

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2001

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

For the 2001 calendar year, OR tax year beginning **7/1/2001**, and ending **6/30/2002**

Please use IRS label or print or type See Specific Instructions	C Name of organization RECORDING FOR THE BLIND & DYSLEXIC, INC		D Employer identification number 13-1659345
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 20 ROSZEL ROAD		E Telephone number (609) 520-8010
	City or town PRINCETON	State or country NJ	ZIP + 4 08540
	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)		

Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates **21**

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

Web site

Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527

Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Enter 4-digit GEN **3333**

Gross receipts Add lines 8b, 8c, 9b, and 10b to line 12 **94,463,107**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	STATEMENT 1	1a	11,632,456	
b	Indirect public support		1b	135,818	
c	Government contributions (grants)		1c	11,625,778	
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)		1d	23,394,052	
2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	2,287,763	
3	Membership dues and assessments		3	544,815	
4	Interest on savings and temporary cash investments		4		
5	Dividends and interest from securities		5	1,304,135	
6a	Gross rents		6a		
b	Less rental expenses		6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	0	
7	Other investment income (describe _____)		7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
b	Less cost or other basis and sales expenses	63,690,569	8b		
c	Gain or (loss) (attach schedule)	68,174,139	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	-4,483,570	8d	-4,483,570	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including contributions reported on line 1a) \$ _____ of	STATEMENT 2	9a	866,784	
b	Less direct expenses other than fundraising expenses		9b	223,416	
c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	643,368	
10a	Gross sales of inventory less returns and allowances		10a	1,974,416	
b	Less cost of goods sold	STATEMENT 2	10b	1,175,522	
c	Gross profit (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	798,894	
11	Other revenue (from Part VII, line 103)		11	400,573	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	24,890,030	
13	Program services (from line 44, column (B))		13	21,985,640	
14	Management and general (from line 44, column (C))		14	5,661,069	
15	Fundraising (from line 44, column (D))		15	4,671,901	
16	Payments to affiliates (attach schedule)		16		
17	Total expenses (add lines 16 and 44, column (A))		17	32,318,610	
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	-7,428,580	
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	71,436,077	
20	Other changes in net assets or fund balances (attach explanation)		20		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	64,007,497	

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20

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 54,000	54,000		
23 Specific assistance to individuals (attach schedule)	23 0			
24 Benefits paid to or for members (attach schedule)	24 0			
25 Compensation of officers, directors, etc	25 1,039,198		1,039,198	
26 Other salaries and wages	26 13,933,097	10,633,594	1,678,333	1,621,170
27 Pension plan contributions	27 1,001,196	710,849	180,215	110,132
28 Other employee benefits	28 1,668,147	1,184,384	300,266	183,497
29 Payroll taxes	29 1,118,535	794,160	201,336	123,039
30 Professional fundraising fees	30 0			
31 Accounting fees	31 0			
32 Legal fees	32 0			
33 Supplies	33 0			
34 Telephone	34 348,317	310,666	28,333	9,318
35 Postage and shipping	35 1,564,226	524,587	34,923	1,004,716
36 Occupancy	36 1,413,679	1,294,534	105,658	13,487
37 Equipment rental and maintenance	37 383,923	362,658	19,526	1,739
38 Printing and publications	38 2,174,924	1,028,267	293,450	853,207
39 Travel	39 1,152,788	746,121	181,158	225,509
40 Conferences, conventions, and meetings	40 0			
41 Interest	41 0			
42 Depreciation, depletion, etc (attach schedule)	42 1,656,315	1,284,765	287,066	84,484
43 Other expenses not covered above (itemize) a _____	43a 0			
b STATEMENT 4	43b 4,810,265	3,057,055	1,311,607	441,603
c _____	43c 0			
d _____	43d 0			
e _____	43e 0			
f _____	43f 0			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 32,318,610	21,985,640	5,661,069	4,671,901

Joint Costs Check if you are following SOP 98-2

Are there any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

"Yes" enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? SEE STATEMENT 5
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

a <u>SEE STATEMENT 5</u>				
	(Grants and allocations \$ _____)			21,985,640
b _____				
	(Grants and allocations \$ _____)			
c _____				
	(Grants and allocations \$ _____)			
d _____				
	(Grants and allocations \$ _____)			
e Other program services (attach schedule)	(Grants and allocations \$ _____)			
f Total of Program Service Expenses (should equal line 44, column (B), Program services)				21,985,640

Part IV Balance Sheets

(See Specific Instructions on page 24)

Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets				
5	Cash - non-interest-bearing	6,400,527	45	6,902,489
6	Savings and temporary cash investments		46	
7a	Accounts receivable		47a	
7	Less allowance for doubtful accounts		47b	0
			47c	
8a	Pledges receivable	838,713	48a	
8	Less allowance for doubtful accounts		48b	838,713
9	Grants receivable	3,201,352	49	3,938,382
10	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
11a	Other notes and loans receivable (attach schedule)		51a	
11	Less allowance for doubtful accounts		51b	0
			51c	
12	Inventories for sale or use	412,132	52	82,333
13	Prepaid expenses and deferred charges	101,818	53	316,449
14	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV STMT	51,390,534	54	42,088,259
15a	Investments - land, buildings, and equipment basis		55a	
15	Less accumulated depreciation (attach schedule)		55b	0
		0	55c	0
16	Investments - other (attach schedule)		56	0
17a	Land, buildings, and equipment basis STATEMENT 3	24,756,834	57a	
17	Less accumulated depreciation (attach schedule)	12,293,630	57b	
		11,529,917	57c	12,463,204
18	Other assets (describe STATEMENT 3 A)	186,128	58	299,966
19	Total assets (add lines 45 through 58) (must equal line 74)	74,183,564	59	66,929,795
Liabilities				
20	Accounts payable and accrued expenses	2,747,487	60	2,922,298
21	Grants payable		61	
22	Deferred revenue		62	
23	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
24a	Tax-exempt bond liabilities (attach schedule)		64a	
24	Mortgages and other notes payable (attach schedule)		64b	
25	Other liabilities (describe _____)	0	65	0
26	Total liabilities (add lines 60 through 65)	2,747,487	66	2,922,298
Net Assets or Fund Balances				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
27	Unrestricted	61,433,901	67	54,224,936
28	Temporarily restricted	4,379,143	68	4,005,409
29	Permanently restricted	5,623,033	69	5,777,152
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
30	Capital stock, trust principal, or current funds		70	
31	Paid-in or capital surplus, or land, building, and equipment fund		71	
32	Retained earnings, endowment, accumulated income, or other funds		72	
33	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	71,436,077	73	64,007,497
34	Total liabilities and net assets/fund balances (add lines 66 and 73)	74,183,564	74	66,929,795

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented in its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

a	Total revenue, gains, and other support per audited financial statements	a	43,954,831
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ 17,665,863		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) STATEMENT 3 \$ 1,398,938		
	Add amounts on lines (1) thru (4)	b	19,064,801
c	Line a minus line b	c	24,890,030
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	24,890,030

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	51,383,411
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 17,665,863		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) STATEMENT 3 \$ 1,398,938		
	Add amounts on lines (1) thru (4)	b	19,064,801
c	Line a minus line b	c	32,318,610
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	32,318,610

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RICHARD O SCRIBNER 20 ROSZEL ROAD, PRINCETON, NJ 08540	PRESIDENT 37 5	219,833	21,983	
VERNON A BRAMBLE 20 ROSZEL ROAD, PRINCETON, NJ 08540	EXEC V P 37 5	173,217	17,322	
BARBARA VANDERKOLK 20 ROSZEL ROAD, PRINCETON, NJ 08540	SR V P 37 5	144,948	144,945	
PETER BERAN 20 ROSZEL ROAD, PRINCETON, NJ 08540	SR V P 37 5	143,623	14,362	
JOHN KELLY 20 ROSZEL ROAD, PRINCETON, NJ 08540	SR V P 37 5	135,948	16,314	
JOHN A CHURCHILL 20 ROSZEL ROAD, PRINCETON, NJ 08540	SR V P 37 5	115,411	13,849	
CAROLYN HARPER 20 ROSZEL ROAD, PRINCETON, NJ 08540	SR V P 37 5	106,218	10,622	
SEE ATTACHED STATEMENT b				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes" attach schedule - see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)		Yes or No
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	No
Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	No
If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
Enter direct or indirect political expenditures See line 81 instructions	81a	
Did the organization file Form 1120-POL for this year?	81b	No
Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes
If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	17,665,863
Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes
Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
Dues, assessments, and similar amounts from members	85c	
Section 162(e) lobbying and political expenditures	85d	
Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
Gross receipts, included on line 12, for public use of club facilities	86b	
501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	No
501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE section 4912 NONE section 4955 NONE		
501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	No
Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
List the states with which a copy of this return is filed SEE STATEMENT 7		
Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	399
The books are in care of VERNON A BRAMBLE, EXEC V P Telephone no 609-520-8010		
Located at 20 ROSZEL ROAD, PRINCETON, NJ ZIP + 4 08540		
Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on page 32)

Enter gross amounts unless otherwise stated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
Program service revenue					482,795
REGISTRATION FEES					1,746,618
AIM PROGRAM					58,350
OUTREACH TRAINING REVENUE					
Medicare/Medicaid payments					
Fees and contracts from government agencies					
Membership dues and assessments			03	544,815	
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	1,304,135	
Net rental income or (loss) from real estate debt-financed property					
not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory			18	-4,483,570	
Net income or (loss) from special events			01	643,368	
Gross profit or (loss) from sales of inventory					798,894
Other revenue a			03	400,573	
Subtotal (add cols (B), (D), and (E))		0		-1,590,679	3,086,657
Total (add line 104, columns (B), (D), and (E))					1,495,978

Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SEE STATEMENT

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 33)

Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract? Yes No

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on information furnished by taxpayer.

Preparer's Information:

Signature of officer: Vernon A. Bramble - EVP, Operat
 Type or print name and title

Preparer's signature: [Signature]
 Firm's name (or yours if self-employed): Steven D. Woldar, CPA
 address and ZIP + 4: 7 Lincoln Highway, Edis

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2001

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Supplementary Information - (See separate instructions)

Name of the organization RECORDING FOR THE BLIND & DYSLEXIC, INC	Employer identification number 13-1659345
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
PETER T SMITH C/O RECORDING FOR THE BLIND	VICE PRES MARKETING 37 5	101,718	10,172	
GEORGE KERSCHER C/O RECORDING FOR THE BLIND	PROJECT MANAGER 37 5	86,347	10,362	
LESLIE WEINRIB C/O RECORDING FOR THE BLIND	DIRECTOR, HUMAN RESOURCES 37 5	86,083	10,330	
KATHLEEN KORPOLINSKI C/O RECORDING FOR THE BLIND	DIRECTOR OF STRATEGIC RELATIONS 37 5	84,192	8,419	
ELIZABETH R DANNER C/O RECORDING FOR THE BLIND	DEVEL DIRECTOR FUNDRAISING 37 5	81,037	9,724	
Total number of other employees paid over \$50,000	54			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MILLER & MITCHELL, P C 863 STATE ROAD PRINCETON, NJ 08540	LEGAL	210,233
SALEM, SAXON, P A 101 KENNEDY BLVD SUITE 3200 TAMPA, FL 33602	LEGAL	143,183
VAN SCOYOC ASSOCIATES, INC 101 CONSTITUTION AVENUE, N W , SUITE 600 WEST WASHINGTON, DC 20001	CONSULTANT	128,400
MANJU BANERJEE 10 CHESTNUT STREET ACTON, MA 01720	CONSULTANT	94,759
OSBORNE A DAY 200 P STREET, N W , SUITE 510 WASHINGTON, DC 20036	CONSULTANT	89,267
Total number of others receiving over \$50,000 for professional services	3	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>497,198</u> (Must equal amounts on line 38, Part VI-A or line 1 of Part VI B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) STMT 5	X	
4 Do you have a section 403(b) annuity plan for your employees? Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments	X	

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

12 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

4 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

NOTE You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
5 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	25,441,509	18,356,239	19,273,278	21,594,654	84,665,680
6 Membership fees received	436,512	534,409			970,921
7 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,694,632	3,702,878	3,109,982	2,406,157	11,913,649
8 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,987,988	1,569,256	1,404,671	6,242,719	11,204,634
9 Net income from unrelated business activities not included in line 18					0
0 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
1 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
2 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	1,252,206	883,768	64,759	191,098	2,391,831
3 Total of lines 15 through 22	31,812,847	25,046,550	23,852,690	30,434,628	#####
4 Line 23 minus line 17	29,118,215	21,343,672	20,742,708	28,028,471	99,233,066
5 Enter 1% of line 23	318,128	250,466	238,527	304,346	///
6 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 1,984,661
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b none
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 99,233,066
d Add: Amounts from column (e) for lines 18 11,204,634 19 0					26d 13,596,465
22 2,391,831 26b none					26e 85,636,601
e Public support (line 26c minus line 26d total)					26f 86.30%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
7 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add: Amounts from column (e) for lines 15 0 16 0					27c 0
17 0 20 0 21 0					27d 0
d Add: Line 27a total 0 and line 27b total 0					27e 0
e Public support (line 27c total minus line 27d total)					27f 0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
8 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire

(See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
29		
1 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
30		
1 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
31		
2 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
32d		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
3		
Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
33a		
b Admissions policies?		
33b		
c Employment of faculty or administrative staff?		
33c		
d Scholarships or other financial assistance?		
33d		
e Educational policies?		
33e		
f Use of facilities?		
33f		
g Athletic programs?		
33g		
h Other extracurricular activities?		
33h		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
1a Does the organization receive any financial aid or assistance from a governmental agency?		
34a		
b Has the organization's right to such aid ever been revoked or suspended?		
34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement		
5 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		
35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	497,198												
38	Total lobbying expenditures (add lines 36 and 37)	38	0												
39	Other exempt purpose expenditures	39	31,821,412												
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0												
41	Lobbying nontaxable amount Enter the amount from the following table - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	0
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0												
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0												
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0												

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4 - Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,216,175	4,216,175
46 Lobbying ceiling amount (150% of line 45(e))					6,324,263
47 Total lobbying expenditures	497,198	571,852	384,222	397,376	1,850,648
48 Grassroots nontaxable amount	250,000	250,000	250,000	304,044	1,054,044
49 Grassroots ceiling amount (150% of line 48(e))					1,581,066
50 Grassroots lobbying expenditures	NONE	NONE	NONE	NONE	0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes		No		Amount
	Yes	No	Yes	No	
a Volunteers					
b Paid staff or management (Include compensation in expenses reported on lines c through h)					
c Media advertisements					
d Mailings to members, legislators, or the public					
e Publications, or published or broadcast statements					
f Grants to other organizations for lobbying purposes					
g Direct contact with legislators, their staffs, government officials, or a legislative body					
h Rallies demonstrations seminars, conventions speeches, lectures or any other means					
i Total lobbying expenditures (Add lines c through h)					0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

RECORDING FOR THE
BLIND & DYSLEXIC, INC

PART I LINE 9

SPECIAL EVENTS	ANNUAL BENEFITS	NATIONAL RECORD-A-THON	GOLF TOURNAMENTS	OTHER	TOTAL
GROSS REVENUE	280939	233949	78945	272951	
DIRECT EXPENSES	<u>94685</u>	<u>7169</u>	<u>31162</u>	<u>90400</u>	
NET INCOME	186254	226780	47783	182551	643368

PART 1 LINE 10

GROSS PROFIT	
SALE OF TAPEPLAYERS	1564695
UNITS SALES	294279
OTHER SALES	149271
SALES RETURNS	<u>-33829</u>
NET SALES	1974416
COST OF SALES	
TAPEPLAYERS	1157997
UNITS	<u>17525</u>
NET COST OF SALES	<u>1175522</u>
GROSS PROFIT	<u>798894</u>

STATEMENT 2

RECORDING FOR THE BLIND &
DYSLEXIC, INC
PART IV

LINE 54 INVESTMENTS

MONEY MARKET FUNDS	5011571
MUTUAL FUNDS	6792680
CORPORATE STOCK	14572626
CORPORATE BONDS	4310890
U S GOVERNMENT SECURITIES	8103283
INTERNATIONAL FUNDS	<u>3297209</u>

TOTAL INVESTMENTS	<u>42088259</u>
-------------------	-----------------

LINE 57 FIXED ASSETS

LAND	1236694
BUILDING AND IMPROVEMENTS	7962034
RECORDING AND OFFICE EQUIP	<u>15558106</u>
TOTAL FIXED ASSETS	24756834

ACCUMULATED DEPRECIATION	<u>-12293630</u>
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NET BOOK VALUE	<u>12463204</u>
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PART IV-A AND IV-B

COST OF GOODS SOLD	1175522
SPECIAL EVENTS EXPENSES	<u>223416</u>

TOTAL	<u>1398938</u>
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STATEMENT 3

RECORDING FOR THE BLIND &
 DYSLEXIC, INC
 PART II FUNCTIONAL EXPENSES

LINE 43 OTHER EXPENSES	TOTAL	PROGRAM SERVICES	MANAGEMENT	FUNDRAISING
PROFESSIONAL FEES	1691881	658502	770004	263375
TAPES AND PRODUCTION	1054401	1054401		
DATA PROCESSING	365922	291758	68218	5946
BOOKS AND PUBLICATIONS	310327	273213	23437	13677
INVESTMENT EXPENSE	328729		328729	
VOLUNTEER EXPENSE	114965	104189	8173	2603
MISCELLANEOUS	<u>944040</u>	<u>674992</u>	<u>113046</u>	<u>156002</u>
TOTAL	<u>4810265</u>	<u>3057055</u>	<u>1311607</u>	<u>441603</u>

STATEMENT 4

RECORDING FOR THE BLIND & DYSLEXIC, INC
PART III

ORGANIZATION'S EXEMPT PURPOSE

TO SERVE PEOPLE WHO CANNOT READ STANDARD PRINT BECAUSE OF
A VISUAL, PERCEPTUAL OR OTHER PHYSICAL DISABILITY WITH
RECORDED BOOKS FOR ALL ACADEMIC LEVELS

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RECORDING AND DISSEMINATION OF RECORDED TEXTBOOKS ON AUDIO
AND ELECTRONIC MEDIA TO INDIVIDUAL WITH A VISUAL, PERCEPTUAL
OR OTHER PHYSICAL DISABILITY DONATED SERVICES TO THE
ORGANIZATION AMOUNTED TO \$ 17,665,863 IN ADDITION TO THE
\$ 21,985,640 SHOWN HERE

SCHEDULE A PART III
EXPLANATION FOR LINE 3

ON AN ANNUAL BASIS, RECORDING FOR THE BLIND & DYSLEXIC HONORS
NINE RANKING, VISUALLY HANDICAPPED, COLLEGE SENIORS WHO USE
THE ORGANIZATION'S SERVICES THESE STUDENTS RECEIVE
SCHOLARSHIPS IN RECOGNITION OF THEIR SCHOLASTIC ACHIEVEMENTS

3/22/02

NATIONAL BOARD OF DIRECTORS: FY 2002

Chairman:	James T. Helwig
Vice Chairman:	Karna Bodman
Vice Chairman	Celeste V. Lopes, Esq
Secretary:	Marshall Loeb
Treasurer:	Thomas W Trainor
Recording Secretary:	

(Please report any changes to Recording Secretary)

** Note: Directors are not compensated*

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FY 2003**

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7/18/02

RFB&D – Berkshire Unit Directors
June 2002

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MICHIGAN UNIT BOARD 2002/2003

Updated 3-4

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CALIFORNIA
CONNECTICUT
ILLINOIS
FLORIDA
KANSAS
KENTUCKY
MAINE
MARYLAND
MASSACHUSETTS
MICHIGAN
MINNESOTA
MISSOURI
NEW HAMPHIRE
NEW MEXICO
NEW JERSEY
NEW YORK
NORTH CAROLINA
OHIO
OKLAHOMA
OREGON
PENNSYLVANIA
SOUTH CAROLINA
TENNESSEE
UTAH
VIRGINIA
WEST VIRGINIA
WISCONSIN

STATEMENT 7

RECORDING FOR THE BLIND & DYSLEXIC, INC

PART VIII

LINE 93A

REGISTRATION FEES COVER PART OF THE COST TO PROCESS
APPLICATIONS FOR SERVICES

AIM PROGRAM FEES ARE FOR INSTITUTIONS USE OF EQUIPMENT
TO USE BOOKS, TAPES, ETC

OUTREACH PROGRAM PROMOTES EDUCATIONAL AND
PROFESSIONAL SUCCEESS THROUGH TRAINING INDIVIDUALS
IN USING ALL EQUIPMENT

LINE 102

PRODUCTS USED TO ENABLE THE VISUALLY IMPAIRED TO BE
COMPLETE ACADEMIC AND PROFESSIONAL PROGRAMS

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization RECORDING FOR THE BLIND & DYSLEXIC, INC		Employer identification number 13-1659345
	Number, street and room or suite no. If a P O box, see instructions 20 ROSZEL ROAD		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address see instructions PRINCETON, NJ 08540		

Check type of return to be filed (File a separate application for each return)

- Form 990
- Form 990 EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) 3333

3333

If this is

for the whole group check this box

If it is for part of the group, check this box

and attach a list with the

names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/15/2003
- 5 For calendar year _____, or other tax year beginning 7/1/2001 and ending 6/30/2002
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits See instructions

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 Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

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Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form

Signature *Steven D. Woldar* Title CPA Date 1/15/2003

Notice to Applicant-To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7 we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other

EXTENSION APPROVED

Director _____ By _____

Alternate Mailing Address-

Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name STEVEN D. WOLDAR, CPA
	Number and street (include suite, room, or apt. no.) Or a P O box number 7 LINCOLN HIGWAY SUITE 202
	City or town, province or state, and country (including postal or ZIP code) EDISON, NJ 08820