	H-rM

199

Calendar Year 2011 or fiscal year beginning mofit  REELRADIO, Inc.  Address (suite, room, or PMB no.)  2IP Code  State  City  Sacramento  April Return  Prisal Return  Pris	201	1 Annual Information Ret	urn							15	<u> </u>	
Componenticol/generation names  Californic corporation number  Californic corporation number  Californic corporation number  Californic californic corporation number  Californic californi		/ear 2011 or fiscal year beginning month		( _/7, and	ending month_	da	ıy	yea	ar	·		
Second Page				$\checkmark$			•			_	_	_
216 Grace Avenue	REELR	ADIO, Inc.		II			2	_2_	4	8	7	6
Sacramento  CA   Code   Seasa-2035    A First Return	•			<u>.</u>			0			C	4	
A First Return		ace Avenue	-1-	T 2						b	4	
A First Return	-			I	_		er e	1960				1000
B Anneaded Return.												
C. RIG Section 4947(a)(1) trust	A First Re	turn	s 🗹 No									
C Incl. section 1947(8(1) titls 1   1   1   1   1   1   1   1   1   1										-ρ		
D Final Return									подоси	σ,		
Check accounting method:			s 🗹 No							□ Y	es l	☑No
Check accounting method:   (1)   Cash   (2)   Accrual   (3)   Other				If "Yes," cor	nplete and attach	form FTB	3509.					
If "Yes," enter the gross receipts from nonmember sources, "enter the gross receipts from on group depting the sources, "enter the gross receipts from nonmember sources, "enter the gross receipts from the sources, "enter the gross receipts from the sources, "enter the gross religions, "enter the gross receipts from nonmember sources, "enter t		· · · · · · · · · · · · · · · · · · ·	_					n 2370 <sup>-</sup>	1g?. <b>€</b>	D Y	es	☑No
Sources. \$   Federal return filed?												
(1) © 1990 (2) © 1990 (P) (3) © 1990 (P) (4) © 1990 (P) (P) (4) © 1990 (P)									<b>.</b>	. \$		
G is this a group filling for the subordinates/affiliates?   Yes   Not if Yes, attach a roster. See instructions   Yes   Ye				L If organizati	on is exempt und	er R&TC S	Section :	23701d	l and is	3		
If "Yes," attach a roster. See instructions  It is this organization in a group exemption?			s Min	1	•	-						
It is this organization in a group exemption?			3 (2.110)	Supported p								
If "Yes," what is the parent's name?  I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? .			· MNo			-						- <del></del>
Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?			5 E-140	_		-				<b>□</b> Y	es	<b>₩</b> No
I bid the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? . ● □Yes ☑No If "Yes," explain, and attach copies of revised documents.    Part   Complete Part   unless not required to file this form. See General Instructions B and C.	11 165,	what is the parent's hame?										Znia
governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? .	■ Did the	organization have any changes in its activities							•	<b>у</b> [ ] Y	38	M INO
that have not been reported to the Franchise lax Board?.     T'eys, "explain, and attach copies of revised documents.		• •							4		se l	MNo
Part I Complete Part Lunless not required to file this form. See General Instructions B and C.  1 Gross sales or receipts from other sources. From Side 2, Part III, line 8.	that hav	ve not been reported to the Franchise Tax Board? • 🗆 Yes	s 🗹 No	ino auditeu	iira piioi yearr .				•	, I	, o	
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.	If "Yes,"	explain, and attach copies of revised documents.										
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.	Part I C	omplete Part I unless not required to file this form. See G	eneral In	structions B and	C.							
Receipts and Revenues 3 Gross contributions, gifts, grants, and similar amounts received. 9 3 000								1		65	5,74	5 00
A Total gross receipts for filling requirement test. Add line 1 through line 3.  This line must be completed. If the result is less than \$25,000, see General Instruction B.  5 Cost of goods sold.  6 Cost or other basis, and sales expenses of assets sold.  7 Total costs. Add line 5 and line 6.  8 Total gross income. Subtract line 7 from line 4.  6 8 G5,745 00  Expenses  9 Total expenses and disbursements. From Side 2, Part II, line 18.  9 Total expenses and disbursements. From Side 2, Part II, line 18.  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.  11 Filling fee \$10 or \$25. See General Instruction F.  12 Total payments.  13 Penalties and Interest. See General Instruction J.  14 Use tax. See General Instruction K.  15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.  16 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has my knowledge.  Preparer's signature  Preparer's signature  Firm's name (or yours, if self-employed) and address  Preparer's signature  Firm's name (or yours, if self-employed) and address								2				00
This line must be completed. If the result is less than \$25,000, see General Instruction B.  This line must be completed. If the result is less than \$25,000, see General Instruction B.  Total costs, and sales expenses of assets sold  Cost or other basis, and sales expenses of assets sold  Total costs. Add line 5 and line 6.  Total costs. Add line 5 and line 6.  Total costs. Add line 5 and line 6.  Total costs or other basis, and sales expenses of assets sold  Total costs. Add line 5 and line 6.  Total costs. Add line 5 and line 7 from line 4.  Expenses  Total expenses and disbursements. From Side 2, Part II, line 18.  Total costs. Add line 5 and line 7 from line 4.  Total costs. Add line 5 and line 6.  Total costs. Add line 9 from line 8.  Total costs. Add line 5 and line 6.  Total costs. Add line 9 from line 4.  Total costs. Add line 5 and line 6.  Total costs. Add line 9 from line 4.  Total costs. Add line 9 from line 8.  Total costs. Add line 9 from line 9 from line 8.  Total costs. Add line 9 from line 8.  Tota		3 Gross contributions, gifts, grants, and similar amounts	received.				●	3				00
This line must be completed. If the result is less than \$25,000, see General Instruction B.	_		-									<del></del>
6 Cost or other basis, and sales expenses of assets sold 7 Total costs. Add line 5 and line 6. 7 000 8 Total gross income. Subtract line 7 from line 4. 8 65,745 00 8 Total gross income. Subtract line 7 from line 4. 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 Total expenses and disbursements. Subtract line 9 from line 8. 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. 11 Filling fee \$10 or \$25. See General Instruction F. 12 Total payments 13 Penalties and Interest. See General Instruction J 14 Use tax. See General Instruction K 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result 15 0 0 00  Sign Here Signature of officer Preparer's signature Frim's name (or yours, if self-employed) and address  Paid Preparer's signature Firm's name (or yours, if self-employed) and address  Paid Preparer's Firm's name (or yours, if self-employed) and address	1104011003	This line must be completed. If the result is less than \$	325,000,	see General Instr	uction B			4		65	,74	<u>5   00</u>
7 Total costs. Add line 5 and line 6. 7 00 8 Total gross income. Subtract line 7 from line 4. 8 65,745 00 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 50,859 00 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 14,886 00 11 Filling fee \$10 or \$25. See General Instruction F 11 10 00 12 Total payments 12 10 00 13 Penalties and Interest. See General Instruction J 13 00 14 Use tax. See General Instruction K 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result 15 0 00 Sign Here    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    Preparer's   Signature   Title   Date   Title   Date   Title   Date   Telephone   FEIN												
8 Total gross income. Subtract line 7 from line 4.						77						
### Signature of officer    ### Preparer's Use Only  ### Signature    ### Preparer's Use Only  ### Signature    ### Preparer's Use Only  ### Signature    ### S							F					
10   Excess of receipts over expenses and disbursements. Subtract line 9 from line 8   10   14,886   00											_	
Filing Fee 11 Filing fee \$10 or \$25. See General Instruction F	Expenses								<del></del>			
Filing Fee 13 Penalties and Interest. See General Instruction J 13 000 14 Use tax. See General Instruction K 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result 15 0 00  Sign Here Signature of officer Preparer's Use Only In address 15 In and address 12 from the Interest I										74		
Fee 13 Penalties and Interest. See General Instruction J 13 00 14 Use tax. See General Instruction K 14 00 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result 15 0 00  Sign Here 15 Signature 16 Signature 17 Itle 17 Signature 17 Itle 18 Signature 18 Signature 19 Preparer's 19 Signature 19 Sign		•										
14 Use tax. See General Instruction K  15 Balance due. Add line 11, line 13, and line 14. Then subtract fine 12 from the result  15 Balance due. Add line 11, line 13, and line 14. Then subtract fine 12 from the result  15 0 00  15 0 00  Sign  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Preparer's Signature of officer  Preparer's signature  Firm's name (or yours, if self-employed) and address  Preparer's Use Only  Title  Date  Check if self-employed PTIN  Firm's name (or yours, if self-employed) and address		• •						$\overline{}$		_	!	
15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.												
Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Title  Date  Preparer's signature of officer  Preparer's Use Only  Firm's name (or yours, if self-employed) and address  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the self-employed.  Title  Date  Check if self-employed ▶ □  Firm's name (or yours, if self-employed) and address												
Here  Signature of officer  President  Preparer's signature  Use Only  Firm's name (or yours, if self-employed) and address  Title  President  President  Date  Check if self-employed ▶ □  Firm's name (or yours, if self-employed) and address  Title  President  Date  Check if self-employed ▶ □  FEIN  Telephone  ( )		Under penalties of perjury, I declare that I have examined this return	n, includin	g accompanying scl	nedules and stateme	ents, and to	lhe best	of my kr	nowledg	e and t		
Signature of officer  President  Preparer's signature  Preparer's Use Only  Firm's name (or yours, if self-employed) and address  Preparer's Use Only  A preparer's life self-employed and address  Preparer's life self-employed and address  President  Check if self-employed PTIN  FIRM Firm's name (or yours, if self-employed) and address		true, correct, and complete. Declaration of preparer (other than tax		ased on all informat		er has any ki			_			
Paid Preparer's signature ► Check if self-employed ► □  Preparer's Use Only Firm's name (or yours, if self-employed) and address □ Telephone ( )	11616	Signature					1	•	~ <b>~</b> ~ ~	. = - =		
Paid Preparer's signature ► Check if self-employed ► □  Preparer's Use Only Firm's name (or yours, if self-employed) and address		of officer	Presid		5-8-	2012	<del></del>		927-3	3537		
Preparer's Use Only  Firm's name (or yours, if self-employed) and address  Firm's name (or yours, if self-employed) ()	D-1-1	Preparer's		Date			PTI	IN				
Use Only  Firm's name (or yours, if self-employed) and address  ● Telephone  ( )		orginates P					● EE	N		<u></u>		_ ś
and address    Telephone  ( )		Firm's name (or yours,					FEIN					
							● Telephone					
May the FTB discuss this return with the preparer shown above? See instructions							1	,				
May the FTB discuss this return with the preparer shown above? See instructions					<del></del>							
		May the FTB discuss this return with the preparer sho	wn abov	e? See instruction	ons		• 🗆 '	Yes 🗔	No		_	

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.

		1	Gross sales or receipts from all business	activities. See instructions		•	1	65,745	5 00	
		2	Interest	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2		00	
_		3	Dividends			, , <i>, , ,</i> , , , , , , •	3		00	
fror	eipts	4	Gross rents				4	_	00	
Oth		5	Gross royalties			<i></i> •	5		00	
	irces	6	Gross amount received from sale of asset	.,. <i></i>	6		00			
			Other income. Attach schedule				7		00	
			Total gross sales or receipts from other sa							
				•			8	65,74	5 00	
		Enter here and on Side 1, Part I, line 1							00	
			Disbursements to or for members						00	
							1 1	<del></del>	00	
<b></b>		11 Compensation of officers, directors, and trustees. Attach schedule.  12 Other salaries and wages.  13 Interest.						39,42	_	
and	enses								00	
	burse-	1	Taxes	13		00				
me	nts		Rents						00	
			Depreciation and depletion (See instruction						00	
			Other Expenses and Disbursements. Attac					11,434		
			<b>Total</b> expenses and disbursements. Add li					11,434		
	ll								+ 00	
	hedu ets	ie i	L Balance Sheets	(a)	f taxable year	(c)	iu or ta	xable year (d)		
					(b) 1 723	(6)		·	,609	
			nts receivable		1,725			10	,003	
								0		
			receivable					•		
4	invent	orie	s					•		
5	redera	ai an	d state government obligations							
D	IUASI	men	us in other bonds		700			•		
7	Invest	men	ats in stock					•		
8	Mortg	age	loans					•		
9	Other	inve	stments. Attach schedule					•	0.740.000	
10			able assets							
	<b>b</b> Less	s acc	cumulated depreciation	()		(	)			
11	Land .							•		
			ets. Attach schedule					•		
13	Total a	isset	ts		1,723				<u>,609</u>	
Lial	bilities	and	I net worth							
			payable					•		
			ons, gifts, or grants payable					•		
			I notes payable					•		
	-		s payable					•		
	Other I	liahi	lities. Attach schedule		1					
	Capita	l sto	ck or principle fund			-		•		
20	Capita Paid-ir	l sto 1 or	ck or principle fundcapital surplus. Attach reconciliation					•		
20 21	Capital Paid-ir Retain	l sto 1 or ed e	ck or principle fundcapital surplus. Attach reconciliation arnings or income fund			4				
20 21 22	Capitai Paid-ir Retain Total li	l sto n or ed e abili	ck or principle fundcapital surplus. Attach reconciliationarnings or income fundtities and net worth.					•		
20 21 22	Capital Paid-ir Retain	l sto n or ed e abili	ck or principle fund	s with income per return	ne 13. column (d), is less t	han \$25 000		•		
20 21 22 <b>Sc</b>	Capital Paid-ir Retain Total li <b>hedu</b> l	l sto n or ed e abili	ck or principle fund	s with income per return				•		
20 21 22 <b>Sc</b> 1	Capital Paid-ir Retain Total li hedul	l sto n or ed e abili le i	ck or principle fund. capital surplus. Attach reconciliation earnings or income fund eities and net worth.  W-1 Reconciliation of income per book Do not complete this schedule if the	s with income per return e amount on Schedule L, lin	7 Income recorded on	books this year		•		
20 21 22 <b>Sc</b> 1 2	Capitai Paid-ir Retain Total li hedul Net ind Federa	l sto n or ed e abili le l com	ck or principle fund. capital surplus. Attach reconciliation larnings or income fund lities and net worth.  M-1 Reconciliation of income per book Do not complete this schedule if the	s with income per return e amount on Schedule L, lin	7 Income recorded on not included in this r	books this year eturn.		•		
20 21 22 <b>Sc</b> 1 2	Capital Paid-ir Retain Total li hedul Net inc Federa Excess	I ston or ed e abilities I le II com al ind	ck or principle fund. capital surplus. Attach reconciliation iarnings or income fund ities and net worth.  M-1 Reconciliation of income per book	s with income per return e amount on Schedule L, lin	7 Income recorded on not included in this r Attach schedule	books this year eturn.		•		
20 21 22 <b>Sc</b> 1 2	Capital Paid-ir Retaine Total li hedul Net inc Federa Excess Incom	l ston or ed e abilite in com	capital surplus. Attach reconciliation	s with income per return e amount on Schedule L, lin	<ul><li>7 Income recorded on not included in this r</li><li>Attach schedule</li><li>8 Deductions in this re</li></ul>	books this year eturn. turn not charged		•		
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## California Exempt Organization 2011 Annual Information Return Form 199 Attachment

REELRADIO, Inc. FEIN: 94-3360644

Corporation Number: 2224876

## Part 2, Line 17, Other Expenses and Disbursements

Credit Account Payments: (includes servers, bandwidth, Domain Name registration, Internet phone, Shipping, Image Licensing, Google Ads, Yahoo Marketing, ASCAP, BMI, Software, Equipment, AccuConference, Recording Supplies, System Payment Testing, YouSendIt):

	9164
Government Fees: SoundExchange: Bank Charges: Post Office Box Fee:	35 600 350 56
Production Services:	349
Real Networks:	800
Cash for Office Supplies:	80

Line 17 TOTAL: 11434

