	d Highest Con	pensated Emp	oloyees (cont)	
•											
(A)	(E)	(F)									
Name and title	hours per				direct	ıs bot or/trus	tee)	Reportable compensation from	Reportable compensation from	Estimated amount of other	
	week (list any	역 호	夏	Q	چ	Highest compensated employee	7	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the	
	hours for related organiza	ndividual trustee or director	틭	Officer	Key employee	S 등	JII.	(1. 2 1033 1100)	(11 2 1033 100)	organization and related	
	related organiza		ទ្ធ		[호	è c	74			organizations	
	- tions below	8	힑		yee	👼					
	dotted line)	8	nstitutional trustee			nsat					
			``			8					
(15) MEGAN PINSON	1	 					-				
DIRECTOR		X				}		0.	0.	0.	
(16) JAKE RAMSEY	1	 ^	┝╌┼							<u> </u>	
DIRECTOR	0.	0.									
(17) SHERYL ROGERS	1	X	\vdash				\vdash	0.	<u> </u>	·	
DIRECTOR		X						ا م	•		
			\vdash				H	0.	0.	0.	
(18) VICTORIA ROSS	$-\frac{1}{2}$							•			
DIRECTOR	0	Х	$\vdash \vdash$					0.	0.	0.	
(19) CHRIS SERCK	-1-	.,									
DIRECTOR	0	Х					\vdash	0.	0.	0.	
(20) BRIAN SIMS	- 1-	١									
DIRECTOR CONTROL OF STREET	0	X	\vdash	-			Ш	0.	0,	0.	
(21) MARY COMFORT STEVENS	1							_			
DIRECTOR	0	X						0.	0.	0.	
(22) TIM STEWART	1	ا ۔ ا		1					_		
DIRECTOR	0	X	\vdash					0.	0.	0.	
(23) ANGEL VIERA	- 1-	١.,									
DIRECTOR	0	Х	\sqcup	_				0.	0.	0.	
(24) LYNN VINCENT	1	.,		ļ							
DIRECTOR	0	X						0.	0.	0.	
(25) CINDEE GOLD	2_							_	_		
PRESIDENT	0	Х	$\sqcup \bot$	Х			Ц	0.	0.	0.	
1 b Sub-total			•		• •			0.	0.	0.	
c Total from continuation sheets to Part VII, Section		• •	•	•	•	٠		50,500.	0.	0.	
d Total (add lines 1b and 1c)					٠.			50,500.	0.	0.	
2 Total number of individuals (including but not limited to	tnose II	stea	abov	/e) w	vno i	recei	ved	more than \$100,00	0 of reportable com	pensation	
from the organization 0							_				
										Yes No	
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or trus	tee,		emp						3 7	
• •			• •					• • •		3 X	
4 For any individual listed on line 1a, is the sum of re	eportabl	e co	mpe	nsa	tion	and	oth	er compensation	from		
the organization and related organizations greater such individual						com _l		e Scriedule J for		. 4 X	
5 Did any person listed on line 1a receive or accrue								d organization or	individual		
for services rendered to the organization? If 'Yes,'	comple	te Sc	hed	ule	J fo	r suc	h p	erson		5 X	
Section B. Independent Contractors											
1 Complete this table for your five highest compensa	ted inde	pen	dent	cor	ntrac	ctors	tha	t received more th	nan \$100,000 of		
compensation from the organization Report compensa	tion for t	ine ca	alend	dar y	/ear	endii	ng w				
(A) Name and business addre	ss							(B) Description of		(C) Compensation	
Name and business address Description of services											
									<u> </u>		
							_				
							_				
2 Total number of independent in the first i	!!		. 11:			1 - 1					
2 Total number of independent contractors (including but		ted to	thos	se li	sted	abov	ve) v	wno received more	than		
\$100,000 in compensation from the organization	0										

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

58-2000621

BOOK 'EM Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees							•	. 	•	
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week		•					Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation
	week (list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization
	related organiza-	\$ & <u>\$</u>	<u>a</u>		ploye	l e com	•			and related organizations
	tions below dotted line)	stee	SE SE		ñ	bens				
			Ж.			ğ	<u> </u>			· · · · · · · · · ·
LEIGH LINDSEY	2							_	_	_
VICE PRESIDENT	0	Х	_	X		<u> </u>	<u> </u>	0.	0.	0.
CAROLINE BURRIS SECRETARY	$-\frac{2}{0}$	Х		х				,	0	0
BRANDON HARRISON	2	^	-	^				0.	0.	0.
TREASURER	0	х		х				0.	0.	0.
TONYA HORTON	2							<u> </u>		
PAST PRESIDENT	0	Х		Х				0.	0.	0.
MELISSA SPRADLIN	45									
EXECUTIVE DIR.	0			Х				50,500.	0.	0.
	 -	1								
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	İ	L	<u> </u>							Form 990 Cont 2012

Pai	t VI	III Statement of Re	venue					
		Check if Schedule O	contains a resp	onse to any questi	on 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
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a	Federated campaigns	1a					
250	b	Membership dues	1b					
FT.S.	C	: Fundraising events		1,149.				
S, S	d	Related organizations.	. 1d					
S S	е	Government grants (contribut	 					ĺ
뙲	f	All other contributions, gifts, similar amounts not included	grants, and above . 1 f	267 407				-
MO	-	Noncash contributions include	<u> </u>	367,407. 221,082.	[
SA	h	Total. Add lines 1a-1f.	· <u>-</u>	221,002.	368,556.			
- 12			T	Business Code	300,330.1			<u> </u>
EVE	2 a	·	[
CER	Ь	 }						
E.S.	С							
MSI	d	' 						<u> </u>
GRA	e •	All other program servi						ļ
8	,	Total. Add lines 2a-2f.		>				
	3	Investment income (inc					 	
		other similar amounts)		· · · · · · · · · · · · · · · · · · ·	106.		· · · · · · · · · · · · · · · · · · ·	106.
	4	Income from investmen	•	'				
	5	Royalties	(i) Real	(ii) Personal				ļ
	6 2	Gross rents	<u></u>	(II) Personal	1			
		Less: rental expenses		 				
		: Rental income or (loss)						
	d	Net rental income or (le	oss) .					<u> </u>
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory				j		
	b	Less: cost or other basis and sales expenses						
	_	: Gain or (loss)		-				
				▶				
		Gross income from fun						
OTHER REVENUE		(not including . \$of contributions reporte	1,149.					
<u>~</u>								
篮	L	See Part IV, line 18 .		6,156.	}	ļ		
5		Less: direct expenses : Net income or (loss) fro		6,526.	-370.		·	1,078.
		Gross income from gar	ning activities	al	-3.70.		· · · · · · · · · · · · · · · · · · ·	1,078.
	b	Less: direct expenses						
	С	Net income or (loss) from	om gaming activ	ities				1
Ì	10 a	Gross sales of inventor and allowances		a .				
	b	Less: cost of goods sol	ld I)				
	<u>c</u>	Net income or (loss) from						
		Miscellaneous Reven	nue	Business Code				<u> </u>
	11 a b		· - -				<u> </u>	
	ר	' 		· · · · ·			<u></u>	
	d	All other revenue	· <u>-</u>					
	е	Total. Add lines 11a-11	ld	>				
	12	Total revenue. See ins	tructions	•	368,292.	0.	0.	1,184.

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a				
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and organizations in the United States. See Part IV, line 21	331,946.	331,946.		
_	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	50,500.	24,480.	13,098.	12,922.
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	0. 22,778.	11,042.	5,908.	0. 5,828.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	22,770.	11,012.	3,300.	3,020.
9	Other employee benefits				
10	Payroll taxes	5,606.	2,718.	1,454.	1,434.
	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	7,050.		7,050.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Other. (If line 11g amt exceeds 10% of line 25, col-				
•	umn (A) amt, list line 11g expenses on Sch 0)				
	Advertising and promotion				
13	·	3,394.	101.	3,293.	
14	3				
15	Royalties	11 140	0 026	1 100	1 114
16 17	Occupancy	11,142. 1,171.	8,836. 857.	1,192. 170.	1,114.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,1/1.	657.	170.	144.
19	, ,				
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	724		724	· · · · · · · · · · · · · · · · · · ·
23	Insurance	734. 1,805.	1,431.	734. 193.	181.
	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)	1,803.	1,431.	193.	101.
a	MISCELLANEOUS	7,141.	4,608.	2,391.	142.
	PRINTING AND PUBLICATIONS	1,917.	334.	17.	1,566.
	POSTAGE AND SHIPPING	936.	895.		41.
c					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	446,120.	387,248.	35,500.	23,372.
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	24,182.	1	22,161.
	2	Savings and temporary cash investments	77,879.	2	75,785.
	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	
ASSETS	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use	124,474.	8	51,996.
s	9	Prepaid expenses and deferred charges	979.	9	41.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,871.			
		Complete Part VI of Schedule D 10a 7,871. Less: accumulated depreciation	1 210	10 c	405
	11	Investments – publicly traded securities	1,219.	11	485.
	12	Investments — other securities. See Part IV, line 11		12	
- 1	13	Investments – program-related. See Part IV, line 11		13	
j	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	33,537.	15	37,902.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	262,270.	16	188,370.
	17	Accounts payable and accrued expenses	437.	17	100,370.
	18	Grants payable	457.	18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
L	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ABILITIES	22	Loans and other payables to current and former officers, directors, trustees,	The state of the s		
-		key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ţ	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	24	Unsecured notes and loans payable to unrelated third parties		24	
i	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	437.	26	0.
P E		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
	07	lines 27 through 29, and lines 33 and 34.	054 500	27	101 006
ASSET-S	27	Unrestricted net assets	254,508.	27	181,826.
Į	28	Temporarily restricted net assets	7,325.	28	6,544.
	29	Permanently restricted net assets	=1	29	
OR F		Organizations that do not follow SFAS 117 (ASC 958), check here ➤ and complete lines 30 through 34.			
UZC ₁	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	
B4L4Z0m9	33	Total net assets or fund balances	261,833.	33	188,370.
\$	34	Total liabilities and net assets/fund balances .	262,270.	34	188,370.
BA	4				Form 990 (2012)

orr	n 990 (2012)	BOOK	'EM5	3-20006	621	F	age 12
Pa	it XI Reco	nciliati	on of Net Assets				
	Check	ıf Schedi	ule O contains a response to any question in this Part XI				. 🛚
1	Total revenue	e (must e	qual Part VIII, column (A), line 12)	1		368.	, 292.
2	Total expens	es (must	equal Part IX, column (A), line 25)	2			,120.
3	Revenue less	s expense	es. Subtract line 2 from line 1	3			,828.
4	Net assets or	r fund bal	ances at beginning of year (must equal Part X, line 33, column (A))	. 4			,833.
5	Net unrealize	ed gains ((losses) on investments	5			, 365.
6	Donated serv	rices and	use of facilities	. 6			
7	Investment e			7			
8	Prior period	adjustmei	nts	. 8			
9	Other change	es in net a	assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or column (B))	fund balaı	nces at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10		188	,370.
2a	d XIII Finar	icial Sta	atements and Reporting	-++		_ 100,	, 5, 0.
			ule O contains a response to any question in this Part XII				
	Check	- Scried	The O contains a response to any question in this Fart All	····	:::	Yes	
1	Accounting in	nethod us	ed to prepare the Form 990: Cash X Accrual Other			163	s No
	If the organiz	ation cha	inged its method of accounting from a prior year or checked 'Other,' explain				
2:			's financial statements compiled or reviewed by an independent accountant?			2 a	Х
	If 'Yes,' chec	k a box b	elow to indicate whether the financial statements for the year were compiled or revieuldated basis, or both:	wed on a	1 1		A
	Separa	te basis	Consolidated basis Both consolidated and separate basis				
ı	Were the org	anızatıon	's financial statements audited by an independent accountant?		. :	2Ы Х	:
	If 'Yes,' chec	k a box b	elow to indicate whether the financial statements for the year were audited on a sep-	arate			
	basis, consol					ļ,	
	٠ حت	te basıs	Consolidated basis Both consolidated and separate basis				
•	If 'Yes' to line review, or co	2a or 2b, mpilatıon	does the organization have a committee that assumes responsibility for oversight of the au of its financial statements and selection of an independent accountant?	lit, 		2 c X	:
	If the organiz		nged either its oversight process or selection process during the tax year, explain				
3 8			award, was the organization required to undergo an audit or audits as set forth in the Single roular A-133?			3 a	Х
ı			ation undergo the required audit or audits? If the organization did not undergo the required a	udıt		3 h	

Form 990 (2012)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2012

Employer identification number

Open to Public Inspection

BOOI	<	'EM									58-2	000621	_		
Pant						(All organizations					See ı	nstructi	ions.		
The o	ga	nızatıon is r	ot a priva	ate foundation	on because	e it is: (For lines 1 thro	ough 11,	check o	nly one	box.)					
1		A church, o	onventior	n of churche	es or assoc	ciation of churches des	cribed in	section	n 170(b)	(1)(A)(i)					
2	П	A school de	escribed i	n section 17	70(b)(1)(A)	(ii). (Attach Schedule I	E)								
3	П	A hospital	or a coop	erative hosp	oital service	e organization describ	ed in sec	tion 17	0(b)(1)(A	\)(iii).					
4	П	A medical	research o	organizatıor	operated	in conjunction with a l	hospital d	describe	d in sec	tion 17	0(b)(1)(A)(iii) En	iter the hos	spital's	ŝ
		name, city,	and state	e:											
5		An organiza 170(b)(1)(A	tıon opera)(iv). (Co	ted for the b	enefit of a o	college or university own	ned or ope	erated by	y a gove	rnmenta	unit de	scribed in	section		
6	Ш		-	•	•	vernmental unit descr									
7	X	in section	170(b)(1)(A)(vi). ´ (Cor	nplete Par	-		_	ental un	it or fron	n the gei	neral publ	ic described	i	
8	Ш	A commun	ty trust d	escribed in	section 17	0(b)(1)(A)(vi). (Comple	ete Part I	l.)							
9		related to its	s exempt f iness taxab	unctións – s	ubject to ce	e than 33-1/3% of its supertain exceptions, and (2 1 tax) from businesses acq	2) no mor	e than 3	3-1/3% c	f its sup	port fror	n gröss in	ivestment ir	m activ ocome	rities and
10	П	An organiza	ation orga	anized and o	operated e	xclusively to test for p	ublic safe	ety. See	section	1 509(a)	(4).				
11		supported o	rganızatıor	ns described	in section !	ively for the benefit of, to 509(a)(1) or section 509 s 11e through 11h.	perform (a)(2). Se	the functies section	tions of, on 509(a)	or carry (3). Chec	out the p ck the bo	urposes o ox that de	of one or mo scribes the	re pub type o	licly f
		a Type	l b	Type II	l c	Type III — Functio	nally inte	egrated		g [] .	Type III	- Non-fu	unctionally	ıntegr	ated
е		By checking other than for section 509	oundation	, I certify th managers ar	nat the orga nd other tha	anization is not control in one or more publicly	lled direct supported	tly or in I organiz	directly ations d	by one escribed	or more in section	disquali on 509(a)	fied persor (1) or	ıs	
f											🗌				
g															
														Yes	No
		(i) A per below	son who o , the gove	directly or ir erning body	ndirectly co of the sup	ontrols, either alone or oported organization? .	togethe	with pe	ersons d 	escribe	dın (ii) 	and (III)	11 g (i)		
		(ii) A fam	uly memb	er of a pers	son describ	ped in (i) above? .							11 g (ii)		
		(iii) A 35%	6 controll	ed entity of	a person o	described in (i) or (ii) a	above?						11 g (iii)		
h		Provide the	following	ınformatıoı	n about the	e supported organizati	on(s).								L
		(i) Name of su organizat		(ii) E	IN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (i	s the ation in) listed in overning ment?	(v) Did yo the organ column (supp	zation in	organız colui organız	Is the zation in mn (i) ed in the S ?	(vii) Amoun sup	of mon	etary
							Yes	No	Yes	No	Yes	No			
					•				· · · · ·						
(A)							1								
(B)															
(C)								<u> </u>					· · · · · · · · · · · · · · · · · · ·		
(D)							<u> </u>	· · · · · · · · · · · · · · · · · · ·							
(E)															
Total															
BAA	For	Paperwork	Reduction	on Act Notic	e, see the	Instructions for Form	990 or 9	990-EZ.		-	Schedule	e A (Form	990 or 990	-EZ) 2	2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support											
Cale begi	ndar year (or fiscal year nning 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.')	260,087.	280,060.	354,736.	399,612.	368,556.	1,663,051.					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.					
4	Total. Add lines 1 through 3	260,087.	280,060.	354,736.	399,612.	368,556.	1,663,051.					
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)						88,432.					
6	Public support. Subtract line 5 from line 4						1,574,619.					
Sec	tion B. Total Support											
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
7	Amounts from line 4	260,087.	280,060.	354,736.	399,612.	368,556.	1,663,051.					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	125.	769.	39.	111.	106.	1,150.					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV		11.				11.					
11	Total support. Add lines 7 through 10						1,664,212.					
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	6,156.					
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	ırd, fourth, or fıfth t	ax year as a section	on 501(c)(3)	-					
	tion C. Computation of Pu											
	Public support percentage for 20	-		ne 11, column (f))		——	94.62%					
15	Public support percentage from 3	2011 Schedule A,	Part II, line 14	• • • • • • • • • • • • • • • • • • • •		15	94.77%					
16 a	33-1/3% support test — 2012. If and stop here. The organization				nd the line 14 is 3	33-1/3% or more,	check this box					
b	33-1/3% support test – 2011. If t and stop here. The organization				•	33-1/3% or more,	check this box . ►					
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	e. Explain in Part	t IV how					
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation If the organization	meets the 'facts-a d-circumstances' l	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	t IV how the ►					
	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 1/a,								
BAA					Sch	neallie & (Form 9)	90 or 990-F7\ 2012					

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

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

Sec	tion A. Public Support						-
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')		(1)			(0,2012	(4) 10/01
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.						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)				1		
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	:					
12							
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)
	tion C. Computation of Pul						
	Public support percentage for 20			ne 13, column (f)		15	
	Public support percentage from 2					16	8
	tion D. Computation of Inv						
	Investment income percentage for				ımn (f)).	17	
	Investment income percentage fr					. 18	
	33-1/3% support tests – 2012. If is not more than 33-1/3%, check	this box and stop	p here. The orgar	nization qualifies	as a publicly supp	orted organizat	ion.
	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organızatıon qu	ialifies as a public	ly supported or	ganization 🟲 📗
20	Private foundation. If the organiz	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	l see instruction	is •

Schedule A	(Form 990 or 990-EZ) 2012	BOOK	'EM		58-2000621	Page 4
Part IV	Supplemental Informati Part II, line 17a or 17b; (See instructions).	on. Co and Pa	mplete rt III, III	this part to provide the explanations rene 12. Also complete this part for any a	quired by Part II, line dditional information.	10;
-	·					-
 	. - 					
					·	
						
 -						
	· 				. 	
						 -
	. 	·				
						- -

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

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Employer identification number

BO	OK 'EM	58-2000621
Pa	和 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 ad are the organization's property, subject to the organization's exclusive legal control?	vised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos impermissible private benefit?	se conferring Yes No
Pa	Conservation Easements. Complete if the organization answered 'Yes' to Fo	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	, , , , , , , , , , , , , , , , , , ,	storically important land area
	Protection of natural habitat Preservation of a cer	tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a clast day of the tax year.	conservation easement on the
	last day of the tax year.	Held at the End of the Tax Year
;	a Total number of conservation easements	a
1	b Total acreage restricted by conservation easements	ь
(c Number of conservation easements on a certified historic structure included in (a)	c
(d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization 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 and enforcement of the conservation easements it holds?	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	he year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the years.	ear
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1 and section 170(h)(4)(B)(II)?	70(h)(4)(B)(i) No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state include, if applicable, the text of the footnote to the organization's financial statements that describe conservation easements	ement, and balance sheet, and es the organization's accounting for
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	r Similar Assets.
1:	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar in Part XIII, the text of the footnote to its financial statements that describes these items.	atement and balance sheet works of nice of public service, provide,
1	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of following amounts relating to these items:	nent and balance sheet works of art, of public service, provide the
	(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 gai amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	n, provide the following
;	a Revenues included in Form 990, Part VIII, line 1	► \$
1	b Assets included in Form 990, Part X	. ▶\$

Schedule D (Form		
	 	-

58-2000621

Page 2

Part III Organizations Maintai	ning Collections	s of Art, Histo	orical	Treasures, o	r Other S	<u>imilar</u> Ass	ets (co	<u>entinu</u>	ed)
3 Using the organization's acquisition items (check all that apply).	, accession, and other	records, check a	any of t	he following that a	re a significa	ant use of its o	collection	ו	
a Public exhibition		d 🔲 Loan	or exc	hange programs					
b Scholarly research		e Other	·						
c Preservation for future gener	ations	-							
4 Provide a description of the organiz Part XIII.	ation's collections and	explain how the	y furthe	er the organization	's exempt pu	rpose in			
5 During the year, did the organiza to be sold to raise funds rather the	ian to be maintained	l as part of the o	organiz	ation's collection	1?		Yes		No
Partity Escrow and Custodial Arra	a <mark>ngements.</mark> Comple n Form 990, Part	te if the organiz X, line 21.	zation	answered 'Yes' to	o Form 990	, Part IV, line	e 9, or		
1 a Is the organization an agent, trus on Form 990, Part X? .					her assets r	not included	Yes		
b If 'Yes,' explain the arrangement	in Part XIII and com	plete the follow	ing tat	ole:			• .		
_							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 a		•				. · · · · [Yes	⊢	No
b If 'Yes,' explain the arrangement								·	<u></u>
Part V Endowment Funds. C		T .							
	(a) Current	(b) Prior ye		(c) Two years		ee years	(e) F	our year	
1 a Beginning of year balance . b Contributions	33,537.	34,4	100.	30,50	0.	0.			0.
b Contributions							1		
c Net investment earnings, gains,	4,365.		363.	3,90					
and losses	4,303.		,03.	3,30	0.		 		
e Other expenditures for facilities and programs						0.			
f Administrative expenses						<u> </u>			
g End of year balance	37,902.	33,5	37	34,40	<u> </u>	0.	 		0.
2 Provide the estimated percentage							_[
a Board designated or quasi-endowmi	•	0.00%	g,	00.0 (0), 110.0	u o.				
b Permanent endowment	8	<u>5.00</u> °							
c Temporarily restricted endowmen		%							
The percentages in lines 2a, 2b,		100%.							
3 a Are there endowment funds not in the organization by:	ne possession of the o	organization that	are hel	d and administered	d for the			Yes	No
(i) unrelated organizations	• • •	• • • • • • • • • • • • • • • • • • • •	• •				3a(i)	Х	
(ii) related organizations							3a(ii)		X
b If 'Yes' to 3a(II), are the related of	•	•					3b		
4 Describe in Part XIII the intended					RT XIII				
Part VII Land, Buildings, and I		.		, line 10.					
Description of property		st or other basis nvestment)	(b)	Cost or other oasis (other)	depre	ımulated cıatıon	(d) E	3ook va	lue ———
1 a Land			<u> </u>		in it is				
b Buildings			<u> </u>						
c Leasehold improvements			ļ						
d Equipment .			ļ	6,170.		5,685.			485.
e Other			<u></u>	1,701.		1,701.			0.
Total. Add lines 1a through 1e. (Colum	n (d) must equal Fo	rm 990, Part X,	colum	n (B), line 10(c).))	>			485.

Part VII Investments - Other Securities. See	Form 990, Part X,	line 12. N/A	
(a) Description of security or category	(b) Book value	(c) Method of valuation:	: Cost or
(including name of security)		end-of-year market	value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			····
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		* /*. *	
Part VIII Investments - Program Related. See			
(a) Description of investment type	(b) Book value	(c) Method of valuation: end-of-year market	
(1)		end of year market	Value
(2)			
(3)			<u> </u>
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).		環境できずない ファイイ ジャッ	4.
Part IX: Other Assets. See Form 990, Part X,	line 15.		
	scription		(b) Book value
(1) BENEFICIAL INT. IN ASSETS AT COMM	FDN		37,902.
(2)			

(3)			
(3) (4)			
(3)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)	B), line 15)		37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (d) column (d			37,902.
(3) (4) (5) (6) (7) (8) (9) (10)			37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column 4) Part X Other Liabilities. See Form 990, Part X	X, line 25.		37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column 4) Part X Other Liabilities. See Form 990, Part X (a) Description of hability	X, line 25.		37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) Description of liability (1) Federal income taxes	X, line 25.		37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. See Form 990, Part X (a) Description of hability (1) Federal income taxes (2)	X, line 25.		37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) Description of liability (1) Federal income taxes (2) (3) (4)	X, line 25.		37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	X, line 25.		37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	X, line 25.		37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) Description of hability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	X, line 25.		37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) Description of Hability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	X, line 25.		37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) Description of hability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	X, line 25.		37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. See Form 990, Part X (a) Description of hability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	X, line 25.		37,902.
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	X, line 25.		37,902.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	Schedule D (Form 990) 2012 BOOK 'EM 58	8-2000621	Page 4
2 A Mounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) SEE PART XIII 2 d 6,526 e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on line 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 25. a Donated services and uses of facilities c Other losses d Other (Describe in Part XIII) 5 SEE PART XIIII 6 Part Amounts included on line 1 but not on Form 990, Part IV, line 25. C Other losses C C d Secretive Part XIIII 7 Secretive Part XIIII 7 Secretive Part XIIII 7 Secretive Part XIIII 8 Secretive Part XIIII 8 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 8 Sotal expenses And lines 3 and 4c. (This must equal Form 990, Part VIII, line 7b 9 Secretive Part XIIII 9 Secretive Part XIIII 9 Secretive Part XIIII 9 Secretive Part XIIII 9 Secretive Part XIIII 9 Secretive Part XIIII 9 Secretive Part XIIII 9 Secretive Part XIIII 9 Secretive Part XIIII 9 Secretive Part XIIIII 9 Secretive Part XIIIII 9 Secretive Part XIIII 9 Secretive Pa		eturn	
a Net urrealized gains on investments b Donated services and use of facilities 2 b 12, 238. C Recoveries of prior year grants 2 c 2d 6,526. C 2d 6,526. C 2d 6,526. C 2d 6,526. C 2d 6,526. C 2d 6,526. C 2d 6,526. C 2d 6,526. C 2d 6,526. C 2d 6,526. C 2d 6,526. C 2d 6,526. C 2d 6,526. C 2d 3. Subtract line 2e from line 1 3 368,292. C 2d 3. Subtract line 2e from line 1 3 368,292. C 2d 3. Subtract line 2e from line 1 4 a 1 a 1 investment expenses not included on Form 990, Part VIII, line 7b 4 a 1 b Other (Describe in Part XIII.) 4 b C 3d Inline 3d and 4e. (This must equal Form 990, Part I, line 12). 5 368,292. C 3d 12,238. C 3d 12 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1	1 Total revenue, gains, and other support per audited financial statements	1	391,421.
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) SEE PART XIII. 2 d 6,526. 2 e 23,129. 3 Subtract line 26 from line 1 3 368,292. 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 12). 5 368,292. Rating III Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) SEE PART XIII C Other losses d Other (Describe in Part XIII) SEE PART XIII A Amounts included on Form 990, Part IV, line 25. a Danated services and use of facilities c Other losses d Other (Describe in Part XIII) SEE PART XIII A Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b A Amounts included on Form 990, Part IVII, line 7b B Other (Describe in Part XIII) C Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IVII, line 7b B Other (Describe in Part XIII) C Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IVII, line 7b B Other (Describe in Part XIII) C Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IVII, line 7b B Other (Describe in Part XIII) C Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IVIII line 7b C Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IVII, lines 1a and 4; Part IVI, lines 1b and 2b, Part IVII, lines 1b and 4; Part IVI, lines 1b and 4;	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
c Recoveries of pror year grants d Other (Describe in Part XIII.) SEE PART XIII. e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 4 Amounts included on Form 990, Part VIII, line 7b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue and line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities 2 C C C Other (Describe in Part XIII) 5 EE PART XIII 6 Add lines 2a through 2d 6 SEE PART XIII 7 Add lines 2a through 2d 7 Add lines 2a through 2d 7 Add lines 2a through 2d 7 Add lines 2a through 2d 7 Add lines 2a through 2d 7 Add lines 2a through 2d 7 Add lines 4a and 4b 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 7 Add lines 4a and 4b 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 7 Add lines 4a and 4b 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 8 Add 1d A	a Net unrealized gains on investments	35	
d Other (Describe in Part XIII.) SEE PART XIII. 2d 6,526. e Add lines 2a through 2d 23,129. 3 Subtract line 2e from line 1 3 368, 292. 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 XIII.) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total expenses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities. 2 Describe 12 Describe 12 Describe 12 Describe 13 Describe 14 Describe 14 Describe 14 Describe 14 Describe 14 Describe 14 Describe 14 Describe 14 Describe 14 Describe 15 Describe 15 Describe 16	b Donated services and use of facilities		
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2012

Employer identification numbe 58-2000621

BOOK 'EM Part(國 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

ž

X Yes

SEE PART IV

Partila 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. Part II can be duplicated if additional space is needed.

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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
(1) APOLLO MIDDLE SCHOOL		GOVERNMENT					TO PROMOTE
3	62-1374486 ENTITY	ENTITY	0.	5,230.	\$5 PER BOOK	BOOKS	READING
(2) CARTER-LAWRENCE ELE SCHOOL							
<u>1118_12TH_AVE_A</u>		GOVERNMENT					TO PROMOTE
NASHVILLE, TN 37203	62-1377703 ENTITY	ENTITY	0.	9,025.	\$5 PER BOOK	BOOKS	READING
(3) CHARLOTTE PARK ELEM SCHOOL							
480 ANNEX AVE		GOVERNMENT					TO PROMOTE
	62-1374133 ENTITY	ENTITY	0.	10,305.	\$5 PER BOOK	BOOKS	READING
(4) COMMUNITY RESOURCE CIR							
218 OMOHUNDRO PLACE							TO PROMOTE
NASHVILLE, TN 37210	62-1308387 501 (C) (3	501 (C) (3)	0.	8,490.	8,490. \$5 PER BOOK	BOOKS	READING
(5) FALL-HAMILTON EN OPT ELE SCH							
510_WEDGEWOOD_AVE		GOVERNMENT					TO PROMOTE
NASHVILLE, TN 37203	62-1374429 ENTITY	ENTITY	0.	7,285.	\$5 PER BOOK	BOOKS	READING
(6) GLENCLIFF HIGH SCHOOL							
160_ANTIOCH_PK		GOVERNMENT					TO PROMOTE
J	62-1158545 ENTITY	ENTITY	0.	11,020.	\$5 PER BOOK	BOOKS	READING
(7) KIRKPATRICK EN OPT ELE SCHOOL							
1000_SEVIER_ST		GOVERNMENT					TO PROMOTE
NASHVILLE, TN 37206	62-1377849 ENTITY	ENTITY	0.	7,660.	7,660. \$5 PER BOOK	BOOKS	READING
(8) PARK AVE ENHANCED OPT ELE SCH							
3703_PARK_AVE		GOVERNMENT					TO PROMOTE
NASHVILLE, TN 37209	62-1376792 ENTITY	ENTITY	0.	10,350.	\$5 PER BOOK	BOOKS	READING
2 Enter total number of section 501(c)(3) and government organization	and government o	rganizations listed	is listed in the line 1 table				11
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	1 table				A	2
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruction	s for Form 990.		TEEA3901L 11/30/12	11/30/12	Schedul	Schedule I (Form 990) (2012)

, Page 2

Schedule I (Form 990) (2012) BOOK 'EM

Part:III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated 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
2					
8					
4					
5					
9					
7					
Partilve Supplemental Information. Complete this part to additional information.	ľ	provide the informa	tion required in Pa	rt I, line 2, Part III, colt	provide the information required in Part I, line 2, Part III, column (b), and any other
PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.	MONITORING USE	OF GRANTS FUN	IDS IN U.S.		
BOOK'EM PROVIDES BOOKS TO MANY OF THE SAME	COF THE SAME	ORGANIZATIONS FROM YEAR TO YEAR. OUR STAFF	ROM YEAR TO YE	AR. OUR STAFF	
AND VOLUNTEERS KNOW THESE GROUPS, VISIT MANY OF THEM, AND HELP DISTRIBUTE THE BOOKS	JPS, VISIT MAN	Y OF THEM, AND	HELP_DISTRIBUT	E THE BOOKS	
IN MANY CASES. THROUGH THESE EFFORTS, WE		ARE ABLE TO MONITOR THEIR ELIGIBILITY AND	TOR THEIR ELIG	IBILITY AND	
COMPLIANCE. BEFORE A NEW ORGANIZATION IS PROVIDED BOOKS, THE STAFF TALKS WITH THEIR	VIZATION IS PRO	OVIDED BOOKS, 1	HE STAFF TALKS	WITH THEIR	
PERSONNEL TO ASCERTAIN THE NATURE OF THEIR		WORK, THEIR ELIGIBILITY, AND THAT THEY	GIBILITY, AND	THAT THEY	
UNDERSTAND OUR GUIDELINES. THEN, WE BEGIN		DEVELOPING A RELATIONSHIP WITH THEM IF THEY	ATIONSHIP WITH	THEM IF THEY	
ARE ELIGIBLE TO RECEIVE BOOKS FROM BOOK'EN	FROM BOOK'EM.	1 1 1 1 1 1 1 1	 	 	
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Schedule I (Form 990) (2012)

Continuation Sheet for Schedule I (Form 990)

2012

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Schedule I Cont (Form 990) 2012 (h) Purpose of grant or assistance ₹ TO PROMOTE READING TO PROMOTE TO PROMOTE TO PROMOTE TO PROMOTE READING READING READING READING Continuation Page Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 58-2000621 BOOKS BOOKS BOOKS BOOKS BOOKS Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (f) Method of valuation (book, FMV, appraisal, other) 59,480. | \$5 PER BOOK \$5 PER BOOK 8,280. S PER BOOK \$5 PER BOOK \$5 PER BOOK 5,930. 5,085. (e) Amount of non-cash assistance 5,355. (d) Amount of cash TEEA4001L 12/10/12 grant (c) IRC section if applicable GOVERNMENT GOVERNMENT GOVERNMENT GOVERNMENT 58-1475675 501 (C) (3) 74-3260586 ENTITY 62-1374434 ENTITY 30-0570176 ENTITY 62-6132448 ENTITY (b) EIN (a) Name and address of organization or government 421_GREAT_CIRCLE_RD______ 5832 PETIUS RD ROBERT_CHURCHWELL MUSEUM_SCH_ THURGOOD MARSHALL MIDDLE SCH TOM JOY ELEMENTARY SCHOOL WARNER_ENH_OPT_ELE_SCHOOL_ 1625 DR. DB_TODD_JR BLVD I NASHVILLE, TN 37228 NASHVILLE, TN 37208 NASHVILLE, IN 37207 NASHVILLE, TN 37206 2201 JONES AVE 626_RUSSELL_ST__ PENCIL FOUNDATION ANTIOCH, TN 37013 1 Name of the organization BOOK 'EM

SCHEDULE M (Form 990)

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

2012



Department of the Treasury Internal Revenue Service Name of the organization

Part Types of Property

BOOK 'EM

Employer identification number

58-2000621

-					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art – Works of art				
2	Art — Historical treasures				
3	Art – Fractional interests				
4	Books and publications	Х		221,082.	\$5 PER BOOK
5	Clothing and household goods				, , , , , , , , , , , , , , , , , , ,
6	Cars and other vehicles	,	have demonstrated the two to be defended and the second of the second of		
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded				
10	Securities – Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate – Residential				
16	Real estate – Commercial				
17	Real estate – Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ().				
26	Other ► ().				
27	Other ► ()				
28	Other► ()				
29		luring the tax	year for contributions for	or which the	
	organization completed Form 8283, Part IV, Done	e Acknowled	dgement		29
					Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 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?
 b If 'Yes,' describe the arrangement in Part II

 ${\bf 31} \quad \text{Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?} \ .$

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b if 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30 a X

31 X

32 a X

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

Schedule M (Form 990) 2012

Schedule	M (Form 99	0) 2012	BOOK	'EM								58-200	0621	Page 2
Partill'	Supplemand 33, number	mental Ir and whe	nformati ether the	i on. Co e organ ed, or a	omplete nization a combi	this par is repor ination o	t to pro ting in f both.	ovide Part Also	the inform I, column complete	mation (b), t this p	required he numb part for a	d by Part er of cont ny additio	l, lines 30b ributions, f nal inform	o, 32b, the ation.
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Name of the organization BOOK 'EM

Employer identification number 58-2000621

 FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES
 OUR BIBLIOTECA SIN PAREDES PROGRAM WAS PHASED OUT IN 2012. THE NASHVILLE PUBLIC
 LIBRARY SYSTEM ADOPTED OVERSIGHT FOR OUR BILINGUAL READING VOLUNTEERS. BOOK'EM STILL
 PROVIDES BILINGUAL BOOKS FOR LOWER-INCOME CHILDREN IN DAVIDSON COUNTY, TN, AS WE
 HAVE THEM AVAILABLE.
 FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION
 READ ME WEEK - HIGHLIGHTS THE IMPORTANCE AND FUN OF READING. DURING THIS WEEK EACH
 YEAR, ORGANIZATIONS, COMPANIES, AND GROUPS ADOPT LOCAL ELEMENTARY AND MIDDLE SCHOOLS
 TO HELP THEM CELEBRATE READING.
 DURING READ ME WEEK, MORE THAN 10,000 STUDENTS AT 44 SCHOOLS IN NASHVILLE CELEBRATED
 READING ALONG WITH MORE THAN 600 VOLUNTEER READERS FROM 35 BUSINESSES AND
 ORGANIZATIONS.
BIBLIOTECA SIN PAREDES - PROVIDES BILINGUAL (SPANISH/ENGLISH) BOOKS AND READING
 VOLUNTEERS TO CHILDREN IN LIBRARIES AND PROGRAMS THAT SERVE HISPANIC FAMILIES. MORE
 THAN 100 BILINGUAL AND FOREIGN LANGUAGE BOOKS WERE GIVEN TO CHILDREN THROUGH OUR
 BIBLIOTECA SIN PAREDES PROGRAM. VOLUNTEERS READ IN SPANISH AND ENGLISH DURING STORY
 TIME AT THE LOCAL LIBRARY. MID-WAY THROUGH THE YEAR, THE LIBRARY SYSTEM BEGAN
 SUPERVISING THESE BILINGUAL VOLUNTEERS AND BOOK'EM PHASED OUT THIS PROGRAM.
 FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS
 BEFORE THE FORM 990 IS FILED, THE TREASURER, BOOKKEEPER AND EXECUTIVE DIRECTOR
 REVIEW IT FOR ACCURACY. A DRAFT VERSION IS ALSO SENT ELECTRONICALLY TO ALL BOARD
 MEMBERS PRIOR TO FILING FOR THEIR REVIEW PURPOSES.

•						
Schedule O (Form 990 or 990-EZ) 2012 Page 2						
Name of the organization BOOK 'EM	Employer identification number 58-2000621					
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMI						
EACH YEAR BOARD MEMBERS MUST COMPLETE A FORM INDICATING ANY AFFILIATIONS THEY HAVE						
WITH OTHER ORGANIZATIONS AND COMPANIES, AS WELL AS CONFIRMING THAT THEY HAVE READ						
OUR CONFLICT OF INTEREST POLICY. IN ADDITION, THIS IS DISCUSSE	D AT THE FIRST BOARD					
MEETING OF THE FISCAL YEAR.						
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	- CEO, TOP MANAGEMENT					
A COMMITTEE OF BOARD MEMBERS RESEARCHED COMPARABLE NONPROFIT OF	GANIZATIONS AND THE					
FULL BOARD DISCUSSED THE EXECUTIVE DIRECTOR'S COMPENSATION FULL	Y BEFORE VOTING TO					
APPROVE IT.						
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE					
THE DOCUMENTS ARE MADE AVAILABLE ON GIVINGMATTERS.COM WEBSITE A	AS PART OF THE					
ORGANIZATION'S NON-PROFIT PROFILE.						
	· 					

Form 8868	(Rev 1-2013)				Page 2		
	re filing for an Additional (Not Automatic) 3-Montl	h Extension	, complete only Part II and check t	his box			
-	complete Part II if you have already been granted				لــا		
	re filing for an Automatic 3-Month Extension, con						
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Pentl	Additional (Not Automatic) 3-Month Ex	xterision					
 			Enter filer's i	dentifying number, see ins			
	Name of exempt organization or other filer, see instructions			Employer identification number	(EIN) or		
Type or							
print	BOOK 'EM			58-2000621			
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filing your return. See instructions.	161 RAINS AVENUE City, town or post office, state, and ZIP code For a foreign address	ions.					
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Form 990-l		02	Form 1041-A	<u> </u>	08		
Form 4720	······································	03	Form 4720		09		
Form 990-l		04	Form 5227		10		
	T (section 401(a) or 408(a) trust)	05	Form 6069		11		
		06	Form 8870		12		
Form 990-	T (trust other than above)	1 00	F01111 8870		12		
Telepho If the o If this i whole grou	oks are in care of MELISSA SPRADLIN one No. (615) 255-1820 organization does not have an office or place of but s for a Group Return, enter the organization's four up, check this box If it is for part of the grant he extension is for.	digit Group	ne United States, check this box Exemption Number (GEN)	. If this	is for the		
4 1	and an additional 2 month outcomes of time until	11/15	20 12				
4 i requ	uest an additional 3-month extension of time until	_TT_T2_	, 20 <u>13</u> .	20			
6 If the	alendar year 2012 , or other tax year beginnin tax year entered in line 5 is for less than 12 months.	ths, check r	reason: Initial return	Final return	- - '		
	Change in accounting period						
	_	AYER RE	SPECTFULLY REQUESTS AD	DITTONAL TIME TO	0		
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8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4	720, or 606	9, enter the tentative tax, less any				
nonre	efundable credits. See instructions			The second secon	<u>-</u>		
paym	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868						
c Balaı EFTF	c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions						
	Signature and Verific	ation mu	st be completed for Part II o	nly.			
Under penaltie correct, and co	is of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form.	companying sch	nedules and statements, and to the best of my k	unowledge and belief, it is true,	1		
Signature -	Dianam. Landa Title .	\mathcal{C}	<i>A</i>	Date ► 8//	3//3		
BAA	MI WOOD TIME	FIFZ0502L	. 01/21/13	Form 8868 (Rev 1-2013		

2	012	SCHEDUL	E A, PART			MENTAL	INFORMATIC	
	<u> </u>			BOOK'	⊏ IVI	-		58-2000621
	PART II, LINE 10	- OTHER INC	OME					
	NATURE AND SO	URCE	2012	2011		2010	2009	2008
	OTHER RECEIPT	'S TOTAL	\$ 0.	\$	0. \$	0.	\$ 11. \$ 11.	0.
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SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4

BOOK 'EM

58-2000621

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENT EXPENSES

TOTAL \$ 6,526.

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENT EXPENSES

... . \$ 6,526. TOTAL \$ 6,526.